



Oregon Community Programs

Foster Parent Application

Oregon Community Programs mission is to implement research-based treatment and prevention methods/practices in order to improve the outcomes for children, youth, and families.

Applicant Name: _____

Date: _____

NOTE: Please save this form to your computer BEFORE YOU BEGIN.

After you have completed this form, you can email as an attachment, fax or mail.

*If you exit this application or close this program - before you save to your computer, **ALL changes will be lost.***

Additional instructions on how to submit this form are located on the last page.

Contact Information:

Mary Laws
Foster Parent Recruiter/Trainer
Phone: 541-743-4340 ext. 2242
Fax: 541-743-4369
Email: maryl@oregoncp.org



Oregon Community Programs has been supporting foster children and their families with a full range of services since 1983. We train, support and certify foster parents and support families where a child has already been placed.

Here's what distinguishes OCP and its foster families: A philosophy of commitment and belief in the children and families we support. We are in this for the long haul, and we know that with support, each child can be successful in her or her placement and go on to lead a productive, positive life.

Our goal is to be the team that helps to turn lives around.

Privacy Statement

Once Oregon Community Programs (OCP) receives your Foster Parent application your information will be used only for the purpose of certification. We will not share any information you provide including your email address with any third parties unless instructed to do so by Federal, State or Local authorities.

The application is a web-fill document with the option to send via email. When you select the "SEND FORM" button your default email client will open with your application already attached. Oregon Community Programs does not accept any responsibility for misdirected, lost or intercepted emails of information or the transfer of any viruses, Trojans or complications associated during electronic communications. By completing the application and submitting via email you agree to this policy. You may also fill in your information, print and deliver in person to OCP at 1170 Pearl Street, Eugene, OR 97401.

Electronic Signature

By typing your name in the signature line and placing a check in the box, you agree that all statements you provided are true and any falsifying information could result in revocation of application.

Foster Parent Application

Oregon Community Program's mission is to implement research-based treatment and prevention methods/practices in community settings in order to improve the outcomes for children, youth, and families.

Applicant #1 Name: _____ **Date:** _____
Last Name First Name M.I.

DOB: _____ **SSN:** - - _____ **Driver License Number:** _____
Month/date/year

Single Married **Date Married:** _____ Divorced Separated
Month/date/year

Home Phone Number: _____ **Work Phone Number:** _____

Cell Phone Number: _____ **Other Phone Number:** _____

E-mail Address: _____

Physical Address:

_____ **City** **State** **Zip Code**

Applicant #2 Name: _____ Date: _____
Last Name First Name M.I.

DOB: _____ SSN: _____ - - Driver License Number: _____
Month/date/year

Single Married Date Married: _____ Divorced Separated
Month/date/year

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Other Phone Number: _____

E-Mail Address: _____

Mailing Address: (please fill in if different than above)

City State Zip Code

Household Members:

Number of residents currently living in household: _____

Name:	DOB:	Age:	In Home:	Relationship:
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Applicant #1

Education:

High School: _____ Years Attended: _____ Graduate/Degree: _____

College: _____ Years Attended: _____ Graduate/Degree: _____

Other: _____ Years Attended: _____ Graduate/Degree: _____

Work Experience:

Current Employer: _____

May We Contact? Yes No

Supervisor Name: _____

Contact Number: _____

Current Occupation: _____

Net Income: _____

Current Employer's Address:

Applicant #2

Education:

High School: _____ Years Attended: _____ Graduate/Degree: _____

College: _____ Years Attended: _____ Graduate/Degree: _____

Other: _____ Years Attended: _____ Graduate/Degree: _____

Work Experience:

Current Employer: _____

May We Contact? Yes No

Supervisor Name: _____

Contact Number: _____

Current Occupation: _____

Net Income: _____

Applicant #1

Current Employer's Address:

City State Zip Code

Applicant #2

Current Employer's Address:

City State Zip Code

References:

Please list four individuals who are not related to you and you have known for at least one year.

1.) Name: _____ Occupation: _____
Last Name First Name

Address: _____ Phone Number: _____

_____ Number of Years Known: _____
City State Zip Code

How do you know this individual? (Friend, neighbor, employer, etc.) _____

2.) Name: _____ Occupation: _____
Last Name First Name

Address: _____ Phone Number: _____

_____ Number of Years Known: _____
City State Zip Code

How do you know this individual? (Friend, neighbor, employer, etc.) _____

4.) What forms of recreation do you enjoy? Especially mention ones you could include youth in. How often?

5.) How would you typically correct misbehaviors? Provide your views on discipline and punishment.

6.) What role would you expect the youth to assume while staying with you?

7.) Are you able to provide routine and crisis transportation for this youth?

8.) Have you or your spouse ever been convicted of a felony or misdemeanor? Yes No
If yes, please indicated date(s) and charge(s). This information is required by Services to Children and Families.

9.) Has any member of your family been treated (medication or psychotherapy) for any emotional or psychological problem? Yes No

Family Member: _____

Dates: _____

Family Member: _____

Dates: _____

Family Member: _____

Dates: _____

10.)Have you and your spouse ever separated because of marital problems? If yes, please give the date and length of separation.

11.)Have you or your spouse ever applied for a foster care position with another agency (including Alternative Family Services, SCF, etc.)?

Yes No

If yes, which agency? _____

Date Applied: _____

Applicant # 1

Electronic Signature: _____

Date: _____

I certify that my answers are true and complete to the best of my knowledge.

Checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Disclaimer.

Applicant # 2

Electronic Signature: _____

Date: _____

I certify that my answers are true and complete to the best of my knowledge.

Checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Disclaimer.

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1170 Pearl Street, Eugene OR 97401

PHONE 541.743.4340

FAX 541.743.4369

oregoncommunityprograms.org

EMAIL: Save this form to your computer BEFORE YOU BEGIN. Open saved file, fill out application, save, and attach file to email.

Email to: maryl@oregoncp.org

FAX: Complete form, print and sign. Fax to Mary Laws at 541-743-4369.

MAIL: Complete form, print and sign.

Mail to OCP, Attn. Mary Laws, 1170 Pearl St., Eugene, OR 97401

If you have any questions, please call Mary Laws at 541-954-6714.