



401 Grand Avenue, Ste. # 400 · Oakland · CA · 94610
Phone: 510-272-0204 · Fax: 510-272-0277

APPLICATION FORM FOR FOSTER ADOPTIVE PARENTS

Name (Parent 1) _____ Date: _____

Name (Parent 2) _____ Home Phone: _____

Email P1 _____ Cell: P1 _____

Email P2 _____ Cell: P2 _____

Address: _____ City, State, Zip _____

Date of marriage/Domestic Partnership (If applicable): _____

PARENT 1

PARENT 2

Date of Birth: _____

Date of Birth: _____

Place of Birth: _____

Place of Birth: _____

Race & Ethnic Background: _____

Race & Ethnic Background: _____

Gender Identity: _____

Gender Identity: _____

Sexual Orientation: _____

Sexual Orientation: _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Address: _____

Address: _____

Social Security #: ____/____/____

Social Security #: ____/____/____

Level of Education: _____

Level of Education: _____

Religious Affiliation: _____

Religious Affiliation: _____

Marital Status:

☐ Divorced ☐ Legally Separated ☐ Widowed
☐ Married ☐ Domestic Partnership ☐ Single

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☐ Divorced ☐ Legally Separated ☐ Widowed
☐ Married ☐ Domestic Partnership ☐ Single

Have you ever been accused, arrested, or convicted of a crime, other than a minor traffic violation? _____

Have you ever been accused, arrested, or convicted of a crime, other than a minor violation? _____

Former Legal Marriages	Name of Former Spouse	Marriage Date & Place	Divorce Date & Place	Death Date & Place
Applicant 1				
Applicant 2				

REFERENCES

Please list four (4) personal references (one of which may be family) who know your home life well, we will mail or e-mail a reference form to them:

	<u>NAME</u>	<u>ADDRESS/CITY/STATE/ZIP & OR EMAIL</u>	<u>PHONE</u>
1.			
2.			
3.			
4.			

OTHERS IN HOUSEHOLD

Children

<u>NAME</u>	<u>GENDER</u>	<u>BIRTHDATE</u>	<u>RELATIONSHIP</u>

Adults

<u>NAME</u>	<u>GENDER</u>	<u>BIRTHDATE</u>	<u>RELATIONSHIP</u>

I hereby apply to foster/adopt a child from Family Builders by Adoption:

Signature (Parent 1)	Date	Signature (Parent 2)	Date
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Office use only

Application Accepted/ Home Study Assigned _____
 Signature, Program Director _____ Date: _____

Homestudy Assigned to: _____ Date: _____