



## MIAMI- DADE COUNTY FOSTER & ADOPTIVE PARENT ASSOCIATION

### GENERAL MEMBERSHIP APPLICATION 2020

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL

ADDRESS: \_\_\_\_\_

#### AGENCY AFFILIATION:

☐ ADOPTION AFFILIATION    ☐ BAPTIST HOS.    ☐ CFCE    ☐ CITRUS

☐ CHILDREN HOME SOC.    ☐ CHRISTIAN HOME/ CHILD HOPE    ☐ HIS HOUSE

☐ FAMILY RES CTR.    ☐ WESLEY    ☐ OUR KIDS    ☐ DCF

☐ 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

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:

