



FORGET ME NOT

Family Centered Services
OF ALASKA



1825 Marika Road,
Fairbanks, AK 99709
Office: (907) 474-0890
Email: fcsa@fcsa-ak.com

FCSA Foster Parent Application

Date:

Parent 1

Parent 2

Name of Applicant:

Email:

Phone #:

Date of birth:

How long have you lived in Alaska?

Current Employer:

Job Title:

Approximate length of employment?

Work Schedule (days and times)?

Level of education (list degree and field):

Name of Applicant:

Email:

Phone #:

Date of birth:

How long have you lived in Alaska?

Current Employer:

Job Title:

Approximate length of employment?

Work Schedule (days and times)?

Level of education (list degree and field):

Physical Address:

Mailing Address:

Please provide a brief summary of each parent's background and experience working with youth (this can include past foster parent experience, work experience, etc.) Please list approximate dates:

Parent #1

Parent #2

Please list the name and age of any children or other people living in your home:

Please list if there are any physical, mental, emotional, or other health status information of anyone living in the home that may affect your family's ability to parent a foster child:

If you were previously licensed as foster parents, please complete the following information. State you were licensed in and the name of the agency:

Approximate dates:

Can you provide us a copy of your license?

Yes No

If previously licensed, have you ever been investigated by the Office of Children's Services (OCS) or another child welfare agency? If so, please explain thoroughly and list if it was substantiated or unsubstantiated:

Why do you want to be a foster parent?

Parent #1

Parent #2

List your typical daily schedule. Please include: when you leave for work, when kids leave for school, when each get home, any evening schedule and when kids go to bed.

Parent #1 Daily Schedule:

Parent #2 Daily Schedule:

Kids Daily Schedule:

What types of activities do you do as a family and do with foster children? Please include any school, community and cultural involvement.

What type of supervision plan would you have for your foster children (who supervises them and when)? Please be specific.

What type of parenting practices and discipline do you use with children? Do you use positive reinforcement, natural consequences, etc.? Any special rewards you use? Please describe.

How do you feel about working with foster children who have committed delinquent acts or who have been subjected to abuse, neglect, separation from, and loss of their biological family?

What do you feel are your family strengths? What areas do you feel you may need more support or training in?

Do you have any experience with Electronic Medical Records? (Please note that FCSA Foster Parents must do daily documentation.)

Are you certified in CPR and First Aid? Do you have any other special skills? Please describe below.
Parent #1 (Special Skills)

Parent #1 - CPR/First Aid: Yes No

Parent #2 (Special Skills)

Parent #2 - CPR/First Aid: Yes No

Please list all the pets in the home:

Are they Immunized and current with all shots? Yes No

Have there been any incidents of aggressive behaviour or biting? Yes No

Please list the number of bedrooms in your home and the sleeping arrangements for everyone. Will foster child have their own bedroom? Do kids share a bedroom?

Do you have any firearms in your home? If yes, how are they stored? (Guns must be stored in a locked cabinet or area and ammo must be stored and locked separately)

Where do you store your medications? (Medications must be locked up)

Where do you store your cleansers? (Cleaners must be locked up)

If you have flammable liquids, where are they stored? (Flammable liquids must be locked up)

Additional Comments:

Thank you for taking time to complete this application.

Please email it to:

Miranda Schultz, FCSA Licensing Specialist

at mschultz@fcsa-ak.com

**If you have any questions or would like more information,
please call Miranda at 907-474-0890.**