



Dates Worked: \_\_\_\_\_ Job Description: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

Agency/Firm and Address: \_\_\_\_\_  
Dates Worked: \_\_\_\_\_ Job Description: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

Agency/Firm and Address: \_\_\_\_\_  
Dates Worked: \_\_\_\_\_ Job Description: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

**APPLICANT'S SPOUSE:**

Spouse's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SS No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
Street City State Zip Code

Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

---

**MEMBERS OF IMMEDIATE FAMILY LIVING IN HOUSEHOLD:**

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ School (Grade)/Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ School (Grade)/Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ School (Grade)/Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ School (Grade)/Occupation: \_\_\_\_\_

**RELATIVES LIVING IN HOUSEHOLD:**

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_

**OTHERS LIVING IN HOUSEHOLD:**

Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Occupation & Employer \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Occupation & Employer \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Occupation & Employer \_\_\_\_\_

**HOME INFORMATION:**

**Type of Home (place an X in the appropriate box)**

Single:  Multi-Family:  Duplex:  Apartment:  Mobile Home:

Other (Specify):  \_\_\_\_\_

**Accommodations (number of rooms/floors)**

First Floor:

Living Room: \_\_\_\_\_ Dining: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Toilets: \_\_\_\_\_

Second Floor:

Living Room: \_\_\_\_\_ Dining: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Toilets: \_\_\_\_\_

Above Second Floor:

Living Room: \_\_\_\_\_ Dining: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Toilets: \_\_\_\_\_

**Place an X in the appropriate box.**

Home Is: Owned: \_\_\_\_\_ Leased: \_\_\_\_\_ Rented \_\_\_\_\_

**INSURANCE INFORMATION:**

**Homeowner's/Renter's:**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Amt: \_\_\_\_\_

**Automobile:**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Amt: \_\_\_\_\_

**Other:**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Amt: \_\_\_\_\_

**HAVE YOU EVER APPLIED AS A FOSTER HOME TO DSS?**       Yes       No

Approved

Disapproved      Explain: \_\_\_\_\_

\_\_\_\_\_

**ARREST CONVICTIONS:** Have you, a family member, a relative residing in your household or a non-relative residing in your household ever been arrested or convicted of a crime?     No     Yes

**If Yes, Describe below** - giving the nature of the crime, dates and the location (city, state), law enforcement agency, the disposition, dates and place of incarceration, etc.

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE EXPERIENCE WORKING WITH OR LIVING WITH PEOPLE WITH MENTAL RETARDATION?**

Describe below the nature of the experience you and members of your family have had with the Mentally Retarded.

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE A PREFERENCE FOR A PARTICULAR TYPE OF CONSUMER, I.E CHILD, ADULT, LEVEL OF RETARDATION, ETC.?**

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL STABILITY:** Do you or others residing in the home have any personal problems or situations that would interfere with the care of the consumer?    \_\_\_\_\_ No    \_\_\_\_\_ Yes

**If Yes, explain:** \_\_\_\_\_

\_\_\_\_\_

**Agreement and Authorization:**

To the best of my knowledge, I (we) hereby certify that the information contained herein is true and correct. If approved as a Community Training Home Provider, I (we) agree to abide by all pertinent regulations, policies, requirements and procedures of the Community Training Home Program and to provide all information as deemed necessary by the Department of Disabilities and Special Needs and the Richland/Lexington Disabilities and Special Needs Board. I (we) also authorize department and agency personnel to conduct necessary home inspections, background investigations; to obtain references, and to acquire information necessary to evaluate my (our) suitability to become a Community Training Home Provider. I (we) understand that my (our) application may be disapproved at any time for any reason.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Spouse

\_\_\_\_\_  
Date

Richland/Lexington DSN Board Use Only:    Approved \_\_\_\_\_                  Disapproved \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date