

**COMMONWEALTH CATHOLIC CHARITIES
CONNECTIONS PROGRAM**

1512 Willow Lawn Dr.
P.O. Box 6565
Richmond, VA 23230
804-285-5900

541 Luck Avenue, SW
Roanoke VA 24016
540-342-0411

1024 Park Ave.
Norton, VA 24273
276-679-1195

FOSTER CARE/ADOPTION APPLICATION

ALL INFORMATION IN THIS APPLICATION IS CONFIDENTIAL

Please read and answer all items very carefully

IMPORTANT: All information must be provided per licensure requirements.

Name: _____ Date of Application _____

Address:

Street _____ City _____ State _____ Zip Code _____ County _____

Home Telephone Number: _____
Area Code _____ Number _____

How long have you resided in the State of Virginia? _____

Work Telephone Numbers: Foster/Adopt Mother _____
Area Code _____ Number _____
Foster/Adopt Father _____
Area Code _____ Number _____

E-Mail Address if available: _____

Emergency Telephone No. _____
Area Code _____ Number _____ Name and Relationship to Contact _____

Please Notify us if any changes occur in telephone numbers.

Number of persons living in the home _____ Home: Own Rent (Circle one please)

If married date: _____ / _____ / _____
Month/day/year _____ City _____ State _____ Church or Other _____

How were you referred to this agency? _____

Demographic Information

Foster/Adopt Father:

Full Name: _____
First _____ Middle _____ Last _____

Social Security Number: _____ - _____ - _____ Age _____ Date of Birth: _____

Place of Birth: _____ U.S. Citizen? Yes ___ No ___

If Naturalized: Place _____ Date _____

Ethnic Background: _____

Education: High School Graduate? Yes ___ No ___ If no, last grade completed: _____

Name of High School _____ Date of Graduation _____

Higher Education: 1 2 3 4 5 6+ (Please Circle One)

Name of College: _____ Degree _____ Date _____

Military Service: _____
Branch Dates Served Type of Discharge

Occupation (please describe): _____

Present Employer: _____

Full Address: _____

Annual Salary: _____ Immediate Supervisor: _____

Previous Employment (include military and other public services employment)

<u>Employer</u>	<u>Dates of Employment</u>	<u>Reason for Leaving</u>

Religious Preference: _____ Church Affiliation: _____

Foster/Adopt Mother:

Full Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Age _____ Date of Birth: _____

Place of Birth: _____ U.S. Citizen? Yes ___ No ___

If Naturalized: Place _____ Date _____

Ethnic Background: _____

Education: High School Graduate? Yes ___ No ___ If no, last grade completed: _____

Name of High School _____ Date of Graduation _____

Higher Education: 1 2 3 4 5 6+ (Please Circle One)

Name of College: _____ Degree _____ Date _____

Military Service: _____
Branch Dates Served Type of Discharge

Occupation (please describe): _____

Present Employer: _____

Full Address: _____

Annual Salary: _____ Immediate Supervisor: _____

Previous Employment (include military and other public services employment)

<u>Employer</u>	<u>Dates of Employment</u>	<u>Reason for Leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Preference: _____ Church Affiliation: _____

Children: List ALL children under the age of 18

Full Name	DOB	Sex	Name of School & Grade Level	If adopted, give date finalized & country of origin
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

List ALL Adult Children (whether they live in the home or not) & any adult that lives in the home.

Name	DOB	Relationship	Sex	Occupation	Reside in Home
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

Interests and Hobbies: Include organizations and clubs in which you are actively involved:

Foster/Adopt Father _____

Foster/Adopt Mother _____

If previously married, please answer the following:

Foster/Adopt Father

To Whom: _____ Date of Marriage _____

How did marriage end? (e.g. divorce) _____ Date & Place _____

Foster/Adopt Mother

To Whom _____ Date of Marriage _____

How did marriage end? (e.g. divorce) _____ Date & Place _____

Please add an additional page for any other marriages.

**Extended Family of
Foster/Adopt Father**

Father

Mother

Sibling 1

Sibling 2

Sibling 3

Sibling 4

Name

Age

Hobbies/Talents

Education

Occupation

Previous Marriages

Marital Status

Number of Children

State of Residence

Physical Health Problems

Mental Health Problems

Deceased-Date/Age

Cause of Death

(Use additional sheet for any other siblings)

**Extended Family of
Foster/Adopt Mother**

Father

Mother

Sibling 1

Sibling 2

Sibling 3

Sibling 4

Name

Age

Hobbies/Talents

Education

Occupation

Previous Marriages

Marital Status

Number of Children

State of Residence

Physical Health Problems

Mental Health Problems

Deceased-Date/Age

Cause of Death

(Use additional sheet for any other siblings)

REFERENCES

List four (4) people who have known you for a minimum of four (4) years. Your choices should reflect a variety of relationships. Please do not give relatives as references. Be sure to include complete addresses, including zip codes.

1. Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship to Applicant(s) _____

2. Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship to Applicant(s) _____

3. Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship to Applicant(s) _____

4. Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship to Applicant(s) _____

Directions to your house from Connections Office: _____

Date _____

Signature of Foster/Adoptive Father

Signature of Foster/Adoptive Mother