



SUPPORT FAMILY APPLICATION

Support families are essential helps in the world of foster care. Whether you are committed to being prayerful for a foster family, or are interested in providing meal or transportation support, it is our belief that anyone can help and that all are called to assist in this service. After submitting this form, expect a call from Southern Christian to help you discern your fit in this ministry.

Name of Applicant(s) _____ Home Telephone _____

Mailing Address _____

City _____ Zip _____ County _____

Cell # (Husband) _____ Cell # (Wife) _____ Email _____

	Husband	Wife
Full Name		
Date of Birth		
Place of Employment		

Children / Others in Home

We wish to be considered for Respite Care

Full Name	Date of Birth	Grade / School	Relationship to Applicant

Three Character References (church leader, friend, relative)

Name	Address	Telephone	Relationship

Church Membership: _____

Date and Place of Marriage: _____

Description of Child(ren) you are willing to care for in your home (up to three days / 72 hours):

Male / Female: _____

Age Range: _____

Race: _____

Number of Children: _____

If you prefer to only be a Support Family for a certain Foster Home, please indicate the family's name here:

Signatures: _____ Husband _____ Wife

Date: _____

**Please return this application to:

Office Phone: 501-354-2428

Fax: 501-354-2429

E-mail: marcus@schome.org

Southern Christian Home

100 W. Harding St.

Morrilton, Arkansas 72110