

Progressive Life Center, Inc.

A Human Services Firm

Prince Georges County

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Headquarters Office
1933 Montana Avenue, N.E.
Washington, DC 20001
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Treatment Parent's Application And Fact Sheet

Last Name _____ First _____ Middle _____

Spouse Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Age _____ Spouse Age _____

Date of Birth _____ Date of Birth _____

Race _____ Spouse Race _____

Sex _____ Spouse Sex _____

Home Phone () _____ Home Phone () _____

Business Phone () _____ Business Phone () _____

Cell Phone () _____ Cell Phone () _____

Email Address: _____ Email Address: _____

Social Security # _____ Social Security # _____

Religion _____ Religion _____

Have you ever been a foster parent before? ___ yes ___ no

If yes, Agency Name: _____

Address: _____

Have you ever been a foster parent before? _ yes _ no

If yes, Agency Name: _____

Address: _____

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Who will be the primary care taker for the foster child?

EDUCATION:

High School Education

Circle the highest grade completed: 6 7 8 9 10 11 12

Date completed – Graduated ___yes ___no

Passed GED Test or equivalent ___yes ___no

Attended College: ___yes ___no

Accumulated credits _____

Certificate Program ___Community College ___Undergraduate
___Graduate ___Post Graduate

Name and location of college(s)

Membership in Professional or Civic Organizations:

Employment History: (Start with most recent employer)

Employer _____

Telephone _____

Supervisor _____

Duties _____

Current Salary _____

Dates of Employment _____

Employer _____

Telephone _____

Supervisor _____

Duties _____

Current Salary _____

Dates of Employment _____

Employer _____

Telephone _____

Supervisor _____

Duties _____

Current Salary _____

Dates of Employment _____

Who will be the primary care taker for the foster child?

SPOUSE EDUCATION:

High School Education

Circle the highest grade completed: 6 7 8 9 10 11 12

Date completed - Graduated ___yes ___no

Passed GED Test or equivalent ___yes ___no

Attended College: ___yes ___no

Accumulated credits _____

Certificate Program ___Community College ___Undergraduate
___Graduate ___Post Graduate

Name and location of college(s)

Membership in Professional or Civic Organizations:

Employment History: (Start with most recent employer)

Employer _____

Telephone _____

Supervisor _____

Duties _____

Current Salary _____

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Telephone _____

Supervisor _____

Duties _____

Current Salary _____

Dates of Employment _____

Employer _____

Telephone _____

Supervisor _____

Duties _____

Current Salary _____

Dates of Employment _____

Employer _____
Telephone _____
Supervisor _____
Duties _____
Current Salary _____
Dates of Employment _____

Employer _____
Telephone _____
Supervisor _____
Duties _____
Current Salary _____
Dates of Employment _____

Childhood/Family Composition of Home

Mother's Name _____
Address _____
Education _____
Employment _____
Religion _____
Marital Status _____
How often do you see this person? _____
Deceased ___yes ___no When _____

Mother's Name _____
Address _____
Education _____
Employment _____
Religion _____
Marital Status _____
How often do you see this person? _____
Deceased ___yes ___no When _____

Father's Name _____
Address _____
Education _____
Employment _____
Religion _____
Marital Status _____
How often do you see this person? _____
Deceased ___yes ___no When _____

Father's Name _____
Address _____
Education _____
Employment _____
Religion _____
Marital Status _____
How often do you see this person? _____
Deceased ___yes ___no When _____

Siblings:

Name _____
Address _____
Education _____
Employment _____
Religion _____
Marital Status _____
How often do you see this person? _____
Deceased ___yes ___no When _____

Name _____
Address _____
Education _____
Employment _____
Religion _____
Marital Status _____
How often do you see this person? _____
Deceased ___yes ___no When _____

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Is there any known history of medical conditions in your family or extended family members (physical or psychiatric)? Please list any history of alcoholism or other drug abuse. TB Seizure disorders, retardation, depressions, suicides, heart disease, diabetes, hypertension, learning disabilities, behavior problems, socialopathy, psychosis nervousness.

Name	Relationship	Concern/Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Composition (Living in the home)

Name _____
 Address _____
 Education _____
 Employment _____
 Religion _____
 Marital Status _____
 How often do you see this person? _____
 Deceased ___yes ___no When _____

Name _____
 Address _____
 Education _____
 Employment _____
 Religion _____
 Marital Status _____
 How often do you see this person? _____
 Deceased ___yes ___no When _____

Name _____
 Address _____
 Education _____
 Employment _____
 Religion _____
 Marital Status _____
 How often do you see this person? _____
 Deceased ___yes ___no When _____

Name _____
 Address _____
 Education _____
 Employment _____
 Religion _____
 Marital Status _____
 How often do you see this person? _____
 Deceased ___yes ___no When _____

Name _____
 Address _____
 Education _____
 Employment _____
 Religion _____
 Marital Status _____
 How often do you see this person? _____
 Deceased ___yes ___no When _____

Name _____
 Address _____
 Education _____
 Employment _____
 Religion _____
 Marital Status _____
 How often do you see this person? _____
 Deceased ___yes ___no When _____

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Name	Relationship	DOB	Concerns/Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Foster Parent Signature _____ Date _____

Foster Parent Spouse Signature _____ Date _____

