STARFISH babies

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STARFISH Babies FOSTER CARE

APPLICATION FORM

Thank you for taking the time to apply for the position of Foster Care parent/parents with Starfish babies Project.

The Foster care project is managed by Janice Spencer.

Please also familiarize yourself with our values and beliefs as well as the required agreement attached with this to be screened as a prospective fostercare parent.

Please note the following:

- Acceptance for screening gives no guarantee that you will be accepted as a Foster parent.
- Important: This is strictly a volunteer service and therefore no salary will be paid.
- The Fostercare family must be in a stable position, financially, medically, and emotionally.

The following documents need to be attached to this application in order for us to proceed:

- Certified copies of ID and marriage certificate
- Police Clearance
- Form 30 (Sexual Offenders Certificate)

We may also ask for the following: a medical report, a reference letter from employer & pastor.

Note that Starfish babies Project will always act in the best interest of the child and all decisions are based on this principle. We are entrusting you with the care of our children, and it is thus important that you fully and accurately disclose the requested information.

1. IDENTIFY PARTICULARS

Fostercare parents

Father

Name	
Postal address	
Physical address	
Tel. no.	
Cell no.	
Fax no.	
E-mail	
Identity no. **(Please attach copy of ID)**	
Home language	
Church denomination	
Name of Pastor & Tel. no.	
Marital status	
Date of marriage (**Please attach copy of doc)**	
Occupation	

Mother

Name	
Maiden name	
Postal address	
Physical address	
Tel. no.	
Cell no.	
Fax no.	
E-mail	
Identity no. **(Please attach copy of ID)**	
Home language	
Church denomination	
Name of Pastor & Tel. no.	
Marital status	
Date of marriage (**Please attach copy of doc)**	
Occupation	

Biological children (if any)

Surname	Name	Gender	Date of birth

Other children who live in the house

Surname	Name	Gender	Date of birth

How would your family be affected by the presence of a baby/child that would need a considerable amount attention?

2. HOUSING CIRCUMSTANCES & FAMILY BACKGROUND

2.1 Describe the inside of your house (rooms/areas)

2.2 Do you own your home or rent it? And how long have you lived there?

2.3 Describe your property on the outside.

2.4 Are there any other occupants on the same premises? If so, please give details.

2.5 FAMILY BACKGROUND

Please provide information regarding the following:

HUSBAND

Place of Birth:

Siblings and birth order:

Place you grew up:

Schools attended and where did you Matriculate?

Parents – are they still alive?

Describe your relationship with your parents:

Describe your relationship with your in-laws:

Describe your growing up years, include happy and sad memories:

Describe your relationship with your siblings:

Describe the supportive role of family in your life:

WIFE

Place of Birth:

Siblings and birth order:

Place you grew up:

Schools attended and where did you Matriculate?

Parents – are they still alive?

Describe your relationship with your parents:

Describe your relationship with your in-laws:

Describe your growing up years: include happy and sad memories:

Describe your relationship with your siblings:

Describe the supportive role of family in your life:

3. EMPLOYMENT

	Husband	**Wife**
Occupation		
Years of Service		
Current employer		
Working hours		
Highest grade completed in school.		
Qualifications after school		

4. FINANCIAL ASPECTS

(This section *is compulsory* due to the requirements of the National Department of Social Services. We however commit to confidentiality and discretion)

STRICTLY CONFIDENTIAL		
Monthly income		
Husband		
Wife		
Expenditures:	Housing/Bonds	
	Water & electricity	
	Car payment	
	Insurance	
	Fuel	
	Groceries	
	School fees	
	Accounts	
	Savings	
	Policies	
	Employee's	
	Clothing	
	Telephone	
	Gardner	
	Other	
	TOTAL:	

5. MEDICAL HISTORY

Medical aid name:
Medical aid number:

General health (Answer Yes or No on the following questions)

	Husband	**Wife**
Central Nervous system (epilepsy, brain tumor, etc.)		
Heart diseases (high blood pressure, heart failure		
Respiratory (asthma, TB, fibrosis, etc.)		
Diabetes		
Muscle related illnesses (arthritis, etc.)		
Psychiatric illnesses (depression Schizophrenia, substance abuse, personality disorders, etc.		
Genetic / hereditary illnesses (porphyry, etc.)		
Other illnesses (eye diseases, hearing problems, etc.)		

If yes at any of the above, please explain in terms of time frame and current relevance:

6. **RELIGION**

6.1 Please tell us about your religion / faith:

7. MARRIAGE RELATIONSHIP

7.1 Date and place of marriage:
7.2 How long have you known each other before you got married?
7.3 Describe how you met and a summary of your relationship highlights and low points:
7.4 Have any one of you been married previously?
7.5 Do you have any children from previous marriages?
7.6 Have you experienced a pregnancy loss or fertility issues at any time?

8. PRE-TRAINING INFORMATION

8.1 Have you been screened in the past? By which organization and in what year?

8.2 Have you or any of your family members ever been accused or found guilty of crimes against children, family violence or the negligent driving of a vehicle or any other relevant crimes that this organization should be informed about?
If yes, please provide detailed information:

9. PLACEMENT DETAILS

We endeavor to match our foster homes with the best suitable baby / child and thus we need detailed information from you. Please know however that not all these factors are always known/available at the time of placement.

Would you consider one or more of the following? Please tick yes / no

QUESTION:	YES	NO
Caucasian Baby/Child		
Indian Baby/Child		
Colored Baby/Child		
Black Baby/Child		
Male		
Female		
Ages 0-1 years		
Ages 1-2 years		
Ages 3-5 years		
Older than 5 years old		
Child/ Baby that is HIV positive		
Child / Baby that was exposed to HIV but status still unknown		
Child / Baby that has Featal Alcohol Syndrome		
Child / Baby that was exposed to drugs while mother was pregnant		
Child / Baby with a mental disability		
Child / Baby with a physical disability		

Your cooperation with the completion of this questionnaire is appreciated. Please note that this is only the first phase of the screening process and that further interviews will take place.
When you are finally screened, you will automatically become part of Starfish.

I HEREBY DECLARE THAT THE INFORMATION GIVEN BY ME IS CORRECT AND TRUE.

SIGNED AT ON THIS DAY

Husband:

Wife:

Thank you for your time and honesty in completing this application form!

Janice Spencer
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