



CHILD DEVELOPMENT AGENCY FOSTER CARE PROGRAMME APPLICATION FORM

Title (Mr./Mrs./Ms)	Surname								First Name								Middle Initial	Maiden Name
Date of Birth for Applicant1:	D	D	M	M	Y	Y	Y	Y	Date of Birth for Applicant2:	D	D	M	M	Y	Y	Y	Y	
MARITAL STATUS:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed																	
TRN# Applicant1:									TRN# Applicant2:									
CURRENT ADDRESS:																		
What is your home tenure?	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rent Free <input type="checkbox"/> Other																	
Number of years at this address:					Rent per month:	\$				Mortgage per month:	\$							
Apartment No: / Lot No.:																		
Street No.: & Name																		
Street Name:																		
District Name:																		
Post Office Box No:																		
Parish Name:																		
Country:																		
Telephone Number:																		
Directions to Home:																		
PERMANENT ADDRESS (if not the same as above)																		
What is your home tenure?	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rent Free <input type="checkbox"/> Other																	
Number of years at this address:					Rent per month:	\$				Mortgage per month:	\$							
Apartment No: / Lot No.:																		



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Street No.: & Name																				
Street Name:																				
District Name:																				
Post Office Box No:																				
Parish Name:																				
Country:																				
Telephone Number:											Mobile:									
Directions to Home:																				
Category	Male Applicant										Female Applicant									
Religion/ Denomination:																				
Employment Status:	[] Unemployed,					[] Employed,					[] Unemployed,					[] Employed,				
	[] Self-Employed,					[] Student					[] Self-Employed,					[] Student				
Occupation:																				
Name of Employer:																				
Address of Employer:																				
Hours of Work:																				
Salary (weekly or monthly):	\$										\$									
Income from other Source(s):	\$										\$									
Work Telephone No:																				
Home Telephone No:																				
Mobile Telephone No:																				
E-mail Address																				
DETAILS OF OCCUPANTS IN THE HOME: (include all persons living in the home beginning with relatives)																				



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Surname	First Name	Age	Sex (M/F)	Relationship to Applicant	Working (Yes/No)	Occupation/ School

DETAILS OF CHILDREN LIVING OUTSIDE OF THE HOME

Surname	First Name	Age	Sex (M/F)	Working (Yes/No)	Occupation/ School

Briefly describe your accommodations?	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
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Are you currently experiencing a physical or mental illness (e.g. diabetes, asthma, depression)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please state type and duration of illness below: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Type of illness:</td> <td> </td> </tr> <tr> <td>Duration of illness:</td> <td> </td> </tr> </table>	Type of illness:		Duration of illness:	
Type of illness:						
Duration of illness:						

Is any member of household currently experiencing a physical or mental illness (e.g. diabetes, asthma, depression)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please state type and duration of illness: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Type of illness:</td> <td> </td> </tr> <tr> <td>Duration of illness:</td> <td> </td> </tr> </table>	Type of illness:		Duration of illness:	
Type of illness:						
Duration of illness:						

Have you had a medical examination / visited the doctor in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please state name and address of doctor below: <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
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PLEASE LIST TWO (2) REFEREES¹:

Surname	First Name	Contact Information (Mailing / Phone)	Occupation

Declaration

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 acknowledgement that the Child Development Agency will check for any information relevant to this application and that a criminal record check and medical will be required.
3. That the Child Development Agency 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:								
Signature of Applicant:		Date:								

Special Instructions

1. Approval for participation under the Foster Care programme will not be issued until all requirements under the Child Care and Protection Act including any other policy requirements have been met.
2. Application must be accompanied by two passport size photographs which must be certified by: Senior Police Officer, Justice of the Peace, Minister of Religion or a member of the Legal Fraternity.
3. The completed application form is to be returned to the CDA office nearest you.

¹ Family members cannot act as referees. In the case of joint applicants, the referee should be known to both applicants.



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CDA Official Use Only													
Reference Number													
Date Received	Received By			Regional Office						Parish Office			
				<input type="checkbox"/> South East <input type="checkbox"/> North East <input type="checkbox"/> Southern <input type="checkbox"/> Western									
Date Reviewed	Reviewed By			Outcome of Review						Applicant(s) Informed	Date Informed		
				<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Further Details Required						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Further Details Obtained	Date Follow-up Completed			Outcome of Follow-Up						Applicant(s) Informed	Date Informed		
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Approved <input type="checkbox"/> Rejected						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reasons for Rejecting Application:													
Other Comments:													
Name of Processing Officer:													
Signature of Processing Officer:							Date Signed:						