Healing the Children®
NEW JERSEY, INC.

HF-3 Host Family Application

Please print or type your information
Check all programs in which you have an interest:

□ Host	□ Emergency Host Care / Vacation / Respite Care
□ Undecided	□ Other, please specify:

Identifying Information	**Primary Applicant** Please use this column for the adult who will have primary contact with any child HTC places in your home.			**Secondary Applicant**		
Name: (Last, First, MI) AKA/ Alias (Last,First, MI)						
Home Street Address (Do not use P.O. Box)						
City, State, County, Zip (All are required)						
Complete Mailing Address (if different From street address, for example, use of a Post office box). Include city, state & zip						
Home Telephone Number(s)						
Date of Birth (required)						
Place of Birth						
Personal Information	Sex	Race/Ethnicity	Religion	Sex	Race/Ethnicity	Religion
List language(s) spoken by applicant						
Are you a U.S. citizen?	□ Yes	□ No		□ Yes	□ No	
What is the highest grade you completed in school?						
Social Security Number						
Marital Status (single, married, widowed, divorced). Is there a marriage certificate, divorce decree? (please specify)						
What was your last name before you were Married? (maiden name)						
What is the date of your current marriage?						
Were you married more than once?	□ Yes	□ No		□ Yes	□ No	
If "Yes", what was your former married Name(s) and date(s) of marriage?						

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	Primary Applicant		Secondary Applicant	
Health History: Healing the Children requires a letter of reference from your physician. If you are being treated by more than one Physician, please include both physicians. Attach additional pages, if necessary.				
What is the name of your primary physician?				
What is the physician's address and telephone numbers?				
What is the name of any other physician you are seeing?				
What is the physician's address and telephone numbers?				
Please list recent or chronic health conditions for which you have received treatment as well as any conditions for which you are diagnosed but have not received treatment (include physical and mental/emotional health conditions as well as medications you are taking)				
Employment Information: Healing the Children requires a reference from each employer you have worked for in the last three years. If you are employed at two jobs, please include both. Indicate whether full-time, part-time, or self-employed. If you have had more than one employer in the last three years, please provide the name and address of each employer and dates of employment. Attach additional pages, if necessary.				
	Primary Applicant		**Secondary Applicant**	
What is your present occupation:	□ Full-Time □ Part-Time □ Self-Employed		□ Full-Time □ Part-Time □ Self-Employed	
Name & Address of Current Employer				
Date of Employment	Start Date (mo/day/yr)		Start Date (mo/day/yr)	
Name & Address of Other Current Employer				
Date of Employment	Start Date (mo/day/yr)		Start Date (mo/day/yr)	
Name & Address of Prior Employer				
Date of Employment	Start date (mo/day/yr)	End Date (mo/day/yr)	Start Date(mo/day/yr)	End Date (mo/day/yr)
Name & Address of Prior Employer				
Date of Employment	Start date (mo/day/yr)	End Date (mo/day/yr)	Start date (mo/day/yr)	End Date (mo/day/yr)

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Children in the Home: Complete the following information for all individuals under 18 year of age living in your home.

Name	Relationship to Primary Applicant	Date Of Birth	Sex	Name of School or Daycare, Address & Telephone Numbers	Grade in School	Physician's Name & Address
Last Name First Name						
Last Name First Name						
Last Name First Name						
Last Name First Name						

Adult Household Members: Please provide the following information for all individuals 18 years of age and older living in your home. (children and other household members).

Name / AKA	Relationship to Primary Applicant	Date of Birth	Social Security Number & Occupation	Physician's Name, Address and Telephone Number
Last Name First Name			SSN # Occupation	
Last Name First Name			SSN # Occupation	
Last Name First Name			SSN # Occupation	
Last Name First Name				

Previous Addresses:
Please provide the previous addresses of any adult household members who have moved in the last three years. Include dates. If any members have moved more than once, include each previous address.

Name of Adult Address Date	Name of Adult Address Date	Name of Adult Address Date
Name of Adult Address Date	Name of Adult Address Date	Name of Adult Address Date

What sex child would you consider parenting?

□ Male □ Female □ Both

Please circle the age range of children you can welcome into your home.

Infant 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 ALL

Background Information

A. Have you, or any other household member provided any of the following services to individuals privately, through another agency? □ No □ Yes

If "yes", please check the service:
□ Adoption □ Foster Care □ Daycare / Babysitting □ Other _____

Name of the household member who provided the service: _____

Enter Date of Service: Start Date: _____ End Date: _____

Enter the private individual/agency's name, address and telephone number with whom the household member arranged the service:

_____ _____ _____ _____
Name Address City, State, Zip Code Phone #

If more than one household member provided a service, attach additional pages as necessary

B. Have you, or any other household member provided a service (attach additional pages as necessary) □ No □ Yes
If "yes", please check the type of facility: □ Correctional/detention facility □ Shelter □ Camp □ Other
Enter the dates of employment/volunteer service: Start date: _____ End Date: _____
Name of the household member who worked or volunteered in the facility: _____
Name and Address of the facility _____

Emergency Information – In case of an emergency, if we can't reach you, who should Healing the Children call?

Name of Person to call: _____ Relationship: _____

Home Telephone Number: _____ Work Telephone Number: _____

Please provide directions to your home. Describe how to get to your home from the nearest highway:

References and Background Checks

Healing the Children is required by law to determine that children placed with host families will be placed in safe homes. Healing the Children will contact three (3) individuals who know you for personal references. Please list three unrelated persons who know you and your home life who we may contact as references. One personal reference must be a neighbor within the last six months. One personal reference must be a person who has known you for five years or longer.

Name	Address	Telephone Number
1. Neighbor (within the last six months		
2. Has known you for at least 5 years		
3. Other non-related reference		

Healing the Children is required by law to determine whether any member of your household has been convicted of a crime or disorderly person's offense.

Have you or any member of your household ever been convicted of a crime or convicted of a disorderly persons offense? (Except for certain crimes, a "Yes" response does not automatically disqualify you as an applicant)	
□ No	□Yes If "Yes", please explain in detail. Identify the household member(s) and include date(s) and locations of the investigation(s) services