

SULLIVAN COUNTY CHILDREN & YOUTH
SULLIVAN COUNTY COURTHOUSE
P. O. BOX 157, LAPORTE, PA 18614

FOSTER HOME APPLICATION

Husband's Full Name: _____
Last First Middle

Wife's Full Name: _____
Last First Middle

Present Address: _____

County: _____ Township: _____ Phone: _____

School District: _____

How long have you lived at this address: _____

If renting, give monthly rent: _____

If owner, give amount of mortgage: _____

Directions for reaching home: _____

Husband

Wife

Date of Birth _____

Place of Birth _____

Race _____

Religion _____

Name of Church _____

Date of Marriage: _____

Place, City, County, State: _____

	<u>Husband</u>	<u>Wife</u>
PREVIOUS MARRIAGE:		
To Whom:	_____	_____
Date and Place:	_____	_____
How Terminated:	_____	_____
Date and Place:	_____	_____
Terminated:	_____	_____

PHYSICAL CHARACTERISTICS:

Height:	_____	_____
Weight:	_____	_____
Color of Hair:	_____	_____
Color of Eyes:	_____	_____
Color of Skin:	_____	_____

EDUCATION: (Show Last Grade Completed)

Elementary:	_____	_____
High School:	_____	_____
College:	_____	_____

EMPLOYMENT:

Occupation:	_____	_____
Present Employer:	_____	_____
Previous Employer:	_____	_____
How long employed in both positions:	_____	_____
Present:	_____	_____
Previous:	_____	_____

ANNUAL INCOME FROM:

Salary:	_____	_____
Other Sources:	_____	_____

LIFE INSURANCE: _____

Amount Carried: _____

CHILDREN:

NAME	BIRTHDATE	OWN CHILD OR ADOPTED
------	-----------	----------------------

NAME	BIRTHDATE	OWN CHILD OR ADOPTED
------	-----------	----------------------

NAME	BIRTHDATE	OWN CHILD OR ADOPTED
------	-----------	----------------------

OTHERS LIVING IN THE HOME:

NAME	BIRTHDATE	RELATIONSHIP
------	-----------	--------------

NAME	BIRTHDATE	RELATIONSHIP
------	-----------	--------------

NAME	BIRTHDATE	RELATIONSHIP
------	-----------	--------------