Alberta

Application to Become a Kinship Care Provider

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act*. The information will be used to ensure the appropriateness of placing a related child in your home and to ensure that the needs of a child placed in your home are appropriately matched with your abilities and interests. We will not release this information for any other purpose.

Specify child(ren) you are applying for:

Legal Name *surname*	*first name*	*middle name*	Birthdate *(yyyy/mm/dd)*

1. Applicant's Name *(surname/first/middle)*

Previous or other surname		Birthdate *(yyyy/mm/dd)*	Telephone Number
Address *Apt. #, Street*			
City/Town		Province	Postal Code
Racial Origin	Aboriginal Type	Ethnic Origin	
If Registered Indian, Band Name and Registration Number		If Métis, Métis Settlement or Community	
Religion	Practising ☐ Yes ☐ No	Education	
Occupation			
Place of Employment			Business Telephone Number

2. Co-Applicant's Name *(surname/first/middle)*

Previous or other surname		Birthdate *(yyyy/mm/dd)*	Telephone Number
Address *Apt. #, Street*			
City/Town		Province	Postal Code
Racial Origin	Aboriginal Type	Ethnic Origin	
If Registered Indian, Band Name and Registration Number		If Métis, Métis Settlement or Community	
Religion	Practising ☐ Yes ☐ No	Education	
Occupation			
Place of Employment			Business Telephone Number

3. Relationship	☐ Single	☐ Married	☐ Interdependent Partner	☐ Separated	☐ Divorced	☐ Widow(er)

4. Have you ever received services from Human Services?	☐ Yes	☐ No

5. Child	Sex M F	Adopted Yes No	Birthdate yyyy/mm/dd	Grade	Name of School/Occupation
	☐ ☐	☐ ☐			
If child is adopted, please indicate ethnic/racial origin					

Child	Sex M F	Adopted Yes No	Birthdate yyyy/mm/dd	Grade	Name of School/Occupation
	☐ ☐	☐ ☐			
If child is adopted, please indicate ethnic/racial origin					

Child	Sex M F	Adopted Yes No	Birthdate yyyy/mm/dd	Grade	Name of School/Occupation
	☐ ☐	☐ ☐			
If child is adopted, please indicate ethnic/racial origin					

6. Other persons currently living with family Name	Birthdate yyyy/mm/dd	Relationship

7. Family Health (Please give particulars of any major operations, chronic conditions or psychiatric consultations.)

REFERENCES:

Please give the names and addresses of three (3) persons:

- One of which is a non-relative (if adult children living outside of the home - interview at least one).
- An individual who has had an active association with the applicant over the last six months.
- An individual who has known the applicant for a minimum of two years.

REFERENCE 1

Name *surname*	*first name*	*middle name*	
Address	City/Town	Province	Postal Code
Home Telephone	Work Telephone	Cellular Telephone	Date *(yyyy/mm/dd)*
Occupation	Relationship to Applicant		

REFERENCE 2

Name *surname*	*first name*	*middle name*	
Address	City/Town	Province	Postal Code
Home Telephone	Work Telephone	Cellular Telephone	Date *(yyyy/mm/dd)*
Occupation	Relationship to Applicant		

REFERENCE 3

Name *surname*	*first name*	*middle name*	
Address	City/Town	Province	Postal Code
Home Telephone	Work Telephone	Cellular Telephone	Date *(yyyy/mm/dd)*
Occupation	Relationship to Applicant		

DECLARATION

I/We declare:

- That the information contained in this application is complete and true to the best of my/our knowledge and that a false statement may disqualify my/our application from further consideration.
- An acknowledgement that the Ministry of Human Services/Kinship Care Program will check the **Child Intervention** records for any information relevant to this application and that a criminal record check will also be required. (The existence of a criminal record will not necessarily result in an exclusion from the program).
- That the Ministry of Human Services or Authority or Designate is given permission to contact the references named on this application.
- Our agreement to release information requested to complete this application process.

Signature of Applicant	Date (yyyy/mm/dd)
Signature of Co-applicant	Date (yyyy/mm/dd)

For Office Use Only

Date returned (yyyy/mm/dd)	Facility I.D. Number	Worksite Number	Worksite Name