

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and is managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to process your licensing application. We will not release this information for any other purpose. If you have any questions about the collection of this information, you may contact your caseworker.

1. Applicant's Name (surname/first/middle)		
Previous or other surname	Birthdate (yyyy/mm/dd)	Telephone Number ()
Address <i>Apt.#, Street</i>		
City/Town	Province	Postal Code
Please indicate all other jurisdictions in which you have resided within the past 5 years		
Racial Origin	Aboriginal Type	Ethnic Origin
If Registered Indian, Band Name and Registration Number		If Metis, Metis Settlement or Community
Religion	Practising <input type="checkbox"/> yes <input type="checkbox"/> no	Education
Occupation		
Place of Employment		Business Telephone Number ()
2. Co-applicant's Name (Surname/First/Middle)		
Previous or other surname	Birthdate (yyyy/mm/dd)	Telephone Number ()
Address <i>Apt.#, Street</i>		
City/Town	Province	Postal Code
Please indicate all other jurisdictions in which you have resided within the past 5 years		
Racial Origin	Aboriginal Type	Ethnic Origin
If Registered Indian, Band Name and Registration Number		If Metis, Metis Settlement or Community
Religion	Practising <input type="checkbox"/> yes <input type="checkbox"/> no	Education
Occupation		
Place of Employment		Business Telephone Number ()

3. Marital Status Single Married Adult Interdependent Separated Divorced

4. Have you ever received services from Child Intervention Services? yes no

5. Have you ever applied to foster before? yes no

6. Children Name as per Birth Registration	Gender		Adopted		Birthdate yyyy/mm/dd	Grade	Name of School/Occupation
	M	F	yes	no			

If child is adopted or you have obtained private guardianship of a child, please indicate ethnic/racial origin of the child.

7. Other persons currently living in your home Name	Birthdate yyyy/mm/dd	Relationship

8. Family Health (Please give particulars of any major operations, chronic conditions or psychiatric consultations.)

9. Child Desired

Male Female Either Age Range
From _____ to _____

Family Group: Indicate number of children, age range and gender

Number of children _____ Males Females Either

Age Range - From _____ to _____

Racial origin:

001 Caucasian

002 Aboriginal

004 Black

005 Oriental

006 East Indian

007 Mixed Race (specify)

Aboriginal type:

001 Status Indian

002 Potential to be registered

003 Non Status Indian

004 Inuit

005 Metis

If special needs child acceptable, please specify below:

002 Developmentally delayed

003 Mentally handicapped

004 Fetal Alcohol Spectrum Disorder

005 Down's Syndrome

006 Hearing/visually impaired

007 Behavioural/emotional issues

008 Psychiatric diagnosis

009 Legal risk

010 Learning disability/special education

011 Cerebral Palsy

012 Speech delays/impediments

013 Diabetes

014 Epilepsy

015 Sexual abuse

016 Physical abuse

017 Sibling contact

018 Birth parent contact

019 Permanent disability

020 Cleft palate

021 Premature

022 Difficult delivery

023 Multiple placements

024 Heart disorders

025 General medical needs

026 Neglect

031 Permanent Placement Disruption

033 Fetal Alcohol Effect

034 Fetal Drug Effect

035 Failure to Thrive

036 Spina Bifida

037 HIV Risk

038 HIV Positive

039 Attention Deficit Disorder & Hyperactive Disorder (ADD)

040 Hepatitis C

10. Please give the names and addresses of three (3) persons per applicant, one of whom is a relative. The same reference may be given for both applicants if the person knows both applicants and is willing to share information when contacted.

Name	Telephone Number ()
Address	Postal Code
Name	Telephone Number ()
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Name	Telephone Number ()
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Name	Telephone Number ()
Address	Postal Code
Name	Telephone Number ()
Address	Postal Code
Name	Telephone Number ()
Address	Postal Code

11. Certification

I/We declare:

1. that the information contained in this application is complete and true to the best of my/our knowledge and that a false statement may disqualify my/our application from further consideration.
2. an acknowledgment that the Ministry of Children's Services will check the Intervention Record System for any information relevant to this application and that a criminal record check will also be required. (The existence of a criminal record will not necessarily result in an exclusion from the program).
3. that the Ministry of Children's Services is given permission to contact the references named on this application and the school where my/our children are in attendance.

Signature of Applicant	date (yyyy/mm/dd)
Signature of Co-Applicant	date (yyyy/mm/dd)

Note: A foster care licence will not be issued until all requirements under the *Child, Youth and Family Enhancement Act* including the *Residential Facilities Licensing Regulation* and policy requirements have been met.

For Office Use Only		
Date returned (yyyy/mm/dd)	Facility I.D. Number	Worksite Name