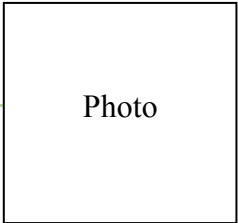




NORFIL Foundation, Inc.

16 Mother Ignacia Street corner Roces Avenue, Quezon City
Tel no: 372-3577 up to 79



Photo

FOSTER CARE APPLICATION FORM

Updated October 2011, Basada

Date: _____

Please type or Print Legibly

I. IDENTIFYING DATA

	<u>HUSBAND</u>	<u>WIFE</u>
a. Name		
b. Date of Birth		
c. Place of Birth		
d. Date of Marriage		
e. Nationality		
f. Citizenship		
g. Home Address		
h. Telephone No.		
i. Mobile No.		
j. Religion		
k. Highest Educational Attainment		
l. Present Occupation		
m. Business Address		
n. Business Tel No.		
o. Salary per month		
p. Other income (if any)		
q. Hobbies/Interests		

II. FAMILY COMPOSITION

List all individuals living with the family

	Name	Relation	Age	Sex	Highest Educational Attainment	Occupation
1						
2						
3						
4						
5						
6						
7						

III. REASON(S) FOR WANTING TO BECOME LICENSED FOSTER PARENTS

- Interest in caring for a non-related child particularly unfortunate children
- Companionship
- Playmate for other children
- Share one's resources
- Share love
- Others (Pls specify) _____

IV. CHILD PREFERENCE

1.1 Check which of the following types of foster child/ren your family can provide.

**No. of Children
you can foster at
any given time.**

No. of Children you can foster at any given time.	Sex	Age Range	Characteristics
<input type="checkbox"/> 1	<input type="checkbox"/> Male	<input type="checkbox"/> 1 day – 6 mos	<input type="checkbox"/> Healthy
<input type="checkbox"/> 2	<input type="checkbox"/> Female	<input type="checkbox"/> 7 mos – 12 mos	<input type="checkbox"/> Sibling Group
<input type="checkbox"/> 3	<input type="checkbox"/> Either	<input type="checkbox"/> 1 yrs – 2 yrs	<input type="checkbox"/> With minor physical handicap
		<input type="checkbox"/> 3 yrs – 4 yrs	<input type="checkbox"/> With mild developmental delay
			<input type="checkbox"/> Other (specify) _____

1.2 Reason(s) for Child Preference _____

- No preference, I am open to any child that is in need of my love and care

V. EXPERIENCE IN CARING FOR CHILDREN

- Yes. (Indicate relationship with child by checking appropriate box)
 - Own child
 - Nephews/Nieces
 - Others (specify) _____
- None

VI. DURATION OF FOSTER CARE

Check which of the following types of foster care your family can provide:

- Short term (6 months or less)
- Long term (6 months or more)

VII. ALTERNATIVE CARE ARRANGEMENT

Indicate alternative care arrangement for the foster child, if for some reasons you cannot personally attend to the needs of the child for a few hours during the day.

- Relative (i.e. grandmother, aunt, cousin)
- Own children
- Yaya/ maid
- Others (specify) _____

VIII. ATTENDANCE IN FOSTER CARE SESSION

Yes (Please indicate most convenient date and time: _____)
 No

IX. WILLINGNESS TO WORK WITH AND BE VISITED PERIODICALLY BY SOCIAL WORKER

Yes
 No

X. CHARACTER REFERENCES

Please give three (3) character references

Name	Address	Telephone No
1		
2		
3		

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Foster Father – Applicant
Signature over printed name

Foster Mother – Applicant
Signature over printed name