



**“OPEN YOUR HEART-OPEN YOUR HOME”**  
**Potomac Center Foster Care Services**  
**5636 US HWY 220-S, Moorefield, WV 26836**  
**304-538-8111**

### Foster Care Application

**Applicant # 1:** \_\_\_\_\_  
(Last) (First) (Middle)

**Applicant # 2:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street #, P.O. Box) (Town) (County) (State & Zip)

**Home/Cell Phone #** \_\_\_\_\_

**Other Phone Numbers** (Cell/Work for either applicant or any other contact numbers:

\_\_\_\_\_ Applicant #1

\_\_\_\_\_ Applicant #2

**E-mail address:** \_\_\_\_\_ (If Applicable)

**Directions to home:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Information	Applicant # 1	Applicant # 2
Full Name		
Date of Birth		
Social Security Number		

**Children living in the home:**

Full Name	DOB	Sex	Name of School Attended	Grade in School
1.				
2.				
3.				
4.				

**Others in the home (relative or non-relative):**

Name	Date of Birth	Sex	Relationship to family
1.			
2.			
3.			

**Employment:**

Current Employer Applicant # 1 Date Employment Started	
Current Employer Applicant # 1 Date Employment Started	

**Total Household Income Information:**

Wages/Salary or Other-(Child Support, Survivor Benefit, SSI or other) All income must be listed.	Monthly Gross Income
<b>Total Monthly Household Expense:</b>	

**1. What motivated you to apply for foster care?**

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**2. Have you previously applied to be a foster/adoptive parent with any other agency in WV or any other state? (If yes, what agency, dates you provided foster care and reason for closure with that agency)**

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**3. Placement Preference:**

Number of children \_\_\_\_\_  
 Age range from \_\_\_\_\_ to \_\_\_\_\_  
 Race \_\_\_\_\_  
 Male \_\_\_\_\_  
 Female \_\_\_\_\_

**4. How many beds would you have available for foster children? \_\_\_\_\_**

**References:**

**Please list at least 6 references that know you and have observed you interacting with children if possible. These references cannot be relatives**

**\*\*\*MUST HAVE ALL INFORMATION INCLUDING ADDRESS WITH ZIP CODE AND PHONE NUMBER.**

Name	Full Address	Phone Number

\_\_\_\_\_  
 Applicant:

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
 Co-Applicant:

\_\_\_\_\_  
 Date: