

**Family Centered Services of Alaska (FCSA)
Foster Parent Application**

Date:

Name(s) of Applicant:

Physical and mailing address:

Email address:

Telephone number(s):

Date(s) of birth of applicant(s):

Please list how long each applicant has lived in Alaska:

- 1. Please list each parent's current place of employment, job title, approximately how long you have worked there and your work schedule (days and times you work). Please also include your level of education (list degree and field, if applicable):**

Parent #1:

Parent #2:

- 2. Please provide a brief summary of each parent's background and experience working with youth (this can include past foster parent experience, work experience, etc.) Please list approximate dates.**

Parent #1:

Parent #2:

- 3. Please list the name and age of any children or other people living in your home.**

- 4. Please list if there are any physical, mental, emotional, or other health status information of anyone living in the home that may affect your family's ability to parent a foster child.**

5. If you have previous licensed foster care experience, please list where you were foster parents and approximate dates.

Name and state of agency you were licensed with:

Approximate dates:

Can you provide us a copy of your license?

6. If previously licensed, have you ever been investigated by the Office of Children's Services (OCS) or another state? If so, please explain thoroughly and list if it was substantiated or unsubstantiated:

7. Why do you want to be a foster parent?

8. List your typical daily schedule. Please include: when you leave for work, when kids leave for school, when each get home, any evening schedule and when kids go to bed.

Parent #1:

Parent #2:

Kids and evening schedule:

9. What types of activities do you do as a family and do with foster children? Please include any school/community/cultural involvement.

10. What type of supervision plans would you have for your foster children (who supervises them and when)? Please be specific.

- 11. What type of parenting practices and discipline do you use with children? Do you use positive reinforcement, natural consequences, etc.? Any special rewards you use? Please describe.**
- 12. How do you feel about working with foster children who have committed delinquent acts or who have been subjected to abuse, neglect, separation from, and loss of their biological family?**
- 13. How do you feel about working with birth families of foster children? Do you feel you could you have an on-going relationship with a birth family?**
- 14. What do you feel are your family strengths and/or strengths as foster parents?**
- 15. Do you have any experience with Electronic Medical Records? Please note that FCOSA Foster Parents must do daily documentation electronically on their computers.**
- 16. Are you certified in CPR and First Aid? Do you have any other special skills? If so, please list.**
- Parent #1:**
- Parent #2:**
- 17. Please list the number of bedrooms in your home and the sleeping arrangements for everyone. Will foster child have their own bedroom? Do kids share a bedroom?**
- 18. Please list all pets you have in the home:**
- Are they immunized and current with all shots?**
- Have there been any incidents of aggressive behavior or biting by your pet?**

- 19. Do you have any firearms in your home? If yes, how stored?
(Guns must be stored in locked cabinet or area and ammo stored & locked separately)**
- 20. Where do you store your medications? (Medications must be locked up)**
- 21. Where do you store your cleansers? (They must be locked up)**
- 22. If you have flammable liquids, where are they stored? (They must be locked up)**

Thank you for taking time to complete this Application. Please email it to Vicki Blankenship at: yblankenship@familycenteredservices.com. If you have any questions or would like more information, please call Vicki at 907-479-9511.