

**Homes in Harmony**

**Potential Provider Application**

Please complete all required information. ***Each adult*** in the household must complete and submit the application.

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| **Personal Information** |
| **Name** *(First, Middle Initial, Last)*Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Other Name(s) Used**Click or tap here to enter text. | **Gender**[ ] **Male** [ ]  **Female**Click or tap here to enter text. | **Ethnicity**Click or tap here to enter text. |
| **Date of Birth**Click or tap here to enter text. | **Social Security Number**Click or tap here to enter text. |
| **Driver’s License Number**Click or tap here to enter text. | **State**Click or tap here to enter text. |
| **Mailing Address**Click or tap here to enter text. | **Apt/Unit Number**Choose an item. |
| **City**Choose an item. | **State**Click or tap here to enter text. | **Zip code**Click or tap here to enter text. |
| **Length of Time at Current Residence**Click or tap here to enter text. |  **Own Rent**[ ] [ ]  |
| **Home Telephone Number**Click or tap here to enter text. | **Email**Click or tap here to enter text. | **Preferred Method of Contact****Email Phone**[ ] [ ]  |
| **Cell Phone Number**Click or tap here to enter text. | **Citizenship Status  U.S. Citizen Permanent Resident**[ ] [ ]  |  **Religion** Click or tap here to enter text. |
| **Marital Status** *(If married, a marriage license must be provided. Married applicants must be married for at least 2 years.)*[ ] **Single** [ ] **Married** [ ]  **Widowed** [ ]  **Divorced** |
| **Date of Marriage**Click or tap here to enter text. | **Length of Marriage**Click or tap here to enter text. |
| **Previous Marriages?**[ ] **Yes** [ ]  **No** | **Number of Previous Marriages**Click or tap here to enter text. | **Dates of Divorce/Widowed**Click or tap to enter a date. |
| **How did you hear about Homes in Harmony?**Click or tap here to enter text. |

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| **Family/Environmental History** |
| **List All Household Members** *(includes spouse, children, college-aged children whose primary address is your physical location, and all family members residing within your home)* |
| **Name**Click or tap here to enter text. | **Date of Birth**Click or tap to enter a date. | **Relationship**Click or tap here to enter text. |
| **Name**Click or tap here to enter text. | **Date of Birth**Click or tap to enter a date. | **Relationship**Click or tap here to enter text. |
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| **Name**Click or tap here to enter text. | **Date of Birth**Click or tap to enter a date. | **Relationship**Click or tap here to enter text. |
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| **List All Adult Children Not Living Within Your Household** |
| **Name**Click or tap here to enter text. | **Date of Birth**Click or tap to enter a date. | **Address**Click or tap here to enter text. |
| **Name**Click or tap here to enter text. | **Date of Birth**Click or tap to enter a date. | **Address**Click or tap here to enter text. |
| **Name**Click or tap here to enter text. | **Date of Birth**Click or tap to enter a date. | **Address**Click or tap here to enter text. |
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| **List All Family Pets Residing Within Your Household** |
| **Name**Click or tap here to enter text. | **Type of Pet**Click or tap here to enter text. | **Current on Rabies Vaccine?**[ ]  **Yes** [ ]  **No** [ ]  **N/A** |
| **Name**Click or tap here to enter text. | **Type of Pet**Click or tap here to enter text. | **Current on Rabies Vaccine?**[ ]  **Yes** [ ]  **No** [ ]  **N/A** |
| **Name**Click or tap here to enter text. | **Type of Pet**Click or tap here to enter text. | **Current on Rabies Vaccine?**[ ]  **Yes** [ ]  **No** [ ]  **N/A** |
| **Name**Click or tap here to enter text. | **Type of Pet**Click or tap here to enter text. | **Current on Rabies Vaccine?**[ ]  **Yes** [ ]  **No** [ ]  **N/A** |
| **Name**Click or tap here to enter text. | **Type of Pet**Click or tap here to enter text. | **Current on Rabies Vaccine?**[ ]  **Yes** [ ]  **No** [ ]  **N/A** |

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| **Previous Addresses** *(List all addresses within the past 10 years.)* |
| **Address**Click or tap here to enter text. | **City/State/Zip**Click or tap here to enter text. | **Years Resided**Click or tap to enter a date.**through**Click or tap to enter a date. |
| **Address**Click or tap here to enter text. | **City/State/Zip**Click or tap here to enter text. | **Years Resided**Click or tap to enter a date.**through**Click or tap to enter a date. |
| **Address**Click or tap here to enter text. | **City/State/Zip**Click or tap here to enter text. | **Years Resided**Click or tap to enter a date.**through**Click or tap to enter a date. |
| **Address**Click or tap here to enter text. | **City/State/Zip**Click or tap here to enter text. | **Years Resided**Click or tap to enter a date.**through**Click or tap to enter a date. |

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| **Vehicle Information** *(List all vehicles registered to your home.)* |
| **Make**Click or tap here to enter text. | **Model**Click or tap here to enter text. | **Year**Click or tap here to enter text. | **Registration Expiration**Click or tap to enter a date. | **Insurance** *(include name, policy number and expiration)*Click or tap here to enter text. |
| **Make**Click or tap here to enter text. | **Model**Click or tap here to enter text. | **Year**Click or tap here to enter text. | **Registration Expiration**Click or tap to enter a date. | **Insurance** *(include name, policy number and expiration)*Click or tap here to enter text. |
| **Make**Click or tap here to enter text. | **Model**Click or tap here to enter text. | **Year**Click or tap here to enter text. | **Registration Expiration**Click or tap to enter a date. | **Insurance** *(include name, policy number and expiration)*Click or tap here to enter text. |
| **Make**Click or tap here to enter text. | **Model**Click or tap here to enter text. | **Year**Click or tap here to enter text. | **Registration Expiration**Click or tap to enter a date. | **Insurance** *(include name, policy number and expiration)*Click or tap here to enter text. |

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| **Military Service** |
| **Are you active military?** [ ]  **Yes** [ ]  **No** | **Dates of Service** Click or tap to enter a date.**To** Click or tap to enter a date. |
| **Branch** Click or tap here to enter text. | **Rank** Click or tap here to enter text. |
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| **Are you a veteran?** [ ]  **Yes** [ ]  **No** | **Dates of Service** Click or tap to enter a date.**To** Click or tap to enter a date. |
| **Branch** Click or tap here to enter text. | **Rank** Click or tap here to enter text. |
| **Type of Discharge** Click or tap here to enter text. |

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| **Criminal History Disclosure** |
| **Have you, or any household member, ever been convicted of, or have you pleaded guilty or no contest to, a felony offense? If yes, please explain.** [ ]  **Yes** [ ]  **No**Click or tap here to enter text. |
| **Have you, or any household member ever been arrested? If yes, please explain.** [ ] **Yes** [ ]  **No**Click or tap here to enter text. |
| **Have you, or any household member, ever been the subject of a report which addressed the physical, emotional, sexual abuse or neglect of a child? If yes, please explain.** [ ]  **Yes** [ ]  **No**Click or tap here to enter text. |
| **Has any child in your home ever been involved in juvenile court? If yes, please explain.** [ ]  **Yes** [ ]  **No**Click or tap here to enter text. |

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| **Educational Background and Training** *(Must have at least GED or equivalent)* |
| **Institution** | **Name** | **Dates Attended (***From/To***)** | **Program of Study & Degree** | **Graduated (***Y/N***)** |
| **High School or Equivalent** | Click or tap here to enter text. | Click or tap to enter a date. to Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| **College** | Click or tap here to enter text. | Click or tap to enter a date. to Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Graduate School** | Click or tap here to enter text. | Click or tap to enter a date. to Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Technical/****Vocational School** | Click or tap here to enter text. | Click or tap to enter a date. to Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Occupational Licenses/Certifications** |
| **License/Certification** | **Date of Issue and Expiration** | **Issuing Authority and Location** | **Registration Number** |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Employment History (Previous 10 years)** *Attach Separate Sheets if Necessary* |
| **Employer Name**Click or tap here to enter text. | **Employment Dates:**Click or tap to enter a date. throughClick or tap to enter a date. |
| **Job Title**Click or tap here to enter text. | **Mailing Address** *(Street/City/State/Zip Code)*Click or tap here to enter text. |
| **Salary**Click or tap here to enter text. | **Responsibilities**Click or tap here to enter text. |
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| **Employer Name**Click or tap here to enter text. | **Employment Dates:**Click or tap to enter a date. throughClick or tap to enter a date. |
| **Job Title**Click or tap here to enter text. | **Mailing Address** *(Street/City/State/Zip Code)*Click or tap here to enter text. |
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| **Salary**Click or tap here to enter text. | **Responsibilities**Click or tap here to enter text. |
|  |
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| **Job Title**Click or tap here to enter text. | **Mailing Address** *(Street/City/State/Zip Code)*Click or tap here to enter text. |
| **Salary**Click or tap here to enter text. | **Responsibilities**Click or tap here to enter text. |

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| **Financial History** |
| **Source of Income** Click or tap here to enter text. |
| **Gross Income** Click or tap here to enter text. | **Net Income** Click or tap here to enter text. |
| **Other Household Income (Including spouse/partner’s income, rental income, alimony, child support, adoption assistance, foster care reimbursements, etc.** |
| **Gross Income** Click or tap here to enter text. | **Net Income** Click or tap here to enter text. |
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| **Financial Budget**  |
| **Mortgage/Rent**Click or tap here to enter text. | **Vehicle Payments**Click or tap here to enter text. | **Vehicle Insurance**Click or tap here to enter text. |
| **Medical/Dental Insurance**Click or tap here to enter text. | **Life Insurance**Click or tap here to enter text. | **Gasoline**Click or tap here to enter text. |
| **Groceries**Click or tap here to enter text. | **Household Supplies**Click or tap here to enter text. | **Child Care**Click or tap here to enter text. |
| **Child Support**Click or tap here to enter text. | **Telephone**Click or tap here to enter text. | **Clothing**Click or tap here to enter text. |
| **Utilities**Click or tap here to enter text. | **Cable**Click or tap here to enter text. | **Hobbies/Recreation**Click or tap here to enter text. |
| **Credit Cards**Click or tap here to enter text. | **Loans**Click or tap here to enter text. | **Other**Click or tap here to enter text. |
| **Total Monthly Expenses:** Click or tap here to enter text. |

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| **Medical History** |
| **Please list all significant medical history such as diagnosis, surgeries, hospitalizations, etc:***Click or tap here to enter text.* |
| **Current Medications**Click or tap here to enter text. | **Dosage**Click or tap here to enter text. | **Purpose**Click or tap here to enter text. |
| **Medications**Click or tap here to enter text. | **Dosage**Click or tap here to enter text. | **Purpose**Click or tap here to enter text. |
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| **Medications**Click or tap here to enter text. | **Dosage**Click or tap here to enter text. | **Purpose**Click or tap here to enter text. |
| **Primary Physician Name**Click or tap here to enter text. | **Phone Number**Click or tap here to enter text. | **Address** *(including city, state, zip code)*Click or tap here to enter text. |
| **Do you have medical insurance?** [ ] **Yes** [ ]  **No** |
| **Insurance Name**Click or tap here to enter text. | **Policy Number**Click or tap here to enter text. | **Responsible Party**Click or tap here to enter text. |

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| **Previous Foster Parent Experience** |
| **Have you ever previous applied to another foster or adoption agency?** [ ]  **Yes** [ ]  **No** |
| **Have you ever previously been licensed by another foster or adoption agency?** [ ]  **Yes** [ ]  **No** |
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| **Previous Agency Name**Click or tap here to enter text. | **Address**Click or tap here to enter text. | **Phone Number**Click or tap here to enter text. |
| **Reason for Leaving** Click or tap here to enter text. |
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| **Have you ever previously been licensed by another foster or adoption agency?** [ ]  **Yes** [ ]  **No** |
| **Previous Agency Name**Click or tap here to enter text. | **Address**Click or tap here to enter text. | **Phone Number**Click or tap here to enter text. |
| **Reason for Leaving** Click or tap here to enter text. |
|  |
| **Have you ever previously been licensed by another foster or adoption agency?** [ ]  **Yes** [ ]  **No** |
| **Previous Agency Name**Click or tap here to enter text. | **Address**Click or tap here to enter text. | **Phone Number**Click or tap here to enter text. |
| **Reason for Leaving** Click or tap here to enter text. |

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| **References** *(Must include 3 References of which only 2 may be family members)* |
| **Name**Click or tap here to enter text. | **Address**Click or tap here to enter text. | **Phone Number**Click or tap here to enter text. |
| **Relationship**Click or tap here to enter text. | **How long have you known this reference?**Click or tap here to enter text. |
|  |
| **Name**Click or tap here to enter text. | **Address**Click or tap here to enter text. | **Phone Number**Click or tap here to enter text. |
| **Relationship**Click or tap here to enter text. | **How long have you known this reference?**Click or tap here to enter text. |
|  |
| **Name**Click or tap here to enter text. | **Address**Click or tap here to enter text. | **Phone Number**Click or tap here to enter text. |
| **Relationship**Click or tap here to enter text. | **How long have you known this reference?**Click or tap here to enter text. |

**I certify that all information on this application is true and factual and complete. I acknowledge that any false or misleading statements can result in a denial of licensure by Homes in Harmony. I agree to undergo the remainder of the licensure process which includes, but is NOT limited to an FBI fingerprint check, Health Inspection, Fire Inspection, TB Testing, home study, trainings, background checks, home inspections, and/or interviews. I understand that Homes in Harmony reserves the right to deny licensure at any time during the licensing process. I also recognize that I may withdraw from the application process at any time and a license will not be obtained. Homes in Harmony is not responsible for any fees or loss of wages incurred during the licensing process.**

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| Click or tap to enter a date. |

 **Applicant’s Signature Date**