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| **FAMILY LAST NAME:**  | **FIRST NAME(S):**  |
| **ADDRESS:**  |
|  |
| By signing below, I (We) acknowledge the following:* All information submitted to Mareas is true and correct to the best of my knowledge.
* I (We) are applying to be Foster Parents with Mareas Therapeutic Services Inc., which is an Outside Paid Resource, or OPR.
* I (We) understand that fostering with an OPR can be a professional full-time career, however there are no guaranteed placements.
* Per Diems are paid monthly and correspond with acceptance of placement into the home.
* Decisions about placements will be made by the Mareas clinical team, including input and agreement from the Foster Parent(s) with the information that is available.
* Once a child is placed, there is no guarantee of how long they will remain with Mareas. At times placement changes may be initiated by Mareas, or by the child/youth, the placing agency or by the Courts.
* I(We) understand that there is an expectation of at least one parent from the family attending training once a month. The training will typically be held during the weekday while children and youth are in school
* I (We) have a flexible schedule to accommodate appointments, school meetings, Plan of Care meetings and training that are often scheduled during normal business hours. I may be expected to provide transportation to and from access visits if required for a placement
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|  | **PROSPECTIVE FOSTER PARENT #1** | **PROSPECTIVE FOSTER PARENT #2** |
| Full Legal Name |  |  |
| Maiden Name or Previous/Other Names |  |  |
| Date of Birth & Age |  |  |
| Birthplace |  |  |
| Cell Phone # |  |  |
| Length of time in current residence |  |  |
| Approximate sq. footage of residence  |  |  |
| # of children under 18 yrs in residence |  |  |
| # of available bedrooms  |  |  |
| Race/Ethnicity |  |  |
| Identified Gender  |  |  |
| Religion |  |  |
| Canadian Citizenship Date (N/A if born in Canada) |  |  |
| Landed Immigrant Status Date |  |  |
| Approximate Height/Weight |  |  |
| Eye Colour |  |  |
| Hair Colour |  |  |
| Marital Status  |  |  |
| Date & Place of Marriage |  |  |
| Highest Level of Education |  |  |
| Employer & Years of Service |  |  |
| Employer’s Address |  |  |
| Occupation |  |  |
| Work Phone Number |  |  |
| Hours of Employment |  |  |
| Approximate Gross Income |  |  |
| Sources of Additional Income |  |  |
| Signature(s) |  |  |
| Date Signed |  |  |