

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and is managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to process your licensing application. We will not release this information for any other purpose. If you have any questions about the collection of this information, you may contact your caseworker.

1. Applicant's Name <i>surname</i> <i>first</i> <i>middle</i>		
Previous or other surname	Date of Birth (yyyy-mm-dd) - -	Telephone Number
Address <i>Apt.#, Street</i>		
City/Town	Province	Postal Code
Please indicate all other jurisdictions in which you have resided within the past 5 years		
Racial Origin	Aboriginal Type	Ethnic Origin
If Registered Indian, Band Name and Registration Number		If Métis, Métis Settlement or Community
Religion	Practising <input type="checkbox"/> Yes <input type="checkbox"/> No	Education
Occupation		
Place of Employment		Business Telephone Number
2. Co-Applicant's Name <i>surname</i> <i>first</i> <i>middle</i>		
Previous or other surname	Date of Birth (yyyy-mm-dd) - -	Telephone Number
Address <i>Apt.#, Street</i>		
City/Town	Province	Postal Code
Please indicate all other jurisdictions in which you have resided within the past 5 years		
Racial Origin	Aboriginal Type	Ethnic Origin
If Registered Indian, Band Name and Registration Number		If Métis, Métis Settlement or Community
Religion	Practising <input type="checkbox"/> Yes <input type="checkbox"/> No	Education
Occupation		
Place of Employment		Business Telephone Number
3. Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Adult Interdependent Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
4. Have you ever received services from Child Intervention Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Have you ever applied to foster before? <input type="checkbox"/> Yes <input type="checkbox"/> No		

11. Certification

I/We declare:

1. 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.
2. An acknowledgment that the Ministry of Human Services will complete an Intervention Record Check 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).
3. An acknowledgment that the Ministry of Human Services will complete an Intervention Record Check of the jurisdictions where I/we have previously resided in the past 5 years for any information relevant to this.
4. That the Ministry of Human Services is given permission to contact the references named on this application.

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

For Office Use Only

Date Returned (yyyy-mm-dd)	Facility I.D. Number	Worksite Number	Worksite name
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Note: A foster care licence will not be issued until all requirements under the *Child, Youth and Family Enhancement Act* including the *Residential Facilities Licensing Regulation* and policy requirements have been met.