

Mat-Su Services for Children & Adults, Inc.

1225 W Spruce Ave.

Wasilla, AK 99654

907-352-1200 Fax 907-352-1249



APPLICATION FOR FOSTER CARE OR FAMHAB PROVIDER

Applicant Data

Name (Last)	First	Email Address
Spouse/ Co-Applicant Name (Last)	First	Email Address
Mailing Address		
City	State	Zip Code
Physical Address		
City	State	Zip Code
Home Phone ()	Cell Phone ()	Message Phone ()
Have you previously applied to be a Foster Care Provider or FamHab Provider with MSSCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Have you previously been an employee of MSSCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
How did you first hear about this opportunity? (referred by)		
What is your current occupation?		
Who is your current employer?		
Current work phone number? ()		
Do you possess a valid Alaska Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you currently operate an assisted living home licensed under the State of Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant's Education

School Names	City/State	Highest Grade	Degree/Diploma/
High School Name -			
Vocational/Technical Name -			
College Name -			
Graduate School Name -			

Applicant's Other Qualifications (CPR, First Aid, certifications, etc.)

License or Certification	Description	Number

Co-Applicant's Education

School Names	City/State	Highest Grade	Degree/Diploma/
High School Name -			
Vocational/Technical Name -			
College Name -			
Graduate School Name -			

Co-Applicant's Other Qualifications (CPR, First Aid, certifications, etc.)

License or Certification	Description	Number

References for applicant and co-applicant

Please list three personal references and two professional references. List references that have known you for at least 3 years.

Applicant References

Name:	Address:	
City:	State:	Zip:
Phone Number: ()	Email Address:	
Occupation:	Relationship to Applicant:	

Name:	Address:	
City:	State:	Zip:
Phone Number: ()	Email Address:	
Occupation:	Relationship to Applicant:	

Name:	Address:	
City:	State:	Zip:
Phone Number: ()	Email Address:	
Occupation:	Relationship to Applicant:	

Name:	Address:	
City:	State:	Zip:
Phone Number: ()	Email Address:	
Occupation:	Relationship to Applicant:	

Name:	Address:	
City:	State:	Zip:
Phone Number: ()	Email Address:	
Occupation:	Relationship to Applicant:	

Co-Applicant References

Name:	Address:	
City:	State:	Zip:
Phone Number: ()	Email Address:	
Occupation:	Relationship to Applicant:	

Name:	Address:	
City:	State:	Zip:
Phone Number: ())	Email Address:	
Occupation:	Relationship to Applicant:	

Name:	Address:	
City:	State:	Zip:
Phone Number: ())	Email Address:	
Occupation:	Relationship to Applicant:	

Name:	Address:	
City:	State:	Zip:
Phone Number: ())	Email Address:	
Occupation:	Relationship to Applicant:	

Name:	Address:	
City:	State:	Zip:
Phone Number: ())	Email Address:	
Occupation:	Relationship to Applicant:	

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APPLICATION FOR FOSTER CARE OR FAMHAB PROVIDER

I (we) understand that my (our) application will be kept active for three months. I (we) hereby affirm that the information provided on this application (and accompanying resume or other documents, if any) is true and complete to the best of my (our) knowledge. I (we) also agree that falsified information or omissions may disqualify me (us) from further consideration and may be considered justification for dismissal of my (our) Provider services if discovered at a later date.

I (we) authorize Mat-Su Services For Children And Adults, Inc. (MSSCA) to make any investigation necessary to verify the information appearing on this application, as well as an investigation of my (our) character, reputation, and any information pertinent to my (our) qualifications for providing Foster Care or FamHab Care.

Under the Fair Credit Reporting Act (FCRA), I(we) understand that I(we) have the right to be told if information from a reporter has been used against me(us). I(we) have a right to know what is in the file and should any information be incorrect, I(we) can dispute it with the reporter that provided the information. Once successfully disputed, incorrect information must be corrected or deleted. Outdated information (usually anything more than 7 years old) may not be reported. I(we) understand that if I(we) want to see a full summary of the FCRA, I(we) can ask for a copy from human resources.

By my(our) signature below, I(we) affirm that I(we) have read, understood, and agreed with the information presented above.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____