



## Resource Parent Application

Resource Parent Applicant 1	Resource Parent Applicant 2
Full Name:	Full Name:
Previous Names:	Previous Names:
Gender:	Gender:
Pronouns:	Pronouns:
DOB:	DOB:
Social Security Number:	Social Security Number:
Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Ethnicity: Hispanic/Latino Non-Hispanic/Latino	Ethnicity: Hispanic/Latino Non-Hispanic/Latino
Tribal Affiliation, if applicable:	Tribal Affiliation, if applicable:
Language(s) Spoken:	Language(s) Spoken:
Religious Affiliation, if applicable:	Religious Affiliation, if applicable:
City and State of Birth:	City and State of Birth:
Citizenship Status: U.S. Citizen Lawful permanent resident	Citizenship Status: U.S. Citizen Lawful permanent resident
Have you lived outside of MD within the last 5 years? Yes No	Have you lived outside of MD within the last 5 years? Yes No
Phone Number(s):	Phone Number(s):
Email:	Email:



Home Address:	
Mailing Address (if different):	
Secondary Address/Rental Property (if applicable):	
Highest Level of Education:	Highest Level of Education:
Employment Status (check all that apply) <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Self employed <input type="checkbox"/> Homemaker/Stay at Home parent <input type="checkbox"/> Student <input type="checkbox"/> Other:	Employment Status (check all that apply) <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Self employed <input type="checkbox"/> Homemaker/Stay at Home parent <input type="checkbox"/> Student <input type="checkbox"/> Other:
Employer and Position:	
Relationship Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widdowed <input type="checkbox"/> Other:	
Previous Marriages: Name of Former Spouse:  Date of Marriage: Date Marriage Ended:  Name of Former Spouse:  Date of Marriage: Date Marriage Ended:	Previous Marriages: Name of Former Spouse:  Date of Marriage: Date Marriage Ended:  Name of Former Spouse:  Date of Marriage: Date Marriage Ended:



**Household Members. Child(ren) and Adults.**

Name	DOB	Age	Social Security Number	Relationship to Applicants

**Other Child(ren) not residing in the home. Include Adult Child(ren) and Child(ren) From Previous Relationships.**

Name	DOB	Age	Relationship to Applicants	Living Situation

<b>Home</b>		
Type of Home: Apartment Condominium Row home/townhome Single family home Duplex	Year Home Built:	Home is owned Home is rented



Mobile home Other:		
Square Footage:	# of Bedrooms:	# of Bathrooms:
<b>Bodies of Water:</b> Is there a pool, hottub, fishpond, duckpond, or other body of water on or near the property? Yes    No    If yes, please describe:     		
<b>Firearms and ammunition:</b> Are there firearms or ammunition in the home?    Yes    No If yes, please describe how and where firearms and ammunition are stored:     		
<b>Water Source:</b> Public water    Well water If well, date of last water testing: Have any concerns been observed or reported regarding the safety of the home's drinking water? Yes    No    If yes, please describe:     		
<b>Lead Paint:</b> For homes built before 1978, does the home have peeling or flaking paint? Yes    No    N/A (home built after 1978).    If yes, please describe:     		
<b>Smoke Detectors:</b> Do you have the ability to install a smoke detector in each sleeping area, outside of sleeping areas, and on each level of the home? Yes    No    Already installed		

**Carbon Monoxide Detectors:**

Do you have the ability to install at least one carbon monoxide detector in your home?

Yes    No    Already installed

**Escape Routes**

Does each sleeping area have at least two means of escape including a window?    Yes    No

Is the window at least 20X24 and does it open?    Yes    No

**Interest in Foster Care and Responsibilities**

Why are you interested in becoming a resource parent?

What is the age range that you feel most competent in caring for?

Are you willing and able to care for a sibling group?

Are you willing to support reunification by partnering with child(ren)'s parents?

Are you willing to support child(ren)'s ongoing relationships with their siblings and extended family members?

Are you willing to transport child(ren) to their appointments and participate as needed (medical, mental health, court, visitation with family and friends, etc)?



Are you willing to consider being a permanent resource for child(ren) through adoption or guardianship if reunification with family is not possible?

Please answer each of the following questions. For all yes answers, please use the space under that section to explain and specify who, when, and why.

<b>Child Welfare History</b>	<b>Yes</b>	<b>No</b>
1) Has anyone in your home ever been investigated by Child Protective Services?		
2) If you have child(ren) have they ever been placed outside of your home for any reason (with a relative, group home, in-patient hospitalization, foster care?)		
3) Has anyone in your home ever been a victim of child abuse or neglect?		

If you answered "Yes" to the questions above, please explain:

<b>Health/Mental Health/Substance Use</b>	<b>Yes</b>	<b>No</b>
4) Does anyone in your home have a chronic health condition?		
5) Has anyone in your home ever experienced, been treated for, diagnosed with, or hospitalized for a mental health condition (depression, anxiety, bi-polar disorder, ADHD, etc?)		
6) Does anyone in your home consume alcohol? If yes, how much and how often?		
7) Does anyone in your home utilize cannabis or THC products? If yes, how much and how often, and recreationally or medicinally?		
8) Does anyone in your home have a current issue or a history of substance use/dependency (alcohol, drugs, prescription medications, etc)?		



If you answered "Yes" to the questions above, please explain:

<b>Financial/Legal</b>	<b>Yes</b>	<b>No</b>
9) Are there issues regarding your financial stability (i.e. inability to meet all of your financial obligations, pay bills on time, etc)?		
10) Has anyone in your home had a protective order filed against them?		
11) Has anyone in your home been charged, arrested, or convicted of any crime?		
12) Has anyone in your home received a DUI or DWI charge or conviction?		

If you answered “Yes” to the questions above, please explain:

Child(ren)	Yes	No
13) If you have child(ren), did you or do you use physical discipline?		
14) If you have child(ren), have they ever been suspended or expelled from school?		
15) If you have child(ren), have they or are they currently involved with the Department of Juvenile Services?		
16) Do you have any child(ren) who are now deceased? If yes, child's name: Birth date _____ Date of death _____		

If you answered “Yes” to the questions above, please explain:

<b>General</b>	<b>Yes</b>	<b>No</b>
17) Do you have pets? If yes, are there any current or past concerns of aggression?		
18) Have you ever had a home study completed?		



19) Have you ever been denied a license or certification for providing care to children or adults?		
20) Are you an in-home childcare provider?		
21) Are you providing care for anyone in your home who is elderly and or disabled?		

If you answered "Yes" to the questions above, please explain:

### Family Financial Statement for Resource Parents

<b>Resource Parent Applicant 1</b>	
<b>Resource Parent Applicant 2</b>	
<b>Date Completed</b>	

#### Section 1: Monthly Income (if not applicable, please write N/A)

Income	Resource Parent 1	Resource Parent 2
Gross	\$	\$
Net	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Pension	\$	\$
Rental Income	\$	\$
Other:	\$	\$

Please calculate your total monthly family income: \$

#### Section 2: Monthly Expenses (if not applicable, please write N/A)

Expense	Monthly amount
Mortgage	\$
Second mortgage	\$
Rent	\$
Gas & Electric	\$
Water/Sewer	\$
Phone	\$



Cable/Internet	\$
Car payments	\$
Car insurance	\$
Gasoline	\$
Food	\$
Entertainment	\$
Clothing	\$
Child care	\$
Medical expenses/health insurance	\$
Life insurance	\$
Contributions	\$
Child support	\$
Retirement plans	\$
Educational expenses	\$
Credit card (name & balance):	\$
Credit card (name & balance):	\$
Other:	\$
Other:	\$

Please calculate your total monthly expenses: \$

### **Section 3: Assets (if not applicable, please write N/A)**

Asset	Amount
Checking accounts	\$
Savings accounts	\$
Other:	\$
Other	\$

Please calculate your total assets: \$



### **Resource Parent Applicant Acknowledgement**

By signing below, I confirm that the information provided on this application is true and correct. I understand that providing false information may be grounds for denial of a resource home license.

	<b>Signature</b>	<b>Date signed</b>
Resource Parent Applicant 1		
Resource Parent Applicant 2		

### **Do not Complete - For Department Use Only Home Study Initiation Signature**

To be signed at the time of the first home study visit. By signing below, I acknowledge that the home study process may take up to 120 days from the date of the first home study home visit.

	<b>Signature</b>	<b>Date of first home visit</b>
Resource Parent Applicant 1		
Resource Parent Applicant 2		