

STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES

FOSTER/ADOPTIVE PARENT APPLICATION

(The completing and returning of this application does not place you under any obligation to the Department of Human Services. You are giving us the information we shall need in considering your home for a child. It will also aid us in selecting the child best suited for your home. We shall treat this information as confidential.)

PERSONS LIVING IN THE HOME, INCLUDING BOARDERS

Name	Relationship	DOB	SSN

Present Address: _____

Years at this Address: _____

Home Phone: _____ Work Phone: _____

Present Marriage Date: _____

Salary and Other Income per month: _____

Characteristics of child you would consider taking:

	Number	Minimum Age	Maximum Age
BOYS			
GIRLS			
EITHER			

Have you ever applied to be a foster or adoptive parent before? _____

Name of Agency: _____

Date _____ Applicant Signature _____

Date _____ Applicant Signature _____

The Mississippi Department of Human Services does not discriminate on the basis of race, color, national origin, age, sex, or handicap.

Send to: MDHS Division of Family and Children's Services, P.O. Box 352, Jackson, MS, 39205