



# Illini Christian Ministries, Inc.

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Building Families

Building Lives

Building Hope

## APPLICATION FOR FOSTER FAMILY HOME

Date received in office \_\_\_\_\_

### FAMILY INFORMATION

Husband's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Wife's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Work (his) \_\_\_\_\_ (hers) \_\_\_\_\_

Date of marriage \_\_\_\_\_ Is this a first marriage? Husband \_\_\_\_\_ Wife \_\_\_\_\_

If no, please attach a copy of divorce decree(s) or death certificate(s)

Other people living at home

Name	Date of Birth	Relationship	Health Status

**HEALTH**

Husband: Condition of Health (please list any major illnesses/operations in past five years, including any mental counseling).

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Number of working days lost in past twelve months due to illness \_\_\_\_\_

Describe your use of tobacco products

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Describe your use of alcoholic beverages

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Wife: Condition of Health (please list any major illnesses/operations in the past five years, including any mental health counseling).

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Number of working days lost in past twelve months due to illness \_\_\_\_\_

Describe your use of tobacco products

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Describe your use of alcoholic beverages

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**EDUCATION**

Husband: Circle last year completed

Grade 5 6 7 8 High School 9 10 11 12  
College 1 2 3 4 Degree(s) \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

WIFE: Circle last year completed

Grade 5 6 7 8 High School 9 10 11 12  
College 1 2 3 4 Degree(s) \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

**EMPLOYMENT AND ECONOMIC STATUS**

Husband's Current Employment:

Company's name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Position held \_\_\_\_\_ Supervisor \_\_\_\_\_

Military experience:

Wife's Current Employment:

Company's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Position held \_\_\_\_\_ Supervisor \_\_\_\_\_

Military experience:

**CHRISTIAN COMMITMENT**

Currently active members of the following church: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Minister \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Are you an immersed believer in Jesus Christ? Husband \_\_\_\_\_ Wife \_\_\_\_\_

Please describe services performed, including positions held, within the church:

Husband \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

**MOTIVATIONS & ATTITUDES REGARDING FOSTERING**

Why do you wish to foster? \_\_\_\_\_

Would you consider a child of either gender? yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_  
Would you consider a child of another ethnic origin, or a biracial child? Please explain.

\_\_\_\_\_  
Would you consider a physically or mentally handicapped/disabled child? Please explain

**GENERAL INFORMATION**

How did you hear of our program? \_\_\_\_\_

\_\_\_\_\_  
Are you currently licensed as a foster parent? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, name of agency \_\_\_\_\_

Do either of you have a criminal record? yes \_\_\_\_ no \_\_\_\_ If yes, please attach the disposition.

We, the undersigned, hereby grant permission to ICM to make whatever contacts they deem necessary, including, but not limited to any party mentioned in this application for the purposes of determining our character, general reputation, health, confirmation of legal offense(s) or lack thereof, Christian living, or any other purpose.

\_\_\_\_\_  
Husband's signature

\_\_\_\_\_  
Wife's signature

Date \_\_\_\_\_

Directions to your home from St. Joseph, IL: