



FP-045

HOME STUDY APPLICATION

Section 1: Agency's purpose and expectations of home study applicants

Sunrise Children's Services prohibits personal behavior which: 1) interferes with Sunrise's pursuit of its Christian mission and purpose; 2) fails to exhibit a regard for the rights of others; or 3) shows disrespect for the safety of persons and property.

As an applicant, I understand the agency's purpose and expectations of home study applicants and am willing and able to abide by these standards.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Section 2: Identifying Information

Parent 1: Full Name: _____

Parent 2: Full Name: _____

Address: _____

_____ City County State Zip

How long at the above address? _____

Home Phone: _____

Cell Phone: _____

Parent 1

Parent 2

E-mail: _____

Parent 1

Parent 2

Preferred Method of Communication: Phone Cell Email

Name, phone number, & relationship of alternate contact person if you are unavailable:

	Parent 1	Parent 2
Date of Birth		
Social Security Number		
City & State of Birth		
Education Achieved		
Occupation		
Employer		
Work Hours		
Length of time with current employer		
Time in current position		
Distance from home		
Work Phone		
Can you receive calls at work?		
Please list all previous states of residency		
Please list any previous names		

Section 3: Marriage

Marital Status: (please check one)

Married Single Divorced Cohabiting

Date of Marriage*: _____

Place (County & State): _____

Previous Marriages	Parent 1	Parent 2
How many previous marriages?		
Name of Previous Spouse		
Date of Marriage		
Place of Marriage (County & State)		
Reason for Divorce		
Date of Divorce/Death		
Name of Previous Spouse		

Date of Marriage		
Place of Marriage (County & State)		
Reason for Divorce		
Date of Divorce/Death		

Section 4: Children

Please list all children currently living in the home on a full-time or part-time basis.

Child 1 Name: _____ Gender: Male Female

Age: _____ Birth Date: _____ Grade: _____

In Home? Yes No If no, explain? _____

Relationship to Parent 1: Biological Step child Adopted

Relationship to Parent 2: Biological Step child Adopted

Child 2 Name: _____ Gender: Male Female

Age: _____ Birth Date: _____ Grade: _____

In Home? Yes No If no, explain? _____

Relationship to Parent 1: Biological Step child Adopted

Relationship to Parent 2: Biological Step child Adopted

Child 3 Name: _____ Gender: Male Female

Age: _____ Birth Date: _____ Grade: _____

In Home? Yes No If no, explain? _____

Relationship to Parent 1: Biological Step child Adopted

Relationship to Parent 2: Biological Step child Adopted

Child 4 Name: _____ Gender: Male Female

Age: _____ Birth Date: _____ Grade: _____

In Home? Yes No If no, explain? _____

Relationship to Parent 1: Biological Step child Adopted

Relationship to Parent 2: Biological Step child Adopted

Adult Children (Please provide information on all adult children)

Name	Street or P O Box	City, State Zip Code	Area code/Home Phone #

*In accordance with 922 KAR 1:310,
Sunrise Children's Services must conduct an interview with any adult child of the applicant
regarding the applicant's parenting history.*

Pets (Please list all household pets):

Others Residing in the Home

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Section 5: Employment

(Please include information on your work history for the past ten years.)

	Parent 1:	Parent 2:
Current Employer		
Employment Dates	From: _____ To: _____	From: _____ To: _____
Position:		
Direct Supervisor		
Past Employer		
Employment Dates	From: _____ To: _____	From: _____ To: _____
Position		
Reason for Leaving		
Past Employer		
Employment Dates	From: _____ To: _____	From: _____ To: _____
Position		
Reason for Leaving		

Past Employer		
Employment Dates	From: To:	From: To:
Position		
Reason for Leaving		

Section 6: Family Activities and Interests

Please list all hobbies, clubs, and/or group affiliations that the family participates in.

Section 7: Religious Affiliation

	Parent 1	Parent 2
1. Denomination		
2. Church Name		
3. Attendance (Frequency)		
4. Special Involvement		

Section 8: Medical Information

- a) Does your personal physician accept Medicaid or reimbursement by a MCO? Yes No
- b) Does any member of your household have a physical handicap? Yes No
 If yes, please explain:

- c) Does any member of your household have a medical condition? Yes No
 If yes, please explain:

- d) Has any member of your household ever sought counseling or treatment for any mental, emotional, or nervous condition? Yes No
 If yes, please explain:

- e) Has any member of your household ever received treatment for or had a problem with the use of alcohol or drugs? Yes No

If yes, please explain:

Section 9: Legal Information

- a) Has any member of your household ever been charged, fined, or convicted for violation of any law? Yes No

If yes, please document the circumstances surrounding this event (use additional paper if necessary):

- b) Is anyone in your household presently involved in a civil suit or now paying judgment rendered in civil action? Yes No

If yes, please document the circumstances surrounding this event:

- c) Has any member of your household ever had any allegations or charges of abuse or neglect brought against them? Yes No

If yes, please document the circumstances surrounding this event:

- d) Have any of your children been temporarily or permanently removed from your family home by the court or the Department for Community Based Services? Yes No

If yes, please document the circumstances surrounding this event:

- e) Has any member of your household ever had their driver's license suspended or revoked? Yes No

If yes, please document the circumstances surrounding this event:

Section 10: Home and Community

Approximate distance
from your home?

Elementary school in your district: _____

Middle school in your district: _____

High school in your district: _____

Hospital closest to your home: _____

What type of water service do you use? City County Well

Section 11: References

Please provide at least three personal references that are NOT family members.

Name: _____ **Relationship:** _____

Address: _____

Telephone #1: _____ **Telephone #2:** _____

E-mail address: _____

Name: _____ **Relationship:** _____

Address: _____

Telephone #1: _____ **Telephone #2:** _____

E-mail address: _____

Name: _____ **Relationship:** _____

Address: _____

Telephone #1: _____ **Telephone #2:** _____

E-mail address: _____

Section 12: Signatures

All of the information provided in this application is true and complete to the best of my knowledge. I understand that falsification of data so given or derogatory information discovered as a result of the verification process may prevent me from being approved for a home study.

Signature of Applicant: _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____