

# **PROFESSIONAL PARENT SCREENING**

**How did you hear about us/referred by?**

**First name:**

**Last name:**

**Date of birth:**

**Marital status:**

**Spouse/partner first name:**

**Spouse/partner last name:**

**Spouse/partner date of birth:**

**Address:**

**City, state:**

**ZIP:**

**Home phone number:**

**Work phone number:**

**Cell phone number:**

**Spouse/partner phone number:**

**Number of people in home:**

**How many adults?**

**Number of children in home:**

**Ages of children in home:**

**How many are male?**

**How many are female?**

**Number of bedrooms:**

**Are you presently employed?**

**Place of employment:**

**Is your spouse/partner presently employed?**

**Spouse/partner's place of employment:**

**Estimated income:**

**Do you receive federal assistance/food stamps/welfare aid?**

**What medical/child care work experience do you have? Please explain:**

**What level(s) of education did you complete?**

**What level(s) of education did your spouse/partner complete?**

**We require a criminal background check/state and FBI/fingerprints. Would you consent to a criminal background check?**

**Have you or your spouse/partner ever been arrested?**

**If you or your spouse/partner have been arrested, were you or your spouse/partner convicted of a felony?**

**We require a current physical examination. Would you and your spouse/partner agree to get a physical examination?**

**What age range child are you willing to have in your home?**

**Male:**

**Female:**

**Date:**