



RESPIRE FAMILY APPLICATION

NAME(S): _____

ADDRESS: _____

PHONE: Home: _____
Father (day): _____ Cell: _____
Mother (day): _____ Cell: _____

EMAIL: Father _____
Mother _____

Directions to Home: _____

Please list all individuals living in the home:

Name	Date of Birth	Relationship to Family
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list 3 references names, mailing addresses, and phone numbers that you have known for a minimum of three years. Please list only those with whom your family is well acquainted, and we may contact.

1) _____

2) _____

3) _____

Have you ever been reported for abuse or neglect of a child or children? Yes _____ No _____

If yes, explain: _____

Have you ever been convicted of child abuse or neglect? Yes _____ No _____

If yes, explain: _____

Do you own or keep any pets in your home? Yes _____ No _____

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home?

Yes _____ No _____

Who referred you to Lifeline Children & Family Services / How did you find out about Lifeline Children & Family Services?

❖ *If you are currently a licensed foster home, please attach a copy of your verification with this application*

If you are NOT a licensed foster home, please attach copies of:

- ❖ *Each of your pets vaccinations dated within a year prior to date of application*
- ❖ *Each member of the household TB tests (required)*
- ❖ *Please make copies, fill out, and return the attached CANRIS/Background Check consent form for anyone age 14+ who lives in your home with a copy of their social security card.*
- ❖ *Please attach a copy of your current Driver's License and Auto Insurance*

****Please note that if Lifeline Children & Family Services receives negative information from the DMV check or Criminal History check, this could be cause for discontinuing the process for becoming a respite family****

I hereby declare that the information provided by me in this application for respite parent is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified and understand that if any of this information is found to be inaccurate or false, this may be used to terminate any further consideration of my application. I give my consent for any agencies, employers, companies, friends, or family members to be contacted.

Adult #1

Date

Adult #2

Date