



Mountain Circle Family Services, Inc.

<p>HomeStudy Application</p> <p>Check One:</p> <p>Foster Family Home <input type="checkbox"/></p> <p>Fost-Adopt Home <input type="checkbox"/></p> <p>T.H.P.P. Host Home <input type="checkbox"/></p>
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Type or print clearly.

1. Applicant(s) First	Middle	Last Name

2. Previously Licensed or Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates:	
Type License(s)		Licensing Agency(ies):	
State reason for termination of previous license:			
Address(es) of Previous License(s):		License Number(s)	
City	State	Zip	Phone:

3. Your Home Address	City	State	Zip	Phone
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4. Major Cross Streets	5. Days & Hours Applicant(s) can be reached:
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6. Work Address	City	State	Zip	Work Hours:	Phone:
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7. Property Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	Name, Address and Phone Number of Property Owner, If Renting or Leasing:
How Long at this address:	Have you lived outside the State of California in the last 2 years:

8. Persons in the home				
First Name	Last Name	SS#:	Age	Relationship to You

9. Requested Capacity and Sex of Children: (Ages 0-2) _____ (Male) _____ (Female) (Ages 2-17) _____ (Male) _____ (Female)	10. Type of Children and Number: _____ Non-Ambulatory _____ Ambulatory _____ Special Health Care Needs
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11. Licensee Responsibility- We certify that:

A. I/We have money to maintain the level of service required in a Foster Family Home by Law.

B. I/We have read and understand the regulations.

C. I/We shall comply with the laws and regulations governing standards for Foster Family Home.

D. I/We shall obtain approval from the licensing agency before making changes in our license.

E. I/We shall notify the licensing agency when we want to discontinue our license.

F. I/We authorize the licensing agency to renew my/our license if all licensing standards are met at time of renewal.

12. Perjury Statement - I/We declare under penalty of perjury that the statements on this application and accompanying attachments are correct to the best of our knowledge.

Applicant(s) Signatures	City and County where Signed	Date

Budget Information

A. Income (Take Home Pay-Specify if otherwise)

Source	Amount
	\$
	\$
	\$
Net Monthly Income:	\$

B. Monthly Outgo

House payment or rent (Mortgage Payments-include payments on all property)	\$
Transportation (car payments, gas, bus passes and car repairs)	\$
Car Insurance	\$
Food and Household Supplies	\$
Clothing	\$
Insurance Payments	\$
Utilities	\$
Credit account bills	\$
Miscellaneous expenses	\$

Contract Payments (list below, use additional sheet if necessary)

Item	Contract Expires	Total Obligation	Monthly Payments
			\$
			\$
			\$
Total Monthly Outgo			\$

Remarks:

<p> </p>

Education

High School How Many Years: _____
 College How Many Years: _____
 Graduate School How Many Years: _____
 Vocational/Trade School How Many Years: _____ Certificate?: _____

Other (Please list workshops, seminars, and other training's, particularly those that relate to child development or child care):

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Please attach diplomas, training certificates, transcripts, and other documents relating to your education or training.

Employment information

(Co-Applicant)

Employer: _____

Job Title: _____

Address: _____

Phone: _____ Years employed: _____ Salary: _____

Previous Employer: _____

Job Title: _____

Address: _____

Phone: _____ Years employed: _____ Salary: _____

Reason for leaving: _____

Transportation information

Do you own your own car? Yes No

1. Make _____ Year _____

2. Make _____ Year _____

3. Make _____ Year _____

Driver's License Number: _____

Spouse's Driver's License: _____

Other drivers in the home: _____

Automobile Insurance Company: _____

Type of Coverage: _____

Is automobile available at all times? Yes No

What other alternative transportation plans do you have? _____

Who will care for your children in your absence or in the case of an emergency?

Name: _____ Relationship: _____

Address: _____ Phone: _____

FAMILY PHYSICIAN: _____

Address: _____ Phone: _____

Does anyone in your family have physical or mental handicaps or have been in therapy? Yes No

If yes, please explain: _____

Is this person under a doctor's care? _____ Ever been hospitalized? _____

Have you or any members of your household ever taken illegal drugs? Yes No

If so, what kind? _____

Explain circumstances: _____

Have you or any of your household ever been sexually molested or physically abused? _____

If so, do you have any problem with a social worker discussing this with you? _____

List current sleeping arrangements in your home:		
Bedroom	Type of beds	Occupants
1.		
2.		
3.		
4.		
5.		

References: (Please give references with knowledge of your experience and ability working with special needs children)		
Name:	Address:	Telephone ()
Relationship:		
Name:	Address:	Telephone ()
Relationship:		
Name:	Address:	Telephone ()
Relationship:		
Name:	Address:	Telephone ()
Relationship:		

Credit Report Authorization and Release	
<p>Authorization is hereby granted to Mountain Circle Family Services, Inc. to obtain a standard factual data credit report through a credit reporting agency chosen by Mountain Circle Family Services, Inc.</p> <p>My signature below authorizes the release to the credit reporting agency information to obtain a credit report, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.) Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.</p> <p>Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.</p>	
Applicant's Signature	Date
Co-Applicant Signature	Date

Applicant's Signature _____ Date _____

Co-Applicant Signature _____ Date _____

cc: Office File
Home File