

Connecticut Department of Children and Families
APPLICATION FOR FOSTER CARE OR ADOPTION

DCF-354
 1216 (Rev.)



FOR DCF USE ONLY			
<input type="checkbox"/> Foster Care <input type="checkbox"/> Regular <input type="checkbox"/> Independent <input type="checkbox"/> Special Study <input type="checkbox"/> Adoption	<input type="checkbox"/> CMS <input type="checkbox"/> VPS <input type="checkbox"/> LINK <input type="checkbox"/> Day Care License (DPH)	Date: Date: Date: Date:	Assigned Social Worker: <hr/> DCF Office <hr/> Telephone:

PARENT 1			PARENT 2		
LAST Name:	FIRST Name:	Middle:	LAST Name:	FIRST Name:	Middle:
Maiden Name (if applicable):	AKA (if applicable):		Maiden Name (if applicable):	AKA (if applicable):	
Birthplace:	SS #:	Driver's License# :	Birthplace:	SS #:	Driver's License #:
Language:	Military Service:		Language:	Military Service:	
CURRENT ADDRESS and PHONE #					
Home Phone:	Work Phone:	Cell Phone:	Work Phone:	Cell Phone:	
Address: (No. and Street):		City:	State:	Zip:	Years at current address:
List Previous Address(es) (within the last 5 years if applicable):			List Previous Address(es) (within the last 5 years if applicable):		

CURRENT MARRIAGE OR RELATIONSHIP:		
Date of Current Marriage:	Place where Marriage occurred:	Date started living together (if not married):
PREVIOUS MARRIAGE(S) or RELATIONSHIP(S)		
Name of Previous Spouse/Partner:	Start Date:	End Date:
REASON: <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Death		
Name of Previous Spouse/Partner:	Start Date:	End Date:
REASON: <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Death		
Name of Previous Spouse/Partner:	Start Date:	End Date:
REASON: <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Death		

EMPLOYMENT INFORMATION					
Name of Employer:		Start Date:	Name of Employer:		Start Date:
Position:	Employer Phone:	Working Hours:	Position:	Employer Phone:	Working Hours:
Name of Employer (second job):		Start Date:	Name of Employer (second job):		Start Date:
Position:	Employer Phone:	Working Hours:	Position:	Employer Phone:	Working Hours:

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EDUCATIONAL BACKGROUND	
Highest Grade Completed (including college):	Highest Grade Completed (including college):
Name of High School:	Name of High School:
Name of College (if applicable):	Name of College (if applicable):
Area of Study (if applicable):	Area of Study (if applicable):

EMERGENCY CONTACTS: In case of emergency, list two persons who can be contacted:					
1.	Name:	Relationship:			
Address: (No. and Street):		City:	State:	Zip:	Home Phone: Work Phone:
2.	Name:	Relationship:			
Address: (No. and Street):		City:	State:	Zip:	Home Phone: Work Phone:

YOUR HOUSEHOLD							
OTHER ADULT MEMBERS LIVING IN THE HOUSEHOLD:							
FIRST Name:	MI:	LAST Name:	Maiden (if applicable):	AKA:	DOB:	Relationship to Applicant	Occupation:
FIRST Name:	MI:	LAST Name:	Maiden (if applicable):	AKA:	DOB:	Relationship to Applicant	Occupation:
FIRST Name:	MI:	LAST Name:	Maiden (if applicable):	AKA:	DOB:	Relationship to Applicant	Occupation:
FIRST Name:	MI:	LAST Name:	Maiden (if applicable):	AKA:	DOB:	Relationship to Applicant	Occupation:
FIRST Name:	MI:	LAST Name:	Maiden (if applicable):	AKA:	DOB:	Relationship to Applicant	Occupation:
CHILDREN LIVING IN THE HOUSEHOLD:							
FIRST Name:	MI:	LAST Name:	DOB:	School:	Grade:		
FIRST Name:	MI:	LAST Name:	DOB:	School:	Grade:		
FIRST Name:	MI:	LAST Name:	DOB:	School:	Grade:		
FIRST Name:	MI:	LAST Name:	DOB:	School:	Grade:		
FIRST Name:	MI:	LAST Name:	DOB:	School:	Grade:		
CHILDREN NOT LIVING IN THE HOUSEHOLD WITH YOU (including adult children):							
FIRST Name:	MI:	LAST Name:	DOB:	Where They Live now:			
FIRST Name:	MI:	LAST Name:	DOB:	Where They Live now:			
FIRST Name:	MI:	LAST Name:	DOB:	Where They Live now:			
FIRST Name:	MI:	LAST Name:	DOB:	Where They Live now:			
FIRST Name:	MI:	LAST Name:	DOB:	Where They Live now:			

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HOW DID YOU FIND OUT ABOUT FOSTER CARE OR ADOPTION?						
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> School Flyer
<input type="checkbox"/> Church	<input type="checkbox"/> Other: (please specify: _____)					
WHY DO YOU WANT TO FOSTER OR ADOPT?						
Have you or anyone regularly residing in your home, or any substitute care giver previously applied, or been licensed, for foster care or adoption by this Department or any other state or private child placing agency?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", specify when, where, and the resulting action: _____						
Are you, or have you been, a licensed day care provider?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", specify when, where, and the resulting action: _____						
Have you discussed foster care or adoption with every family member?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", How do your family members feel about foster care or adoption?: _____						
Why do you want to be a foster or adoptive parent? _____ _____						
Have you or any other family member experienced any major life changes in the past year, for instance, death of a family member, marriage, divorce, birth of a child, adoption of a child, major illness?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain: _____ _____ _____						
Type of Home you live in: <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse / Condo						
Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent						
If you rent, please provide the name and address of the landlord. Notification will be made to the landlord of your interest in receiving a child (children) in your home					Landlord Name: _____	
Address: (No. and Street): _____			City: _____	State: _____	Zip: _____	Home Phone: _____
How many rooms in the home? (Total #!): _____				How many bedrooms in the home?: _____		
Where will the foster or adoptive child(ren) sleep?: _____				Do you have a pool, Jacuzzi or hot tub? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your water supply public or from a well? <input type="checkbox"/> Public <input type="checkbox"/> Well			Do you have an auxiliary heating system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your home lead free? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other:			
Are there any firearms or other dangerous weapons on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain: _____ _____						

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ANIMALS / PETS	
List the kinds of pets in your home:	Do all the animals have current vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How are the pets supervised?:	Do any of the pets exhibit aggressive behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain:
ABOUT YOU AND YOUR HOUSEHOLD MEMBERS?	
Has either applicant or anyone regularly residing in your home been convicted of injury or risk of injury to a minor or other similar offenses against a minor; of impairing the morals of a minor or other similar offenses against a minor; of violent crime against a person or other similar offenses; of the possession, use or sale of controlled substances within the past five (5) years; or of illegal use of a firearm or other similar offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain what happened and when:	
Is either applicant or anyone regularly residing in your home awaiting or currently on trial for any of the charges listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain:	
Has either applicant or anyone regularly residing in your home had a minor removed from your/their care or custody for reason of child abuse or neglect; ever had an allegation of child abuse or neglect substantiated; or have a current child abuse or neglect allegation pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain:	
Has either applicant or anyone regularly residing in your home ever had any motor vehicle violations (including speeding)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain what happened and when:	
Does either applicant or anyone regularly residing in your home have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain what happened and when:	

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Have you, your parents or your children ever received protective services from DCF? If "Yes", please provide the circumstances and date(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, your parents, your children or other household members experienced intimate partner violence?: If "Yes", please provide the date(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the police involved?: If "Yes", please provide the date(s) and explain the situation and parties who were involved:	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Please list the names of three (3) people who can provide references for you and your family. These must be people who have known you and your family for at least two (2) years. Only one reference can be a relative. Only one reference can be a person who knows just one family or household member. The other references must know your entire family and/or have seen you (and your partner, if appropriate) interact with children.

If you have a school age child, one reference must be from your child's teacher or other professional staff person from the school who has worked with you and your child or another community professional such as a pediatrician or member of the clergy who knows you and your child.

Please include the relationship of these people to you and your family; for example, sister, church friend, child's teacher, pediatrician, neighbor, etc.

1.	Name:	Relationship:				
Address: (No. and Street):		City:	State:	Zip:	Home Phone:	Work Phone:
2.	Name:	Relationship:				
Address: (No. and Street):		City:	State:	Zip:	Home Phone:	Work Phone:
3.	Name:	Relationship:				
Address: (No. and Street):		City:	State:	Zip:	Home Phone:	Work Phone:

THIS SECTION FOR DCF OFFICE USE ONLY

Type of Reference Letter: <input type="checkbox"/> Foster Care (Couple) <input type="checkbox"/> Foster Care (Single) <input type="checkbox"/> Adoption (Couple) <input type="checkbox"/> Adoption (Single) <input type="checkbox"/> Special Study Foster Care	For Each Reference: <div style="display: flex; justify-content: space-around;"> Date Sent: Date Received: </div> 1. 2. 3.	Sent by: Worker's Name:
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FINANCIAL STATEMENT			
Please provide verification of your income, (such as pay stubs or your most recent Federal income tax statement), and documentation verifying the monthly expenses listed below.			
PARENT 1	Salary Amount:	\$ _____	PARENT 2
	List Other Income Sources:		
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

MONTHLY EXPENSES:

Monthly rent or mortgage payments	\$ _____
Estimate Utilities (including gas, electricity, heat, telephone, cable, water, cell phone, etc.)	\$ _____
Charge accounts	\$ _____
Loans (car payment, etc.)	\$ _____
Child Support (if applicable)	\$ _____
Alimony (if applicable)	\$ _____
Estimated monthly groceries	\$ _____
Other expenses:	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

I/We understand that a foster child's board check or an adoption subsidy check will arrive up to six (6) weeks after placement. Yes No
 I/We can support the child during that time period.

FAMILY PHYSICIANS						
1.	Name:	Type of Doctor or Practice				
	Address: (No. and Street):	City:	State:	Zip:	Home Phone:	Work Phone:
2.	Name:	Type of Doctor or Practice				
	Address: (No. and Street):	City:	State:	Zip:	Home Phone:	Work Phone:
3.	Name:	Type of Doctor or Practice				
	Address: (No. and Street):	City:	State:	Zip:	Home Phone:	Work Phone:

STATEMENT OF INTENT TO FOSTER OR ADOPT			
I/We hereby apply to be licensed for:	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Adoption	For how many children?:
At this time, I / we prefer to care for children ages:	<input type="checkbox"/> Birth to 5 years old	<input type="checkbox"/> 6 to 12 years old	<input type="checkbox"/> 13 to 18 years old
At this time, I / we prefer to care for [list gender(s)]:	<input type="checkbox"/> Siblings	<input type="checkbox"/> Legal risk Adoption	<input type="checkbox"/> unsure
<input type="checkbox"/>	I/We have received a copy and explanation of DCF licensing regulations. I/We understand their content and agree to abide by them.		
<input type="checkbox"/>	I/We will promptly notify the Department of any change in my/our personal or family circumstances that might affect my/our licensing status, including, but not limited to, moving, death, marriage, birth, employment, health, or number of persons living in my/our home.		
<input type="checkbox"/>	I/We understand that any false statement which I/we make on this application or on any other application material will be grounds to deny or revoke a license.		

SIGNATURES	
PARENT 1	Date: _____
PARENT 2	Date: _____

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TITLE VI - NON-DISCRIMINATION NOTICE

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. SS2000d et seq.), as amended, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. SS794), Title II of the Americans With Disabilities Act of 1990 (42 U.S.C. SS12131 et seq.) and the Age Discrimination Act of 1975, as amended (42 U.S.C. SS6101 et seq.), Connecticut Gen. Stat. §46a-60, §46a-71; §46a-73; CT PA 11-55 and DCF Policy 30-9; the Connecticut Department of Children and Families (DCF) does not discriminate on the basis of race; color; creed; disability; national origin; gender identity or expression (including cisgender, transgender, binary and non-binary); marital/partner or cohabitation status; actual or perceived sexual orientation or inherent sexuality; or age in the admission of, or access to, treatment services, placement of a child for adoption or into foster care or into mentoring programs, employment, or when working with any of DCF's contracted programs and providers.

The DCF Office of Diversity and Equity coordinates the department's effort to comply with the U.S. Department of Health and Human Services regulations (45 C.F.R. Parts 80, 84, and 91) and U.S. Department of Justice regulations (28 C.F.R. Part 35) implementing these Federal laws.

For further information about the regulations and the DCF grievance procedures for resolution of discrimination complaints, contact the DCF Office of Diversity and Equity, 505 Hudson Street, Hartford, Connecticut, 06106-7107, Phone: 860-550-6356, TDD: 1-800-982-6373, Fax: 860-723-7201.