

**R.O.C.K.**  
Sullivan County  
Department of Family Services  
PO Box 231  
Liberty, NY 12754



**Phone 845-292-0100**  
Fax: 845-292-0988  
Michael Osepowicz 513-2389  
Kim Nash 513-2376  
Wendy Mason 513-2376

*Give our children a solid foundation to grow on*

## APPLICATION FOR PROSPECTIVE FOSTER OR ADOPTIVE PARENTS

(Return completed form to Michael Osepowicz at the above address)

<p>We (I) hereby apply for authorization to board children at the address below:</p> <p>We (I) desire to board _____ children Between the ages of ____ to ____.</p> <p>_____</p> <p>Applicant's Name (woman's full name):</p> <p>_____</p> <p>Co-Applicant's Name:</p> <p>_____</p> <p>Applicant's Address (include zip code):</p> <p>_____</p> <p>_____</p> <p>County:</p> <p>_____</p>	<p>Definite directions for reaching my/our home:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Day Phone:</p> <p>_____</p> <p>Evening Phone:</p> <p>_____</p> <p>Email Account:</p> <p>_____</p> <p>School District:</p> <p>_____</p>
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## LIST ALL PERSONS LIVING IN YOUR HOME

### Section A: Family (husband, wife, children)

Name	Date of Birth	Sex	Relation	Religion	Race	Current Occupation

### Section B: Children now at board (if any)

Name	Date of Birth	Sex	Full Name-address-person from who child received	Relationship to child

### Section C: Other persons in household (if any)

Name	Age	Sex	Reason for Presence

Section D: Children of Applicant Living Outside the Home

Name	Age	Sex	Address	Occupation

<b>MARITAL STATUS</b>  <input type="checkbox"/> Married-Living with spouse <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<b>DATE MARRIAGE LICENSE ISSUES</b>	<b>PLACE OF ISSUANCE</b>
	<b>DATE OF MARRIAGE</b>	<b>PLACE OF MARRIAGE</b>
Are you and your family self-supporting without the income from boarding children?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate Income: \$_____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

Describe the house in which you live (indicate number of bedrooms)	
Name and Address of the Family Physician	Are you as an applicant willing to have your physician furnish a written report of a recent physical examination and give medical information about members of your family?  <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF CHURCH YOU ATTEND	CHURCH ADDRESS
NAME OF PASTOR	

REFERENCES – At least four who have known you at least three years. Do not include relatives

Name of Reference	Address of Residence

Do you now have a license or certificate to board children? <input type="checkbox"/> Yes (specify from whom) <input type="checkbox"/> No		
Have you ever taken children to board? <input type="checkbox"/> Yes (specify from whom) <input type="checkbox"/> No		
Please give reasons for wishing to board children in your home?		
Signature of Applicant	Signature of Co-Applicant	Date