



Johnson Children's Services

644 Millway Avenue, Vaughan, Ontario L4K-4H4

APPLICATION FOR FOSTERING

***Please be certain to answer each question in full and honestly.
Thank you for considering fostering with our agency.**

Information Required	1st Applicant	2nd Applicant
Legal and/or Preferred Surname:		
Legal and/or Preferred Given Name(s):		
Date of Birth:		
Marital Status:		
Nationality/ Legal Status:		
Ethnicity:		
Religious Affiliation:		
Language(s) spoken:		
Highest level of education acquired:		
Any degrees/ diplomas? What field?		

Address:	
Directions to home:	

Home Telephone:	
Cell Phone:	
Work:	
Fax:	
E-mail:	



Please Provide the Following Information on Your Children

Name	Birth date	School/ Employment	Grade	Any handicaps or disabilities?

Please Provide Names of Other Adults Living Within Your Home (including Tenants)

Name	Birth Date	Relation

1) How many bedrooms do you have for fostering? Number of beds available?	
2) What age group are you looking at?	
3) Gender?	
4) Are you open to working with all types of children? Who are you NOT willing to consider?	
5) Have you ever been in difficulty with the law? Do you have a criminal record?	
6) Has your name ever been entered in any provincial child abuse register or have you been investigated by any Children's Aid Society?	
7) Do you or anyone else in your family suffer from any serious physical or mental illness	
8) Do you have any current health problems?	
9) Do you have any firearms or any other weapons on your property? If so, please list:	
10) Do you routinely lock up dangerous substances?	
11) Do you have any pets? If so, please list:	
12) Are your pets regularly inoculated against rabies?	
13) List nearby schools in the area:	



Employment Information

* Please attach your resume for complete employment and educational history.

EMPLOYER	1st Applicant	2nd Applicant
Name of Company & Title:		
Address & Phone #:		
Length of Employment:		
Hours of work (state shift work hours if applicable)		
Approximate net income		

Please provide the names of 3 References if you are a single applicant applying for fostering and 5 References if you are a couple.

References	Address	Phone Number	Relation to you
1)			
2)			
3)			
4)			
5)			



Johnson Children's Services Inc. Application for Fostering

Please answer the following questions:

- (A) State why you want to pursue fostering?

- (B) How do other people in your family feel about this application?

- (C) How does your family solve problems?

- (D) What does discipline mean to you?

- (E) What methods do you use in your home in regards to child management?

- (F) Where do you get support when needed?

- (G) How do you cope with stress? How do you handle anger, sadness, anxiety?



Johnson Children's Services Inc. Application for Fostering

Complete application form and return it to the Director of Foster Care with the following:

Please provide a letter of intention clearly outlining your reasons for interest, what you can contribute to our agency. A Police Clearance that must be obtained prior to your interview, at your cost for all members of your household age 18 +. Three letters of reference (2 professional, 1 personal) indicating your family is suitability for fostering hard to serve children and adolescents. These must be sent directly to the Director of Foster Care from the referee, not sent by the applicant. All of the items must be returned and will be brought to our Management Team for approval to move through the following steps (each step requires approval from the Management Team in order to move on to the next step), therefore reserving the right to deny your application, in writing at any point during the process.

1. Interview with Foster Care Team
2. Pre-service Training sessions
3. Policy and Procedure Training
4. Final stage is the Homestudy where the Social Worker will complete this Homestudy to have an assessment of the family.
5. Finally, the Management Team will make a decision as to the suitability of your family to foster with our agency.

Thank you for taking the time to fill out this application and for considering Johnson Children's Services. This application would not necessarily preclude your acceptance as foster parent(s) with us. A follow-up phone call should be expected if the agency wishes to continue the hiring process with you. This application process can be terminated or held at any time. You will be asked to provide a Criminal Reference Check of all members in the household over 18 years of age in order for the agency to consider your application. Medical information from your family doctor is also required.

We/ I declare that the information contained in this application is true and complete to the best of our/ my knowledge. We/ I understand that a false statement could disqualify our/ my application.

**Please return to Johnson Children's Services.
Phone: 905-775-4372 Fax: 905-673-0037 Email: info@jcsinc.ca**

Signature of 1st Applicant

Date

Signature of 2nd Applicant

Date