



**Communities For People, Inc.**

623 Atwells Ave Suite 201 ♦ Providence, R.I. 02909 ♦ (401) 273-7103 ♦ Fax 401-421-4608

***Families for Children (FFC) Program***

**Application**

**Applicant #1**

Name:

---

Maiden Name, if applicable:

---

Date of Birth:

---

Social Security Number:

---

Address:

---

Home Phone:

---

Work Phone:

---

Cell Phone:

---

Email:

---

Current Marital Status:      Married      Single      Divorced      Partnered      Widowed

Other

Are you a United States citizen?      Yes      No



**Community Programs ♦ Client Information Systems ♦ Managed Care Networks ♦ Special Needs Adoptions**

[www.communities-for-people.org](http://www.communities-for-people.org)

**Corporate Office: 418 Commonwealth Avenue ♦ Boston, MA 02215-9111 ♦ Tel. (617) 267-1031 ♦ Fax (617) 267-9293**



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Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

Religion/Spirituality: \_\_\_\_\_

Education:      GED      High School Diploma      College      Other

Occupation: (including job title, job location) \_\_\_\_\_

Other Source(s) of Income:      Disability      Retirement Funds      Public Assistance      Alimony

Other \_\_\_\_\_

Have you ever been convicted of a felony?      No      Yes

If yes, please explain: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

States lived in outside of RI: \_\_\_\_\_

**Applicant #2**

Name: \_\_\_\_\_

Maiden Name, if applicable: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



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Social Security Number:

\_\_\_\_\_

Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Current Marital Status:      Married      Single      Divorced      Partnered      Widowed

Other

Are you a United States citizen?      Yes      No

Primary Language: \_\_\_\_\_      Secondary Language:

\_\_\_\_\_

Religion/Spirituality:

\_\_\_\_\_

Education:      GED      High School Diploma      College      Other

\_\_\_\_\_

Occupation: (including job title, job location)

\_\_\_\_\_

Other Source(s) of Income:      Disability      Retirement Funds      Public Assistance      Alimony

Other



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Have you ever been convicted of a felony?    No    Yes

If yes, please explain:

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

States lived in outside of RI: \_\_\_\_\_

**Child Interest Characteristics**

**Interested in:**            Foster Care    Adoption    Both            **Gender:**    Male    Female    No preference

**Preferred Age Range:**    0-5        6-9        10-14        15-19

**Household Members Other than Applicant(s), (if applicable)**

All relative and non-relative children and adults living in the home, full or part-time, are considered part of the household and must be listed below. Members residing in in-law apartments must also be included.

Name (first, middle, last):

Gender:    Male    Female

Date of Birth: \_\_\_\_\_ Relation: \_\_\_\_\_

Occupation/Grade:

Name (first, middle, last):

Gender:    Male    Female



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Date of Birth: _____	Relation: _____
_____	
Occupation/Grade: _____	
_____	
Name (first, middle, last): _____	
_____	
Gender:    Male    Female	
Date of Birth: _____	Relation: _____
_____	
Occupation/Grade: _____	
_____	
Name (first, middle, last): _____	
_____	
Gender:    Male    Female	
Date of Birth: _____	Relation: _____
_____	
Occupation/Grade: _____	
_____	



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**Children Living Outside the Home (if applicable)**

Please provide the following information pertaining to any children living outside the home, including adult children and/or biological children living in other residences.

Name (first, middle, last):

---

Address:

---

Gender:    Male    Female

Date of Birth:

---

Occupation/Grade:

---

Name (first, middle, last):

---

Address:

---

Gender:    Male    Female

Date of Birth:

---

Occupation/Grade:

---

Name (first, middle, last):

---

Address:

---



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Gender:    Male    Female

Date of Birth:

Occupation/Grade:

Name (first, middle, last):

Address:

Gender:    Male    Female

Date of Birth:

Occupation/Grade:



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**Character References**

Please prepare those on this list to receive documents from our agency on your behalf. Indicate if we should not mail reference forms before speaking with you. Please list a minimum of six (6) references.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_



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Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Signature(s)**

**Applicant 1**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Applicant 2**



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Signature	Date
_____ Printed Name	

**Childcare Needs During Pre-service Training:**

Families are encouraged to schedule babysitters for use during training. However, we will provide childcare for our applicants if they are unable to attend otherwise. A social worker with Communities for People, Inc. will care for children in the Families for Children office space with quiet games and homework supervision. This area is not child proofed and may not be suitable for babies and toddlers. Please note that children should not be in the conference room, as the training content may not be suitable and discussion is strictly confidential. Applicants are asked to give their full attention and participation.

Will you require childcare during pre-service classes?

Yes No Unsure

If yes, for how many children? \_\_\_\_\_

Ages of children? \_\_\_\_\_



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