

VALUES Parent Application

*Please complete all sections and return to :
VALUES Addington Hall
1100 U.S. Hwy 58
Duffield, VA 24244*

Name (husband) _____
(first) (Middle) (Last)

Name (wife) _____
(first) (Middle) (Last)

Telephone #: (home) _____ (work/Emg) _____

Address _____

Directions to your house:

Husband

Date and Place of Birth: _____

Employer, Title and Hours: _____

Wife

Date and Place of Birth: _____

Employer, Title and Hours: _____

How long married? _____

VALUES Parent Application Continued

VALUES Referral Form

Please give names and complete addresses of individuals whom we may consult as reference. Select those who know you as parents (such as a neighbor, friend or someone from your child's school)

Please use references that are not immediate or extended family members

1) _____
Name Street/Apartment/P.O. Box

Telephone City /State/Zip Code

2) _____
Name Street/Apartment/P.O. Box

Telephone City /State/Zip Code

3) _____
Name Street/Apartment/P.O. Box

Telephone City /State/Zip Code

4) _____
Name Street/Apartment/P.O. Box

Telephone City /State/Zip Code

5) _____
Name Street/Apartment/P.O. Box

Telephone City /State/Zip Code

6) _____
Name Street/Apartment/P.O. Box

Telephone City /State/Zip Code

I give permission to those listed as references to answer questions about my parenting and my ability as a parent to care for special needs children and adolescents. I understand that this information is confidential and not available for my use. Signed(Husband) _____

Signed(Wife) _____ Date _____

VALUES Application Continued

Other Members of the Household (Include anyone staying 50% of time)

Name _____

Sex _____ Date of Birth _____

Relationship _____

School/Grade (or employer) _____

Name _____

Sex _____ Date of Birth _____

Relationship _____

School/Grade (or employer) _____

Name _____

Sex _____ Date of Birth _____

Relationship _____

School/Grade (or employer) _____

Name _____

Sex _____ Date of Birth _____

Relationship _____

School/Grade (or employer) _____



What are your reasons for wanting to become foster parents?

What experiences have you had with children?

Please describe the type of child or children you and members of your family would prefer to have in foster care. Include in your description such factors as age, sex, race, intellectual ability, and acceptable behavior. Indicate reasons for your preferences.

Please describe your hobbies, special interests, and community activities?

What available bed space do you have? _____

Have you ever been a foster parent/therapeutic foster parent with another program or Department of Social Services? Yes _____ No _____

List these programs _____

Have you ever been convicted of a crime? Yes _____ No _____

Please explain any convictions: _____

Are you currently employed by Frontier Behavioral Health Services ? Yes _____ No _____
