

Section 1 – Getting Started

- Please type or print clearly in ink.
- Include \$250 nonrefundable application fee to cover the cost of processing your application and establishing your file.
- Your application information is confidential and will not be shared with anyone or any government or child placing entity without your consent.

Street address:		
City:	State:	ZIP Code:
Length at this address:	Primary language spoken in the home:	
How did you hear about WACAP?		
Why did you choose WACAP?		

Section 2: Applicant 1 Information

Name:	Prefer to be called:
Preferred Email:	Former / Maiden Name(s):
Preferred Phone:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Married <input type="checkbox"/> Cohabitation	Length of time Married/Divorced/Widowed:
Date of Birth:	Birthplace:
Fluent Languages, spoken and literate:	
Please list all states & countries in which you've lived for the past 5 years:	
Highest Level of education completed:	
Name of Company/Employer:	How Long?
Job Title:	Annual Income:
Have you declared bankruptcy?	Month and year it was discharged:

Section 3: Applicant 2 Information

Name:	Prefer to be called:
Preferred Email:	Former / Maiden Name(s):
Preferred Phone:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Married <input type="checkbox"/> Cohabitation	Length of time Married/Divorced/Widowed:
Date of Birth:	Birthplace:
Fluent Languages, spoken and literate:	
Please list all states & countries in which you've lived for the past 5 years:	
Highest Level of education completed:	
Name of Company/Employer:	How Long?
Job Title:	Annual Income:
Have you declared bankruptcy?	Month and year it was discharged:

Section 4: All Children CURRENTLY Living in the Home

Child 1 Name:	Child 2 Name:
Child 1 Age/Birthdate:	Child 2 Age/Birthdate:
Child 1 Relationship: <input type="checkbox"/> Biological <input type="checkbox"/> Adoption <input type="checkbox"/> Relative <input type="checkbox"/> Other:	Child 2 Relationship: <input type="checkbox"/> Biological <input type="checkbox"/> Adoption <input type="checkbox"/> Relative <input type="checkbox"/> Other:

Child 3 Name:	Child 4 Name:
Child 3 Age/Birthdate:	Child 4 Age/Birthdate:
Child 3 Relationship: <input type="checkbox"/> Biological <input type="checkbox"/> Adoption <input type="checkbox"/> Relative <input type="checkbox"/> Other:	Child 4 Relationship: <input type="checkbox"/> Biological <input type="checkbox"/> Adoption <input type="checkbox"/> Relative <input type="checkbox"/> Other:

Section 5: All Others Living in the Home (attach an additional sheet if needed)

Occupant 1 Name:	Occupant 1 Birthdate:
Occupant 1 Relationship:	
Occupant 1 Circumstances:	

Section 6: home, property & pets

Type of Home: <input type="checkbox"/> House <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Manufactured <input type="checkbox"/> Other):	
Home Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other:	
Number of Bedrooms:	Number of Bathrooms:
Areas of water on your property: <input type="checkbox"/> None <input type="checkbox"/> Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Fountain <input type="checkbox"/> Pond <input type="checkbox"/> Other:	
If you have areas of water on your property, are they covered or fenced?	

Pet 1 Name:	Pet 1 Breed:
Pet 2 Name:	Pet 2 Breed:
Do you have more than 2 pets?	If yes, how many? Breeds?

Section 7: Criminal History

Has anyone in your home EVER been arrested or convicted of a crime?
If 'Yes', explain who, when, and for what offense:

Have you, anyone in your home, or anyone in your family, had a child abuse allegation filed against them, or ever been investigated by the DCYF (Department of Children, Youth & Families, formerly known as DSHS)? Please describe below:
 (Include members from immediate, extended families, and previous marriages.)

Section 8: Foster Care & Adoption through Foster Care

Please indicate the program that you are currently interested in pursuing. This is not binding and may be revised or changed with the input of your social worker during the home study and licensing process.

- Foster Care: accepting temporary placements of children of all ages and backgrounds, until a permanency plan can be completed. Permanency plans involve reunification with biological parents, relatives, or adoption by the foster family or other unrelated family.
- Adoption through Foster Care: accepting placements of older children, or those with significant diagnoses, in foster care whose permanency plan is adoption or who are legally free for adoption. These placements are intended to be permanent but will be supported through monthly home visits until adoption finalization occurs

Section 9: Information regarding the Child you're hoping to Foster

Gender:	Age(s):	Ethnicity:
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Number of Children/Siblings You would Consider:

Please describe children and/or cases you will not consider:

Section 10: Application Fees & Authorization

The WACAP nonrefundable application fee is \$250.
 The WACAP Homestudy fee is \$1,250, plus mileage reimbursement.
 WACAP bills a \$500 advocacy fee annually for "adoption-only" families until a child is placed in your home.

The WACAP nonrefundable application fee for foster care & adoption from foster care is \$250.

I/We have enclosed a check. Please charge our credit card.

Visa MC AMEX Discover Card# _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

1. WACAP serves families who reside in **King, Snohomish and Pierce** Counties in WA State.
2. By submitting this application, I am not automatically approved into the Foster Care & Adoption Program – this is the first step to WACAP's Review and Approval process. Additional screening and orientation with our Licensor and Foster Care & Adoption Team are required before starting the homestudy process.
3. I understand that neither homestudy approval nor placement of child(ren) into my home are guaranteed.
4. WACAP's legal obligation is to act at all times in the best interest of children.
5. It is my responsibility to ask questions; provide truthful and complete information; meet all training requirements; and notify WACAP of any significant changes in my residence, health, legal status, relationship, family makeup, or income.
6. Authority for all decisions in a child's case including but not limited to placement, care, and permanency is the Department of Children, Youth and Families (DCYF).
7. I understand the fee schedule above and agree to pay fees as billed.
8. I agree to hold harmless and release WACAP from any and all claims, suits, damages or liabilities that may arise or relate to applicants' efforts to be approved for foster care or adoption.

I have read, understand and agree with statements 1-8 above. I confirm that the information given in this form is true, complete and accurate.

Applicant 1 - Signature: _____ Date: _____

Applicant 2 - Signature: _____ Date: _____