

Shadow Mountain Behavioral Health System

Therapeutic Foster Care

Foster Family Name (please print) _____

Who currently lives in your home (please print)?

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Please list all cars and recreational vehicles you currently own (please print).

Year

Make

Model

Year

Make

Model

Year

Make

Model

Year

Make

Model

Do you have a substitute caregiver approved to temporarily care for children placed in your home?
If **yes**, please list.

Yes

No

Name

Relationship

Name

Relationship

Please list any pets you currently own. Specify dog, cat, horse, etc.

Name of Pet

Type of Pet

Name of Pet

Type of Pet

Name of Pet

Type of Pet