

AFH APPLICATION REQUEST FORM

Date: _____

Applicant's Name: _____

Address: _____

Mailing Address (*if* different): _____

Phone: _____

1) Is this the address that you would provide foster care at? YES / NO

2) Are clients currently living in your home? YES / NO

If yes, which agency: _____

3) What is your nursing background? _____

4) Are you willing to accept clients with "Challenging Behaviors"? YES / NO

5) Do you have children under the age of 18 years old living in your home? YES / NO

6) Can we refer your name to DHS for children? YES / NO

COMMENTS: _____

Completed Orientation: _____ App. Issue Date: _____ No.: _____

Revised: 01/16/08

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