



**MIAMI- DADE COUNTY FOSTER &
ADOPTIVE PARENT ASSOCIATION**

GENERAL MEMBERSHIP APPLICATION 2021

DATE: _____

NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

TELEPHONE (HOME) _____ CELL _____

EMAIL

ADDRESS: _____

AGENCY AFFILIATION:

- ADOPTION AFFILLIATION BAPTIST HOS. CFCE CITRUSFCN
- CHILDREN HOME SOC. CHRISTIAN HOME/ CHILD HOPE HIS HOUSE
- FAMILY RES CTR. WESLEY DEVERAUX CITRUS MENTAL HEALTH
- CHI CHRIST FELLOWSHIP OTHER: _____

WHAT ARE YOU LISTED AS:

- Emergency Foster Parent Foster Parent Medical needy Foster Parent
- Group Home Parent Group Home Worker Shelter Parent
- Adoptive Parent Kinship Parent Non-Relative care

Others _____

HOW MANY YEARS HAVE YOU BEEN A FOSTER PARENT/ ADOPTIVE PARENT

REFERRED BY: _____



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PERSONAL INFORMATION 2021

Are you married? () Yes () No

If yes, Spouse/Partner Name: _____

Telephone: (Home) _____ Office: _____

(cell) _____

Please list all the children on your home: (first name only)

#	NAME	AGE	D.O.B	FEMALE	MALE	FOSTER	ADOPTED	KINSHIP	BIO
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

If any of the children have either a learning and/or physical disability (ies) please list them for each child:
