



# THE HOUSE

of the Good Shepherd

Partridge Berry Office Park • 26515 NYS Route 3 • Watertown, New York • 13601-1749  
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Accredited by the Joint Commission

## Application for Foster Care Certification

**Applicant(s) Name(s):** \_\_\_\_\_

**Applicant(s) Address:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

**Phone #:** Home (     ) \_\_\_\_\_

Cell (     ) \_\_\_\_\_

Work (     ) \_\_\_\_\_

**Type of care you wish to provide (check all that apply):**

1. Therapeutic Foster Care
2. Emergency/ Respite Care
3. We wish to adopt
4. We are unsure

**LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD (Including yourself):**

**A. Family: (Applicant(s), Children)**

Name	Date of Birth	Sex (M/F)	Relationship	Religion	Ethnicity	Occupation
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**B. Other persons living in your household:**

Name                      Date of Birth                      Sex (M/F)                      Reason for Living in Your Household

1.				
2.				
3.				
4.				

**Marital Status of Applicant(s):**

Single (Never married) \_\_\_\_\_  
Married, Living with Spouse \_\_\_\_\_  
Divorced \_\_\_\_\_  
Separated \_\_\_\_\_  
Widowed \_\_\_\_\_

**Written References:** List **four** personal references who have known you for at least three years and are not relatives: **USE COMPLETE ADDRESSES**

Name                                      Street                                      City                                      State                                      Zip

1.					
2.					
3.					
4.					

**Phone References:** List **two** personal references and their phone numbers (**DO NOT** use the same references as those listed above)

1. Name                                      Phone #

2. Name                                      Phone #

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Are you self-supporting, without the stipend provided for foster care?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been, or are you currently the subject of an indicated report on file with the New York State Central Register of Child Abuse and Maltreatment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have a license or certificate to board foster children?  
Yes (please specify) \_\_\_\_\_ No \_\_\_\_\_

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever taken children into your home as a foster parent?  
Yes (please specify) \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime in New York State or **any other** jurisdiction?  
No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please specify.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you first learn about this foster care program and/or agency?  
\_\_\_\_\_  
\_\_\_\_\_

Which nights of the week do you have availability to attend our training program?  
(Check all that apply)

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

**I/We understand and agree that:**

1. Any material misrepresentation or deliberate omission of a fact in my/our application may be justification for denial of foster care certification, or if already certified; termination/revocation of certification.
2. It is my/our understanding that The House of the Good Shepherd will make an inquiry into my/our personal history, and may verify all data given in my/our application for certification, including related materials and oral interviews. I/We authorize such an inquiry and I/We release from liability any person giving or receiving any information requested by The House of the Good Shepherd.
3. I/We understand that this is solely an application for foster care certification and that no guarantee of certification is herein offered.

Please be advised that all information and materials submitted to The House of the Good Shepherd become the property of this agency and may not be returned to you. As part of the application process, you are required to complete a sworn/notarized criminal conviction statement and criminal history background check for all applicants and those over the age of 18 who are residing in your household. All applicants are required to provide income and employment verification.

**Signature of Applicant(s):**

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Please contact us if you have any questions about the application, or the process of becoming a foster parent. (315) 782-8064.

**Return completed application to:** Recruitment and Retention  
The House of the Good Shepherd  
26515 NYS Route 3  
Watertown, New York 13601

*The House of the Good Shepherd encourages a diverse applicant pool designed to best meet the varied needs of our clients and provide the care that changes children's lives. It is the policy of The House of the Good Shepherd to process foster parent applications without regard to race, color, sex, national origin, religion, age, veteran status, non-job-related condition, disability, sexual orientation or any other legally protected status.*