



APPLICATION FOR LICENSE TO PROVIDE OUT OF HOME CARE FOR DEPENDENT CHILDREN

Date

Wife's First Name

Middle Name

Last Name

Husband's First Name

Middle Name

Last Name

Address

County

Phone

Email Address

I / We hereby apply for a license to provide Foster Family Care for children in accordance with the provision of Section 409.175 Florida Statutes, and agree to cooperate with respect to the study of my home to determine if it meets the standards of the Department of Children and Families for Foster Home Care of children.

Wife's Signature

Husband's Signature

(If wife and husband are living in the home, each must sign the application in their own handwriting.)

This application may be withdrawn at any time the applicant(s) desire.

Important Note: Pursuant to the Multi-Ethnic Placement Act of 1994 and the Small Business Protection Act of 1996, Section 1808, Removal of Barriers to Interethnic Adoption, 'race, culture or ethnicity may not be used as the basis for any denial of placement, nor may such factors be used as a reason to delay any foster or adoptive placement, discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes or toward communities of population which may previously have been under-utilized as a resource for placing children.'

Application for License to Provide Foster Home Care Dependent Children (dy) April 2007