



***A Place Called Hope***  
*fostering children and families*

Application to A Place Called Hope

5720 144<sup>th</sup> St NW  
 Suite 100  
 Gig Harbor, WA 98335

Name(s) \_\_\_\_\_ /are applying to become certified foster parents through A Place Called Hope.

**(You are not required to fill out this box if submitting a DSHS form 10-354 with this application)**

Address \_\_\_\_\_ Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ E-mail Address \_\_\_\_\_

Do you have any children in the home at the present time? \_\_\_ If yes, please list below:

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Others in the home:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Why do you want to foster or adopt a child?

Do you have adequate room in your home for foster children? \_\_\_\_\_

Describe the level of care you are interested in fostering. Ages: \_\_\_\_\_ Sex: \_\_\_\_\_ Special Issues (DD, Medically Fragile, GBLT, Therapeutic, physically impaired etc

Are there any safety hazards near your home? \_\_\_\_\_ If so, What is their nature?

Have you ever been refused a foster care license? \_\_\_\_\_ If so, What were the issues?

Have you ever been referred to CPS for child neglect or abuse?

Have you ever been charged with any crime? \_\_\_\_\_ Please explain a yes answer on a separate page.

By agreeing to become a foster parent I/we consent to provide care for children in our home and agree to follow the applicable rules of the State of Washington and the policies of *A Place Called Hope*.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date