

Application for Prospective Foster Parents
805 North Flag Chapel Road
Jackson, MS 39209
(601) 853-5000 ext. 1268
SLee@mchms.org

Date of Application _____

Applicant's Full Name: _____ **D.O.B.** _____

Social Security Number: _____ **Race** _____ **Sex** _____

Spouse's Full Name: _____ **D.O.B.** _____

Social Security Number: _____ **Race** _____ **Sex** _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Directions to your home

_____ **County of Residence** _____

Household Members

Names of household members (Only list children that live with you)

Name: _____ **School:** _____ **Grade:** _____ **D.O.B.** _____ **Sex:** _____

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Name: _____ **School:** _____ **Grade:** _____ **D.O.B.** _____ **Sex:** _____

Name: _____ **Relationship:** _____ **D.O.B.** _____ **Sex:** _____

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State reasons for wanting foster children in your home: _____

Indicate your preference regarding children placed in your home:

Number of foster children desired: _____

Age of foster children desired: _____

Sex of foster children desired: _____

Race of foster children desired: _____

Describe your home by circling: House, Trailer, Apartment, and Other (Specify):

Own, Rent, Other (Specify) _____

My home is located in: a city, a small town, rural area

Number of bedrooms available for foster children: _____

Describe the furnishings of each bedroom available for foster children:

Describe available, reliable transportation: _____

Please list the name and address of your family church _____

List the church activities in which each family member is involved:

Applicant: _____

Spouse: _____

Children: _____

Others: _____

Due to the use of alcohol being such a prevalent problem in the breakup of homes, do you agree to refrain from any use of alcohol when a child from Methodist Children's Homes is present in your home or direct supervision? Yes No

If NO, please explain _____

Foster Family Agreement: We will abide by the policies and procedures of Methodist Children's Homes as specified by the Foster Home Care Division. Since corporal punishment may not be used as a method of discipline, we agree not to use corporal punishment in any form as a means of discipline while a child is in our care. Yes No

As an applicant to become foster parents with Methodist Children's Homes, please list five persons whom we may contact as character references.

GIVE FULL NAMES, COMPLETE ADDRESS WITH ZIP CODE AND PHONE NUMBERS WITH AREA CODES. ONE REFERENCE MUST BE YOUR CURRENT PASTOR.

Pastor: _____

Neighbor: _____

Address _____

Address: _____

Phone Number: _____

Phone Number: _____

Relative: _____

Friend: _____

Address _____

Address: _____

Phone Number: _____

Phone Number: _____

Employer: _____

Other: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

EMPLOYMENT INFORMATION

Applicant's Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____ **Alternate Phone Number** _____

Job Title: _____

Annual Income: _____

Applicant's Employer: _____

Address: _____

Name of Supervisor: _____

Phone Number: _____ **Alternate Phone Number** _____

Job Title: _____

Annual Income: _____

***Signature of Applicant** _____ **Date** _____

***Signature of Applicant** _____ **Date** _____

***If married both husband and wife will need to sign**