



FOSTER HOME APPLICATION

Date: _____

ALL ITEMS MUST BE COMPLETED IN FULL. DO NOT USE INITIALS OR ABBREVIATIONS.

1. Parent 1: _____
First name Middle name Last name

Other names used

2. Parent 2: _____
First name Middle name Last name

Other names used

3. ADDRESS: _____
Street City State & Zip Code

County Home Phone (with area code) Cell Phone (with area code)

MOTIVATION TO BE A FOSTER/ADOPTIVE PARENT

Why are you interested in being a foster/adoptive parent?

Parent 1: _____

Parent 2: _____

What type of experience have you had working with at-risk or special needs children?

Parent 1: _____

Parent 2: _____

Are you interested in adopting a child? ☐ yes ☐ no

What ages are you interested in fostering? _____

What genders are you interested in fostering? _____

DIRECTIONS FOR REACHING HOME: _____

	PARENT 1	PARENT 2
Date Of Birth		
Place Of Birth		
Citizenship Or Residency Status (Include Alien Registration #)		
Ethnicity		
Driver's License #		
Social Security #		
How Long Have You Lived In Texas?		
What Languages Do You Speak?		
Mental Health: List All Psychological and/or Psychiatric Treatment And Medication		
Health: List All Disabilities, Chronic Illnesses, Medications		
Education*		

**Proof of education, such as a copy of your GED, high school or college diploma/transcript, will be required prior to verification. If you do not have a GED or High School diploma you will be asked to take a proficiency test.*

MARITAL INFORMATION

Marital Status: Note: If you are married, you must attach a copy of your marriage license or declaration of marriage. If you have been divorced, you must attach a copy of your divorce decree.

☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Date of Marriage: _____

Place of Marriage: _____

(Include City, County, State, Country)

PARENT 1'S previous marriages (Please use a separate sheet of paper if needed. Please attach a copy of each death certificate or divorce decree).

Previous Spouse	Date of Marriage	Date Marriage Ended	Reason for Marriage Ending

PARENT 2'S previous marriages (Please use a separate sheet of paper if needed. Please attach a copy of each death certificate or divorce decree).

Previous Spouse	Date of Marriage	Date Marriage Ended	Reason for Marriage Ending

OTHER HOUSEHOLD MEMBERS:

List other members of the household (if more spaces are needed, use a separate sheet of paper)

Name	Sex	Relationship	Date of Birth	SS Number:	Health Status

Are all members of household US citizens? ☐ yes ☐ no If no, please explain:

CHILDREN LIVING OUTSIDE OF THE HOME

List the names of any children who live outside the household. Include children who are now adults (if more spaces are needed. Use separate sheet of paper)

Name	Sex	Age	Address	Telephone Number	Whose Child?

RESIDENCY

LENGTH OF RESIDENCY AT CURRENT HOME: _____

(IF LESS THAN TEN YEARS, PLEASE INCLUDE ALL RESIDENCES FOR THE PAST TEN YEARS, INCLUDING ADDRESS, CITY AND STATE. THIS INFORMATION IS REQUIRED FOR BOTH FOSTER PARENTS, AS APPLICABLE. PLEASE USE ADDITIONAL SHEETS AS NECESSARY):

DATES AT RESIDENCE	ADDRESS	CITY & STATE

EMPLOYMENT HISTORY (please use additional sheet if necessary)

PARENT 1

Dates	Employer and Address	Position	Salary	Reason for Leaving

PARENT 2

Dates	Employer and Address	Position	Salary	Reason for Leaving

SPECIAL SKILLS AND INTERESTS

Languages	Speak	Read	Write
	<input type="checkbox"/> Fluent <input type="checkbox"/> Some	<input type="checkbox"/> Fluent <input type="checkbox"/> Some	<input type="checkbox"/> Fluent <input type="checkbox"/> Some
	<input type="checkbox"/> Fluent <input type="checkbox"/> Some	<input type="checkbox"/> Fluent <input type="checkbox"/> Some	<input type="checkbox"/> Fluent <input type="checkbox"/> Some

Interests, hobbies and activities?(What does the family/individual do for fun?)

Do you belong to any organizations or clubs? If so, please list: _____

HEALTH INFORMATION

Does anyone in the household have a serious illness, a disability, a chronic problem, or an emotional or nervous condition?

☐ yes ☐ no

If yes, describe the problem, who it affects and since when. Give dates and type of treatment:

Have any members of the family received mental health, family counseling in the past? ☐ yes ☐ no

If yes, please explain:

Are any household members on any medications for any reason? ☐ yes ☐ no

If yes, please explain (include medication name/reason/dosage—please use additional pages as necessary):

IN CASE OF EMERGENCY CONTACT

Name of emergency contact	relationship	phone number
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Name of emergency contact	relationship	phone number
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HOUSEHOLD VEHICLES: (Proof of insurance will be required for all household vehicles)

Year	Make	Model	License Plate Number

BACKGROUND CHECKS:

Have you provided or applied to provide foster care before? ☐ yes ☐ no

If yes, what agency did you contract with/apply to (Provide name, address, and telephone number):

If you answered yes, Children's Hope will be contacting the previous agency for background information as required by DFPS licensing standards.

Have you ever been denied an initial or renewal foster care license? ☐ yes ☐ no

If yes, give reason(s) for denial: _____

Have you, your children, parents, siblings or their children ever been abused? ☐ yes ☐ no

If yes, explain _____

Have you or any of your family been the subject of an allegation of abuse and or neglect? ☐ yes ☐ no

If yes, explain: _____

LOCATION & COMMUNITY RESOURCES

School District			
Schools	Address	Phone Number	Transportation
Preschool			<input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> FP
Elementary School			<input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> FP
Middle School			<input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> FP
Junior High School			<input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> FP
High School			<input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> FP

Do you attend a church? ☐ yes ☐ no

Name of Church	
Denomination	
Address of Church	
Name of Pastor	
Pastor's Phone Number	

CHILD CARE & DISCIPLINE PRACTICES

If co-parenting, who is/will be the primary caregiver for the children? _____

Will someone be available to care for the children when they are sick or unable to attend school/daycare? ☐ Yes ☐ No

If yes, who? _____

Who will take the children to their doctor, dentist, therapy, etc appointments and/or family visits?

How many days a year to expect to miss work in order to meet the needs of the foster children in your home? _____

What discipline techniques did you/do you plan to use on your children?

Have you or do you plan on using corporal punishment, such as spanking, on your children? ☐ yes ☐ no

Do you understand that physical forms of punishment, such as spanking or the threat of spanking, are not permitted with foster children? ☐ yes ☐ no

If you currently spank your biological children, do you plan to continue spanking them once foster children are placed in your home? ☐ yes ☐ no

How may this impact both the foster children and your own children?

The following information will be helpful to develop and implement the most effective methods of foster parent recruitment methods. How did you hear about Children's Hope? (TV, Radio, newspaper, friend, church or other?)

REFERENCES Five (5) different references per foster parent. Three (3) references must be non-related and one (1) must be a relative. One reference must be a neighbor, clergyman, school official, or community leader and can be a shared reference for Parent 1 and Parent 2.

Reference	Name	Phone Number
Parent 1 Friend #1		
Parent 1 Friend #2		
Parent 1 Friend #3		
Parent 1 Relative		
Parent 2 Friend #1		
Parent 2 Friend #2		
Parent 2 Friend #3		
Parent 2 Relative		

Neighbor/Clergy/School Official/Community Member**		
Neighbor/Clergy/School Official/Community Member**		

***Neighbor needs to be a neighbor that knows both parents. Member of the clergy can be a Sunday School teacher, pastor, or other minister in the church. School official can be a teacher, principal, or school counselor that knows both parents. Community Member is someone who is a community leader who knows both parents, i.e., Elks Lodge leader, PTA Leader, Girl Scout Troop Leader, etc.*

Declaration and Authorization: I hereby declare the information provided by me in this Foster Home Application is true, correct and complete to the best of my knowledge. I understand that, if approved, any statement or omission of fact(s) on this application shall be considered cause for disapproval.

By signing below, I also hereby give Children's Hope Residential Services, Inc. permission to contact any children over the age of 12 who currently reside outside of my home and the references I've listed above for the purposes of determining whether it would be appropriate for me to become a foster parent. The consent may be revoked by notifying the Area Director of the Children's Hope Residential Services, Inc. office. It may also be revoked by specifying a date, time, event, or condition which your consent will expire. (If so, please specify): _____.

Furthermore, by my signature below I acknowledge that I have read and understand the following Appeals Process that may be utilized at any time during the application, pre-verification, and/or post-verification processes with Children's Hope.

At such time as a difference of opinion or complaint needs to be formally made to Children's Hope, the prospective and/or licensed foster parent will place in writing their grievance and submit to the Area Director. The Area Director will have 10 business days to review and issue in writing their response to the complainant. If the response does not satisfy the complainant and resolution is not achieved, the appeal will be escalated to the Texas State Director who will have 10 business days to issue their response to the complainant. If the response still does not resolve the issue, the complainant will have one final level to appeal and must submit their written appeal to the Vice President of Foster Care. The Vice President of Foster Care will respond to the complainant in writing within 10 business days. Determinations of whether an appeal will be upheld or overturned will be based on child safety. The response of the Vice President of Foster Care is final and the appeal process ends with their decision.

Parent 1 Signature Date

Parent 2 Signature Date

Foster Family Specialist Signature Date