



APPLICATION FOR LICENSE TO PROVIDE OUT-OF-HOME CARE FOR DEPENDENT CHILDREN

Date: _____

I / We _____
Applicant One: First Name Middle Name Last Name

also known as _____

Applicant Two: First Name Middle Name Last Name

also known as _____

Residing at _____

County _____ Phone _____ E-mail _____

Hereby apply for a license to provide Licensed Out-Of-Home Care for children in accordance with the provisions of Section 409.175, Florida Statutes, and agree to cooperate with the study of our home to determine if it meets standards of the Department for licensed out-of-home care for dependent children.

Applicant One Signature

Social Security Number¹

Applicant Two Signature

Social Security Number¹

(All applicants living in the home must sign the application in his/her own handwriting.)

This application may be withdrawn at any time the applicant(s) desires.

IMPORTANT NOTE: Pursuant to the Multi-Ethnic Placement Act of 1994 and the Small Business Job Protection Act of 1996, Section 1808, Removal of Barriers to Interethnic Adoption, "race, culture or ethnicity may not be used as a basis for any denial of placement, nor may such factors be used as a reason to delay any foster or adoptive placement. Discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes, or toward communities or populations which may have previously been under-utilized as a resource for placing children."

¹Disclosure of this information is required for background screening according to Section 409.175(2)(k), F.S.