

BE A FOSTER OR ADOPTIVE PARENT TODAY!

PHILLIPS TEACHING HOMES Teaching Parent Application

Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street)

(City) (State) (Zip)

E-mail Address: _____

Telephone: () _____ () _____
(Home #) (Business #)

Education: _____ Date of Birth: _____

Employment: _____ How long? _____

What hours do you usually work? _____

Position or Duties? _____

SPOUSE INFORMATION:

N.A.

Name: _____
(First) (Middle) (Last)

E-mail Address: _____

Education: _____ Date of Birth: _____

Employment: _____ How long? _____

What hours do you usually work? _____

Position or Duties? _____

Work Number: () _____

HOUSEHOLD MEMBERS:

Children:

_____	_____	_____	_____
(name)	(sex)	(birth date)	(school/grade)
_____	_____	_____	_____
(name)	(sex)	(birth date)	(school/grade)
_____	_____	_____	_____
(name)	(sex)	(birth date)	(school/grade)

**Others
Living
in the
Home:**

_____	_____	_____	_____
(name)	(sex)	(birth date)	(relationship)
_____	_____	_____	_____
(name)	(sex)	(birth date)	(relationship)

CHILDREN LIVING AWAY FROM HOME:

_____	_____	_____	_____
(name)	(sex)	(birth date)	(where/with whom living)
_____	_____	_____	_____
(name)	(sex)	(birth date)	(where/with whom living)

REASON FOR APPLICATION:

We want to become (check one): foster or adoptive or foster/adoptive Teaching Parents.

We heard about the PTH program from: _____

We are applying to become Teaching Parents because: _____

(date)

(applicant signature)

(date)

(applicant signature)

Return by mail or fax to

**PHILLIPS Teaching Homes
7010 Braddock Road
Annandale, VA 22003
Phone: 703-941-3471 ext. 217
Fax: 703-658-9056**

or

**PHILLIPS Teaching Homes
20 Whiskey Bottom Road
Laurel, MD 20723
301-470-1620 ext.178
Fax: 301-470-1624**