**How did you hear about Embrace?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s):**  |  | **Cell(s):** |  |
| **Address:** |  | **Email(s):** |  |

**Occupation, company and *work hours* for parents in the home*:***

**Are there any children and/or adults currently living in your home besides parent(s)?**

If yes, list age, names and relationship:

**Number of *available* bedrooms:**

**What ages are you comfortable fostering:**

**Has anyone in the household ever been arrested or convicted of any crime?**

 If yes, please list date and crime:

**Do you or anyone in the home receive state assistance? Food stamps, section 8, WIC, medicaid, etc**

 If yes, please list:

**Do you have a current/previous foster parent certification?**

 If yes, please list *all agencies and length of certification*:

**Have you started the certification process with us in the past?**

If yes, why were you ***not*** certified?: