Project Everlast Council Member Application

Return to: Cassy Blakely, Nebraska Children and Families Foundation, 215 Centennial Mall South, Suite 200, Lincoln, Nebraska 68508

Applicant Information

First Name _____ Last Name _____ MI _____ Date of Birth _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email _____

Foster Care Experience

Length of time in foster care: _____ Number of placements: _____

Types of placements (select all that apply): ❒ Group Home ❒ Foster Home ❒ Hospital ❒ YRTC
❒ Shelter ❒ RTC ❒ Other _____

References (List one reference in addition to your caseworker, such as a foster parent, teacher, counselor, supervisor, etc.)

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

I grant permission to the Nebraska Department of Health and Human Services or _____(tribe) to release information to Nebraska Children and Families Foundation verifying the status of the applicant as a current or former ward.

I verify that all information provided is accurate to the best of my knowledge.

Applicant Signature* _____ Printed Name _____ Date _____

**If an applicant is 18 or younger, a caseworker/guardian must sign.*