

Human Services Division
Suite 400
Phone 715-395-1304
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Health Division
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Douglas County
Department of Health and Human Services
1316 N. 14th Street • Superior, WI 54880

Anna M. Carlson
Director



Suite 327
Phone 715-395-1234
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FOSTER CARE LICENSING APPLICATION

Applicant Information

Applicant 1: _____

Applicant 2: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Birthplace: _____

Birthplace: _____

Religion: _____

Religion: _____

Indian Ancestry: _____

Indian Ancestry: _____

Tribe: _____

Tribe: _____

Language(s): _____

Language(s): _____

Weight: _____ Height: _____

Weight: _____ Height: _____

Hair Color: _____ Eye Color: _____

Hair Color: _____ Eye Color: _____

Occupation: _____

Occupation: _____

Highest Level of Education: _____

Highest Level of Education: _____

Employer: _____

Employer: _____

Gross Annual Income: _____

Gross Annual Income: _____

Sources of Additional Income: _____

Sources of Additional Income: _____

Marital Partnerships/Civil Unions

Date of Current Marriage/Civil Union: _____

Applicant 1 Past Marriage(s):

Applicant 2 Past Marriage(s):

Ex-Spouse Name: _____

Ex-Spouse Name: _____

Marriage & Divorce Dates: _____ - _____

Marriage & Divorce Dates: _____ - _____

Children of Applicant(s)

Full Name: _____

DOB: _____

Does child reside in your home? Yes/No

School: _____

Grade: _____

Occupation: _____

Marital Status: _____

Mailing Address: _____

If applicable, describe any children they have:

What are their thoughts on you fostering?

Full Name: _____

DOB: _____

Does child reside in your home? Yes/No

School: _____

Grade: _____

Occupation: _____

Marital Status: _____

Mailing Address: _____

If applicable, describe any children they have:

What are their thoughts on you fostering?

Full Name: _____

DOB: _____

Does child reside in your home? Yes/No

School: _____

Grade: _____

Occupation: _____

Marital Status: _____

Mailing Address: _____

If applicable, describe any children they have:

What are their thoughts on you fostering?

Full Name: _____

DOB: _____

Does child reside in your home? Yes/No

School: _____

Grade: _____

Occupation: _____

Marital Status: _____

Mailing Address: _____

If applicable, describe any children they have:

What are their thoughts on you fostering?

Feel free to add additional pages if needed

Others Residing in the Home

Name	DOB	Relationship to Applicant(s)

Extended Family Members of Applicant 1

Parents (first & last name)	Birthdate	Where do they live?	How often do you have contact with them?
Birth Mother			
Birth Father			
Stepmother			
Stepfather			
Adoptive Mother			
Adoptive Father			

Siblings		Age	Where do they live?	How often do you have contact?	Do you share a supportive relationship?
Relationship to you	First & last name				

Extended Family Members of Applicant 2

Parents (first & last name)		Birthdate	Where do they live?	How often do you have contact with them?
Birth Mother				
Birth Father				
Stepmother				
Stepfather				
Adoptive Mother				
Adoptive Father				

Siblings		Age	Where do they live?	How often do you have contact?	Do you share a supportive relationship?
Relationship to you	First & last name				

References – Please list five non-relative references that know your family well:

Name	Complete Mailing Address	Phone	Relationship

Home and Community

Type of Residence: House / Apartment / Townhouse

Square Footage: _____

Number of Total Rooms: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Length of Time in Current Home: _____

Please list previous address if you have been in this home less than 5 years:

Describe your home and community, pointing out what makes the home unique to your family, highlighting any of your renovations or planned projects:

Describe your neighborhood and surrounding hospitals, medical providers, mental health services, schools, special education programming, churches and community centers:

Applicant 1 Profile

Describe any special interests, hobbies or talents you may have:

Describe any aspirations or goals you have for yourself:

If applicable, how would you describe your spouse/partner?

Applicant 2 Profile

Describe any special interests, hobbies or talents you may have:

Describe any aspirations or goals you have for yourself:

If applicable, how would you describe your spouse/partner?

Family Lifestyle

Describe the typical routines in your household (please include work schedules):

How do you feel your routines will need to change or adapt with the placement of a child or children?

What are your basic household rules, roles and expectations?

Who does what in terms of chores, cooking, bill paying, home maintenance, etc.?

What recreational, cultural, social and/or religious activities does the family participate in?

If you have pets, please describe them: Who is responsible for daily pet care and vet care?

Please describe any weapons you own and where they are kept:

Describe your current or proposed childcare arrangements: Who will be designated as a substitute caregiver for foster children if there is a short or long term emergency?

Describe the sleeping arrangements in your home and how the family deals with privacy and nudity:

History – Applicant 1

Provide a narrative describing your history: Examples could include when/where you were born, who you were born to, siblings, schooling, marriages or any other life highlights or events you find important:

History – Applicant 2

Provide a narrative describing your history: Examples could include when/where you were born, who you were born to, siblings, schooling, marriages or any other life highlights or events you find important:

Applicant 1 Employment History

EMPLOYER	POSITION	DUTIES	DATES OF EMPLOYMENT	REASON FOR LEAVING

Applicant 2 Employment History

EMPLOYER	POSITION	DUTIES	DATES OF EMPLOYMENT	REASON FOR LEAVING

Applicant 1 Health History

Please describe any current health conditions you receive treatment for and list any prescribed medications:

Applicant 2 Health History

Please describe any current health conditions you receive treatment for and list any prescribed medications:

Additional Information

Please indicate your reasons for wanting to foster children:

Applicant 1:

Applicant 2:

Describe your experience with children:

Applicant 1:

Applicant 2:

What child characteristics are you interested in and capable of fostering (gender, age, needs, behaviors)?

Any special training or activities you have engaged in to prepare for fostering?

Marital/Partner Relationship (If applicable)

How long have you and your significant other been together?

Tell me about the strengths of your relationship:

Have you ever considered divorce in your current marriage? If “YES”, please explain:

What kinds of things do you like to do together as a couple?

How do you resolve conflict and disagreements?

Please describe your current relationship with any former spouses:

Extended Family

How does your extended family feel about welcoming new children into the family?:

Specialized Parenting

How comfortable are you with working as part of a team with the birth parents, social workers and other professionals within the child welfare system?

Describe your understanding of the behavioral and emotional effects of separation and loss experienced by a foster child, their birth parents and their extended family.

Describe your experience working with children with special emotional or behavioral needs:

Describe the age, gender, needs or behaviors you feel that your family would be capable of fostering:

Acknowledgement and Sign

By signing below, you attest to the following:

- I understand that the Douglas County Department of Health and Human Services has my permission to contact the five aforementioned references by mail and/or phone.
- I understand that the Douglas County Department of Health and Human Services will complete all necessary criminal and child abuse background checks including Adam Walsh FBI Fingerprint Check.
- I understand I am not guaranteed to have foster children placed in my home by the Douglas County Department of Health and Human Services.
- I understand that the Foster Care Coordinator will be interviewing everyone in my home.

I confirm that the information provided in this application is truthful and accurate to the best of my knowledge.

Signature, Applicant 1: _____ Date: _____

Signature, Applicant 2: _____ Date: _____

Copies of Documents required to be provided to Licensing Social Worker

- Driver's licenses for anyone providing transportation
- Auto Insurance Declaration for all vehicles
- Home Insurance Declaration
- Rabies Certificates for any pets
- Military Status or Discharge Papers
- Most recent Report Card for all children in the home