

## APPLICATION INSTRUCTIONS FOR MCCC FOSTER CARE AND ADOPTION SERVICES

These instructions are for the application for foster care licensing, therapeutic foster care licensing, and an adoption home study. Mountain Comprehensive Care Center, Inc. does not discriminate based upon ethnicity or religion.

**1. License Control Number:**

For MCCC Agency use only.

**2. Date Application Received:**

For MCCC Agency use only.

**3. Foster Care and/or Adoption Services Case Number:**

For MCCC Agency use only.

**4. Type of Application:**

Check all box(s) that apply to the service(s) that you are interested in providing.

**5-6. Applicant(s) Name(s):**

Enter your complete name(s). Last name, first name, and middle name(s) and/or initial(s). An application for foster care license, therapeutic foster care license and adoptive home study for children must be made by both husband and wife if they are living together and are legally married. In the case of unmarried adults living together, who will share equally in the care of children, list both as applicants. Enter only names of person(s) applying. Names of other members of the household who are not applicants should be entered in section 12 (persons living in household).

Occupation: Enter occupation for each applicant.

Education: Enter the highest grade completed for each applicant.

Yearly Income: Enter the yearly gross income for each applicant.

**7. Address:**

Enter your home address.

**8. Mailing Address:**

Enter your mailing address if different than your home address.

**9. Telephone Numbers:**

Enter telephone numbers for each applicant including area code (home, cell phone, or pager). If you have no telephone place an "X" in the space provided.

**E-mail Address:**

Please provide your personal e-mail address if you have one.

**10. Placement Preference:**

Please indicate the number, age, and gender of children you are interested in having placed into your home. If you have no preference, mark "either" and "no age preference." If you are applying for a specific child(ren) please provide the child(ren's) name(s), including applicant's relationship to the child. For example, foster parent, friend of family, godparent, step-relation, grandparent, second cousin.

**11. Names of Schools:**

Enter the names of the schools that are nearest to your home (elementary, middle/junior high and senior high schools).

**12. Persons Living in Household (Including Self):**

Starting with the applicants, enter names (first and last), date of birth, sex (M for male or F for female), and their

relationship to the applicant (for example, spouse, son, daughter, mother, foster child, boarder, etc.). If the child you are applying for already resides in your home, include that person here. Include the social security number of all persons living in the home.

**Attach additional paper if necessary.**

**13. Other People Living On Property**

Please place an "X" in the appropriate box to indicate if there are other people that reside on your property but not in the home.

**14. Character References:**

List names, addresses, and telephone numbers of four people who know you well and can attest to your ability to provide care for children. You may use only one relative as a reference. Your social worker/case worker may ask for additional references.

**15. States of Residence:**

Indicate if each applicant has lived outside of Kentucky during the previous five (5) consecutive years. If you have lived outside of Kentucky during the previous five (5) years, please indicate where you lived by name, city, state, and what months and years you lived in that city and state.

**16. (A-C) Driver's License:**

For any person in your home who drives, indicate if they have a valid driver's license and liability insurance. Liability insurance is required for all vehicles used in transporting children placed in your care.

**17. (A-I): Place an "X" in the appropriate boxes.**

If "yes" is marked for either applicant or other adults (all persons over the age of 18) living in the home, please provide a description of the circumstances on additional paper and attach to the application. The indication of a "yes" answer not disqualify you. You will have an opportunity to discuss your answers.

**18. Emergency Contact Information:**

Please indicate the name, address, and telephone numbers for two contact persons in the event of an emergency. One person should be within the State of Kentucky, but in a different community in which the applicant lives and the other should be in a different state

Please review the completed application.

Attach statements explaining your "yes" answers to questions 15-17 (A-I).

Applicant(s) need to sign and date the application before submission.

Completion of this form does not guarantee that the applicant will be approved.

**Thank you for your time and patience. If you have any questions, or need assistance in completing this form, please contact the Foster Care/Adoption Services Program at 606-886-GIFT (4438) or e-mail [tobrienconley@mtcomp.org](mailto:tobrienconley@mtcomp.org)**