

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
APPLICATION**

<b>(Check only one)</b>					
<input type="checkbox"/> FOR ADOPTION		<input type="checkbox"/> FOR FOSTER CARE			
<input type="checkbox"/> FOR FOSTER/ADOPT		<input type="checkbox"/> FOR FOSTER HOME CONVERSION			
Family Name					Date
Street Address				City	
County	Zip Code	How Long at the Address		Home Telephone Number	
Neighbor's Name			Neighbor's Telephone Number		
<b>BASIC INFORMATION</b>		<b>MALE</b>		<b>FEMALE</b>	
Full Name					
Social Security Number					
Date of Birth					
Place of Birth					
Nationality / Race					
Occupation					
Employer					
Work Telephone Number					
Monthly Salary (Gross)		# Yrs. At Current Job		# Yrs. At Current Job	
Previous Occupation					
Present Marriage		Date	Place	Date	Place
Previous Marriage(s) (Attach additional pages if needed)		Date	Place	Date	Place
		How Terminated		How Terminated	
Education					
Grade School					
High School					
Other					
Religious Affiliation					
<b>CHILDREN AT HOME</b>					
NAME	SEX	DATE OF BIRTH	OCCUPATION OR SCHOOL GRADE	RELIGION	BIOLOGICAL OR ADOPTED

OTHER PERSONS IN HOUSEHOLD					
NAME	SEX	DATE OF BIRTH	OCCUPATION OR SCHOOL GRADE	RELATIONSHIP	
CHILDREN LIVING OUTSIDE THE HOME					
NAME	SEX	ADDRESS	DATE OF BIRTH	OCCUPATION	
HOUSING					
Renting or Buying	Monthly Payments	House or Apartment	No. of Bedrooms	Total No. of Rooms	Yard Space
Have you fostered or adopted in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?					
For what agency?					
Have you applied to other agencies to foster or adopt? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?					
To what agency?					
DIRECTIONS FOR REACHING YOUR HOME FROM AGENCY?					
TWO RELATIVES IN CLOSE TOUCH WITH FAMILY					
NAME	ADDRESS	TELEPHONE NUMBER	RELATION		
TWO REFERENCES Who Have Known You Well For A Period Of Years (Clergyman, Neighbor, Etc.)					
NAME	ADDRESS	TELEPHONE NUMBER			
CHILD PREFERRED (At This Time)					
SEX:	AGE RANGE:	NUMBER			
WE UNDERSTAND THAT BY MAKING THIS APPLICATION, THERE IS NO DEFINITE COMMITMENT BY US OR BY THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES.					
Applicant's Signature					
Applicant's Signature					
When completed, please return to:					