



**#FAMILIES FOR SURVIVORS
Program Application**

General Information:

Name (Primary Contact): _____

Phone number: _____

Address: _____

Email Address: _____

Are you interested in: (check all that apply)

Licensed foster family for child under 18 _____ Support system for survivor _____
 Foster family for adult survivor _____ Financial partner _____
 Emergency housing _____

For each adult in household:

Name:	Name:
DOB:	DOB:
Education level:	Education level:
Employed? YES NO	Employed? YES NO
Full or Part Time? FULL PART	Full or Part Time?
Profession:	Profession:
Employer:	Employer:

Adults in Household Cont.

Name:	Name:
DOB:	DOB:
Education level:	Education level:
Employed? YES NO	Employed? YES NO
Full or Part Time? FULL PART	Full or Part Time?
Profession:	Profession:
Employer:	Employer:

Names and DOB of any children in the household:

How did you hear about The Hundred Movement?

Why do you want to participate in the #Families For Survivors program?

Describe your home (location, bedrooms, bathrooms, etc.)

Do you have any previous experience with foster care? YES NO **If yes, please describe:**

What church or faith community do you attend? How long have you attended?

Describe your support system:

Please list 3 personal references:

Name	Phone number	Relationship
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Any other relevant information or questions:

Thank you for your interest in The Hundred Movement's #FAMILIES FOR SURVIVORS program. Submission of this application is the first of several steps to become a family for a survivor of sex trafficking. Background checks, interviews, home visits, and training may also be required if your application is accepted. Someone from The Hundred Movement will be following up with you shortly.