



STATE OF MISSISSIPPI  
DEPARTMENT OF HUMAN SERVICES

Resource Family Application  
(Foster/Adopt)

ALL PERSONS LIVING IN THE HOME INCLUDING BOARDERS

Name	Relationship	Date of Birth	Social Security #
	Self		

Present Address: \_\_\_\_\_

County: \_\_\_\_\_

Years at this Address: \_\_\_\_\_ Present Marriage Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Salary and Other Monthly Income: \_\_\_\_\_

Characteristics of Child You Would Consider Taking

Gender	Number	Race	Minimum Age	Maximum Age
Males				
Females				
Either				

Have you ever applied to be a foster or adoptive parent before? \_\_\_\_\_ If yes, what is the name of the agency where you applied? \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

The Mississippi Department of Human Services does not discriminate on basis of race, color, national origin, age, sex, or handicap. The completion and return of the application does not place you under any obligation to the Department of Human Services. It will aid us in selecting the child best suited for your home. We shall treat this information as confidential.