

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**APPLICATION TO BECOME AN OCFS,
DIVISION FOR REHABILITATIVE SERVICES FOSTER PARENT**

The New York State Office of Children and Family Services (OCFS), Division of Rehabilitative Services, is seeking special people who want to invest in New York's future. If you have space in your home and room in your heart for youth placed with the Office of Children and Family Services by family court, the Division of Rehabilitative Services Foster Care Program would like to talk to you. Our population, adolescent girls and boys, have completed a period in a residential treatment facility and now need a nurturing, stable environment. Their family homes are not available to them for a variety of reasons. Foster Care can provide a surrogate home and a lifetime change in a young person's hope for the future.

The foster parents we seek are as diverse as our youth. We are looking for homes with or without children, single or two parent households, and in rural or urban settings.

OCFS, Division of Rehabilitative Services will provide orientation, training, and support to foster parents. Bi-weekly stipends, clothing allotments, medical/dental and counseling will be provided to the foster youths. If you are interested, please complete the attached form and contact the local OCFS office nearest you.

LOCAL OCFS OFFICES, Division of Rehabilitative Services

Buffalo Foster Care Rick Jones, Supervisor (585) 852-7570 email: kk4740@dfa.state.ny.us	Upstate Area Dan Maxwell, Manager (518) 486-5513 email: xx3292@dfa.state.ny.us
Rochester Aftercare Sabrina Jackson, Supervisor (585) 238-8210 email: gg4491@dfa.state.ny.us	Mid Hudson Aftercare Annie Wellington, Supervisor (845) 567-3262 email: kk3899@dfa.state.ny.us
Utica Aftercare Mark Roser, Supervisor (315) 793-2576 email: kk6259@dgfa.state.ny.us	NYC Foster Care Covers all downstate locations Wessie Lewis-King (212) 961-4079 email: kk4697@dfa.state.ny.us
Syracuse Aftercare Faye Welch, Supervisor (315) 423-5488 email: kk5824@dfa.state.ny.us	

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPLICATION FOR CERTIFICATE TO BOARD CHILDREN

NAME: _____ **TITLE:** _____

ADDRESS: _____

We I hereby apply for authorization to board _____ Children between the ages of _____ and _____ at the Address listed below.

Applicant(s) _____
Full Name Full Name

Drivers License: _____
Number Number

Telephone: Home: _____ Work: _____ Work: _____
(Area Code) Number (Area Code) Number (Area Code) Number

Address: _____
Street and Number City Zip Code County

Give Clear directions for reaching your home: _____

LIST ALL PERSONS LIVING IN YOUR HOME -

A. FAMILY (Husband, Wife, Children):

Name	Date of Birth	Sex	Relationship	Religion	Ethnicity	Occupation or Name of School if Student

B. OTHER PERSONS:

Name	Age	Sex	Reason for Presence

C. LIST ANY OF YOUR CHILDREN LIVING AWAY FROM HOME:

Name	Age	Sex	Address	Occupation

Do you presently have a certificate to board children? Yes No If yes, from whom? _____

Have you ever boarded children before? Yes No If yes, from whom? _____

Are you self-supporting without the income from boarding children? Yes No

Approximate income: \$ _____ (Check One) Weekly Monthly Yearly

Please explain why you wish to board children in your home: _____

Describe the house in which you live (Number of bedrooms, layout of house, etc...) _____

Marital Status: Married and living with spouse. Marriage: _____
Date Place

(Check One) Widow/Widower Separated Divorced Single (never married)

Family Physician _____
Name Address

Are you willing to have your physician furnish a written report of a recent physical examination and give medical information about you and your family? Yes No

Church Attendance: _____
Name of Church Name of Clergy

Address of Church

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, attach an explanation.

Have you ever been, or are you currently, the subject of an indicated report on file with the New York State Central Register of Child Abuse and maltreatment? Yes No

GIVE THREE PERSONAL REFERENCES (Persons, other than relatives, who have known you for at least three years):

Name	Address

CERTIFICATION

I certify that the statements on this application, and any attached papers, are true and correct to the best of my knowledge. I also understand that falsification of this application may prevent my being certified as a foster parent.

APPLICANT(S):

Signature

Signature

Date