

Southwestern Youth Services, Inc. Host Home Family Application

Every Individual Over Age 18 in the Home Must Complete an Application. Please Print All Information

Date of Application: _____

DEMOGRAPHIC INFORMATION

Last: _____ First: _____ MI: _____ Maiden Name: _____

DOB: _____ Birthplace: _____ SS#: _____

Gender: _____ Race: _____ Ethnicity: Hispanic or Latino Yes No

Address: _____ How long have you been at this address? _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ DL State and #: _____

RELATIONSHIP STATUS

Married Separated Divorced Widowed Single Live-In Relationship (Not Married/Living Together)

EDUCATIONAL INFORMATION

High School: _____

	Name	Location	Date Graduated
GED	_____	_____	_____
College	_____	_____	_____
Graduate/ Training	_____	_____	_____

	Test Location	Date Received	CDA
College	_____	_____	_____

	Name	Location	Date Graduated
Graduate/ Training	_____	_____	_____

	Degree	Major	Minor
Graduate/ Training	_____	_____	_____

	Name	Location	Date Graduated
Graduate/ Training	_____	_____	_____

	Degree/Training
Graduate/ Training	_____

EMPLOYMENT INFORMATION (list most recent first)

Employer	Address (City, State, Zip)	Phone
_____	_____	_____

Job Title	Supervisor	Date From	Date To
_____	_____	_____	_____

Employer	Address (City, State, Zip)	Phone
_____	_____	_____

Job Title	Supervisor	Date From	Date To
_____	_____	_____	_____

Employer	Address (City, State, Zip)	Phone
_____	_____	_____

Job Title	Supervisor	Date From	Date To
_____	_____	_____	_____

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Host Home Family Application

Military Record:

_____ Current Retired Veteran Discharged _____
Branch Status If discharged, Type of Discharge/Date

_____ Current Retired Veteran Discharged _____
Branch Status If discharged, Type of Discharge/Date

RESOURCES

Residence: Own Rent Number of Rooms: _____ Number of bedrooms: _____
Dwelling Type: Single Family Home Mobile Home Apartment Monthly Cost: _____

Indicate Foreign Languages you can:

Speak: _____

Read: _____

Write: _____

Nearest Schools

Elementary:

_____ Address (Street, City, State, Zip) Phone

Intermediate:

_____ Address (Street, City, State, Zip) Phone

Middle/Jr. High:

_____ Address (Street, City, State, Zip) Phone

High School:

_____ Address (Street, City, State, Zip) Phone

TRAININGS

List any specialized training/education/work experience in regards to working with children, youth, teens.

BACKGROUND INFORMATION AND CHECK

Have you ever been involved in a child welfare investigation in this or any state? Yes No
(If Yes: provide additional information)

Have you ever been convicted of or entered a plea of guilty or no contest to any criminal activity involving violence against a person; child abuse or neglect; possession, sale or distribution of illegal substances; sexual misconduct; gross irresponsibility or disregard for the safety of others? Yes No (If Yes: provide additional information)

Have you lived in Oklahoma for at least five (5) years? Yes No (If No: List other states which you have lived and when)

I hereby certify that this information is true and complete to the best of my knowledge. I also authorize a complete background check, including, DHS background check, verification of education and employment, reference check, personal reference check, and criminal background check.

Signature of Applicant

Date

Southwestern Youth Services, Inc. Host Home Family Application

SUPPLEMENTAL APPLICATION INFORMATION

PREVIOUS EXPERIENCE				
Have you ever made application for a child or cared for a child for another agency or person? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "yes", give name and address of agency or person.				
Name of the Agency	Address	Phone	Dates	
Name of the Agency	Address	Phone	Dates	
***If you have been a host home/foster parent with another agency, an "Authorization to Release Information" will be sent to you to be completed for references purposes.				
CHILDREN IN THE HOME				
Name	DOB	Gender	SS#	Grade
Name	DOB	Gender	SS#	Grade
Name	DOB	Gender	SS#	Grade
Name	DOB	Gender	SS#	Grade
Please list school information for any school age children.				
School Name/Teacher	School Address (City, State, Zip)		Phone	
List All Children, full address (including zip code) that is not in the home at present, including Adult Children.				
Name	DOB	Address (City, State, Zip)	Phone	

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Host Home Family Application

References

You must give name, **full address (including zip code)**, and telephone number of 6 references, at least 4 non-relatives and up to 2 relatives. A minimum of (6) references required, more is helpful.

3 references will be contacted for a face-to-face interview.

1. _____
Name Address City State Zip Phone
Relationship: _____

2. _____
Name Address City State Zip Phone
Relationship: _____

3. _____
Name Address City State Zip Phone
Relationship: _____

4. _____
Name Address City State Zip Phone
Relationship: _____

5. _____
Name Address City State Zip Phone
Relationship: _____

6. _____
Name Address City State Zip Phone
Relationship: _____

7. _____
Name Address City State Zip Phone
Relationship: _____

8. _____
Name Address City State Zip Phone
Relationship: _____