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MINISTRIES

## Foster Parent Application for Assistance

Applicant Information			
Name:			
Married or Single:		Phone:	
Current address:			
City:	State:	ZIP Code:	
Church Affiliation:		Contact:	
Agency			
Licensing Agency:		Case worker:	Phone#:
Are you currently a licensed foster parent: Yes      No		If no, status of the process:	
Phone #	Email Address: How long have you been a licensed foster home in Spartanburg county?		
Employment Information			
Current employer:			
Description of Need			
Name(s) of Children:			
Ages of children:			
Specific Need & Specific Amount Requested:			
Reason for Assistance:			
*Please provide receipts if item has already been purchased.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

### To Qualify for Financial/Material Assistance:

1. Assistance must directly impact the needs of the foster child.
2. The Foster family must be licensed or more than 75% of the licensing process must be complete.
3. Need must be specifically stated with an explanation of why the applicant is currently unable to provide.

Please fill out application and email it to [psiloveyou685@gmail.com](mailto:psiloveyou685@gmail.com) or  
mail to: PS I Love You Ministries PO Box 162242 Boiling Springs, SC 29316