



**Remi Vista, Inc.**  
 YOUTH & FAMILY SERVICES “Ambassadors of Hope”

**Foster Parent Application**

Personal and Home Information			
Date:	Parent 1		Parent 2
Name(s)			
Phone: (H):			
Phone: (C):			
Phone: (W):			
Social Security #:			
Driver’s License:			
Date of Birth:			
Number of years as California resident:			
Address:	City:	Zip:	
How many years at current address:			
Email Address:		Languages Spoken In Home:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced			
Name and Ages of Children in Home Now			
Name:	D.O.B.:	Name:	D.O.B.:
Name:	D.O.B.:	Name:	D.O.B.:
Name:	D.O.B.:	Name:	D.O.B.:
Other people who do child care for your children			
Name & Address		Relationship	
EDUCATION: List High School and Colleges or Business Schools attended.			
Parent 1: _____			
_____			
Parent 2: _____			
_____			

<b>Employment Information (Please include address of employers)</b>		
Parent 1 Employer:	Length of Employment:	
Work Schedule:	May we Call? <input type="checkbox"/> Y <input type="checkbox"/> N	WK#:
Parent 2 Employer:	Length of Employment:	
Work Schedule:	May we Call? <input type="checkbox"/> Y <input type="checkbox"/> N	WK#:
Parent 1 <b>Past</b> Employer:	Dates Employed:	
Job Title/Type of Work:	May we Call? <input type="checkbox"/> Y <input type="checkbox"/> N	WK#:
Parent 1 <b>Past</b> Employer:	Dates Employed:	
Job Title/Type of Work:	May we Call? <input type="checkbox"/> Y <input type="checkbox"/> N	WK#:
Parent 2 <b>Past</b> Employer:	Dates Employed:	
Job Title/Type of Work:	May we Call? <input type="checkbox"/> Y <input type="checkbox"/> N	WK#:
Parent 2 <b>Past</b> Employer:	Dates Employed:	
Job Title/Type of Work:	May we Call? <input type="checkbox"/> Y <input type="checkbox"/> N	WK#:
<b>Foster Care Experience, The following questions include Guardian and or Adoptive Children</b>		
Do you have any prior Foster Care experience: <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If you are currently certified with a state or county office or with another FFA as a foster parent, please initial below recognizing that you are voluntarily submitting this application, and that Remi Vista, Inc. did not actively recruit you as a foster parent. _____		
If you ever been certified, decertified or put on placement hold status by any FFA or have been licensed by any state or county office as a foster parent, please identify the FFA, county or state office that took action: _____		
Have been approved for relative placement by a county, or licensed by the state or a county as an FFH, please identify the state or county licensing/ approval office: : <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes please explain _____		
Is there any reason why any CA County would not place foster youth in your home? : <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes please explain: _____		
Have you been reported for child abuse and/or investigated, in your home, by Children's Protective Services Community Care Licensing, the Ombudsman' office? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes please explain: _____		
Have ever been denied a license from the State of California Department Of Community Care Licensing or any private or state agency for any type of child care, anger issues, not following Title 22 or agency policy? : <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes please explain: _____		

Do you have a swimming pool at your home?  Yes or  No

Do you keep firearms in your home?  Yes or  No

Have you ever been arrested or had convictions other than minor traffic violations?  Yes or  No

**Please check all boxes below that you are interested in:**

- Foster Parenting ASAP**       **Pregnant/Teen Moms**       **Respite Care**  
 **Special Needs**       **Chronic Medical Condition**       **Sibling Group**  
 **Adult 18-21**       **Other:** \_\_\_\_\_  
 **Boys**       **Girls**       **Both**      **Age Range:** \_\_\_\_ to \_\_\_\_

**Please describe any experience, education, or training you have relative to foster care, parenting, or working with youth.**

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**How did you hear about becoming a Foster Parent with Remi Vista?**

- Presentation       Television Ad       Radio Ad       Print Ad  
 Remi Vista Website       Web Search       Referred by Foster Parent (Name): \_\_\_\_\_  
 Other: \_\_\_\_\_

I hereby certify that the information provided is true and correct. Anyone knowingly submitting material information that is false could be guilty of a misdemeanor. I hereby give Remi Vista permission to contact all references with any previous FFA, County or State offices I have been certified or licensed with as a foster parent.

All applications will be evaluated on a nondiscriminatory basis without regard to age, sex, race, religion, color, political affiliation, national origin, disability, marital status, actual or perceived sexual orientation, or ancestry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Any information listed on this form will be confidential to the Remi Vista Office only and will be used as information for certification. It will not be forwarded to any other organization. Please note that if you were certified with another FFA or with the county, we will contact that agency or county to verify certification as well as contact Community Care Licensing to discuss this application.