

Please indicate which of the following situations would be acceptable for a youth in your home:

- | | | |
|----------------------------|--------------------------|-----------------------|
| _____ Male | _____ Female | _____ Pregnant Teen |
| _____ Employed | _____ Unemployed | _____ Parenting Teen |
| _____ Physically Disabled | _____ Learning Disabled | _____ Criminal Record |
| _____ Religious Preference | _____ Sexual Orientation | |
| _____ Race/Ethnicity | _____ Food Requirements | |

Other _____

Please note any additional information that may be helpful in reviewing your application:

By signing below, I affirm that the information provided in this application is true to the best of my knowledge.

Signature of Applicant

Date

Signature of Co-Applicant

Date