

Adult Foster Care  
Initial/Relicensing/Alternate Year Data Sheet

1. **Name of Provider:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Cell Phone #s: \_\_\_\_\_  
Email Addresses: \_\_\_\_\_

2. **Employment Information:**  
Name of Applicant: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Job Title/Position: \_\_\_\_\_  
Work Schedule: Days: \_\_\_\_\_  
Hours: \_\_\_\_\_  
Name of Co-Applicant: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Job Title/Position: \_\_\_\_\_  
Work Schedule: Days: \_\_\_\_\_  
Hours: \_\_\_\_\_

3. **Others Living in the Home:** *(Do not include foster placements.)*

Name:	Age:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Regardless of how long ago, have you or family members, including children, experienced any of the following problems? *(Applicant, applicant's minor children in the home, and other household members.)*

Physical health problems? Yes No

Requires medication? Yes No

Mental health problems and/or treatment? Yes No

Drug or alcohol abuse and/or treatment? Yes No

Sexual abuse, physical or verbal abuse, and child abuse or neglect? Yes No

Domestic violence? Yes No

Counseling as individual and/or with others (e.g. family, group)? Yes No

Treatment or hospitalization for any of the above (medical or health problems, drug or alcohol abuse, etc.)? Yes No

Any of your own minor children are now living away from your home? Yes No

Received city, county, and/or state social services? Yes No

Please explain anything you checked yes to above:

Regardless of how long ago or where you were living, have you or any person living in the home, including children: *(Applicant, applicant's minor children in the home, and other household members.)*

Been charged and/or convicted with any offense (misdemeanor, gross misdemeanor, or felony) even if dismissed? Yes No

Been charged with or convicted of a juvenile offense? Yes No

Been involved in an assault whether or not legal charges were brought? Yes No

Abused, neglected, and/or molested any child or vulnerable adult whether or not there was an investigation? Yes No

Been involved with any juvenile or adult probation or parole programs? Yes No

Been involved with any local, state, or federal law enforcement departments? Yes No

Please explain anything you checked yes to above:

**Health Assessment:** *(Applicant, applicant's minor children in the home, and other household members.)*

Indicate in writing, information about the health care you *are receiving*; include any health diagnosis or conditions:

List any diagnosis or current health condition that you are *not receiving* health care for, and indicate why medical treatment is not necessary and how it does not pose a risk to others living in the home:

List any *limitations* your health or the health of a household member may have, on the ability to care for or be in the same home as a foster or care resident:

**Chemical Health Assessment:** *(Applicant, applicant’s minor children in the home, and other household members.)*

Indicate in writing whether you have been free of any chemical use problems for the last two years. If not, provide information about your chemical health and treatment.

Please list all individuals who have provided care in the last year; including those newly hired or terminated or who are no longer providing or only provided occasional care whether paid or unpaid.

Name of Employee/ Substitute Caregiver <small>(last name, first name, middle initial)</small>	Start Date	End Date	DHS Clearance Date <small>(if applicable)</small>	Comments

You are required to track all background studies submitted. Do you have a background study tracking form completed for each person listed? Yes No

The above answers are true to the best of my/our knowledge. I/We understand that failure to disclose **COMPLETE** and **ACCURATE** information may result in recommendations to **DENY/REVOKE** a foster care application or license

\_\_\_\_\_  
Applicant/License Holder’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/License Holder’s Signature

\_\_\_\_\_  
Date