



FOSTER PARENT APPLICATION

FOSTER CARE

ADOPTION

DATE: _____

Please do not return until ALL questions have been answered. If application is incomplete, it will be returned to you to complete.

Personal Information(Applicant 1)

Full Name: _____

Other Names used (maiden, marital, etc)

Address: _____

City: _____ State: _____ Zip: _____ County _____

Home Phone: _____ Work Phone: _____ Cell: _____

Sex: Male Female Age: _____ Date of Birth: _____

Race/Ethnicity: Black White Hispanic Other (Please Specify) _____

Have you lived in any other state besides Texas in the last 5 years: Yes No

Please list the addresses of any other residences where you have lived in the last **10** years (including dates):

Address:

Dates:



Your Highest Education Level:

High School Diploma GED College Degree

Are you bilingual: YES NO If YES, what Languages: _____

Present Employer: _____ **Dates Employed** _____

Previous Employer: _____

Current Working Hours: _____ **# of Hours Per Week:** _____

If unemployed, why? _____

Personal Information (Applicant 2)

Full Name: _____

Other Names used (maiden, marital, etc) _____

Address: _____

City: _____ State: _____ Zip: _____ County _____

Home Phone: _____ Work Phone: _____ Cell: _____

Sex: Male Female Age: _____ Date of Birth: _____

Race/Ethnicity: Black White Hispanic Other (Please Specify) _____

Email Address: _____

Have you lived in any other state besides Texas in the last 5 years: Yes No

Please list the addresses of any other residences where you have lived in the last **10** years (including dates):



Dates: _____

Address: _____

Your Highest Education Level:

High School Diploma

GED

College Degree

Are you bilingual: YES NO If YES, what Languages: _____

Present Employer: _____ **Dates Employed** _____

Previous Employer: _____

Current Working Hours: _____ **- # of Hours Per Week:** _____

If unemployed, why? _____

REFERENCES:

~~Single Applicants~~ are required to submit 3 non-relative reference: 1 relative reference—

Couple Applicants are required to submit 3 non-relative references and 1 individual relative reference per spouse.

References must have known you for at least 2 years.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____



How do you know reference: _____
_____ How Long Known: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know reference: _____
_____ How Long Known: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know reference: _____
_____ How Long Known: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know reference: _____
_____ How Long Known: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know reference: _____
_____ How Long Known: _____



What is your experience in working with children? -

List Strengths in working with children:

Have you ever been a foster/adoptive parent for this agency or any other agency? YES NO

Have you ever applied to be a foster/adoptive parent for this or any other agency? YES NO If

yes, please provide for each agency:

Agency Name: _____ Date: _____

Address: _____ Phone No. _____

Reason for Leaving:

Agency Name: _____ Date: _____

Address: _____ Phone No. _____

Reason for Leaving:



FAMILY AND CHILDREN

List all children living in your home:

NAME	Date of Birth	Sex	Relation-s hip	Social Security Number	Driver's License Number

List children **NOT** living with you (including adult children)

NAME	Date of Birth	Sex	Relation-s hip	Social Security Number	Driver's License Number

List any other adults (anyone over age 18) living in your home or on your property

NAME	Date of Birth	Sex	Relation_ ship	Social Security Number	Driver's License Number



Do any of your children have any special needs and/or behavioral problems? YES No If Yes, please explain:

If married, do you or your spouse agree on discipline for your children? YES No Explain:

Have you discussed your plan to foster/adopt with your children: YES NO

How do your children feel about foster/adoptive children living in their home?

How do your relatives and/or in-laws feel about you becoming a foster/adoptive parent?

HEALTH

Do you or a family member have difficulty with a disability or illness? YES NO If Yes, please explain:

Do you or another family member have any health problems that pose a risk to placing foster/adoptive children in your home? YES NO If Yes, explain:



Have you or your spouse experienced any of the following events in the last 12 months? Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Birth of a Child | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Death of a loved one | <input type="checkbox"/> Major accident | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Major Surgery | <input type="checkbox"/> Infertility | <input type="checkbox"/> Suicide of a loved one |
| <input type="checkbox"/> Significant illness/injury | <input type="checkbox"/> Marriage | <input type="checkbox"/> Miscarriage |
| <input type="checkbox"/> Separation | <input type="checkbox"/> Divorce | <input type="checkbox"/> None of these |

If Yes to any of the above, please explain:

Have you or your spouse experienced any of the following events in the last 24 months? Check all that apply.

- | | | |
|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Marital/Common Law Separation | <input type="checkbox"/> Divorce |
|-----------------------------------|--|----------------------------------|

Has anyone in your home been physically, sexually, or psychologically abused:

- | | | |
|------------------------------|-----------------------------|-----------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> NO | If Yes, explain |
|------------------------------|-----------------------------|-----------------|

Has anyone in your home been investigated by an agency or police for neglect, physical or sexual abuse? :

- | | | |
|------------------------------|-----------------------------|------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> NO | If Yes, explain: |
|------------------------------|-----------------------------|------------------|

Having a criminal record does not automatically exclude you from becoming a foster/adoptive parent; however, we will need details to help make a decision.

- | | | |
|--|------------------------------|-----------------------------|
| Have you, or anyone in your family, ever been convicted of a felony: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you, or anyone in your family, ever been convicted of a misdemeanor: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you, or anyone in your family, ever been arrested? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you, or anyone in your family, ever been placed on probation or parole? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



If YES to any of the 4 questions above, please provide name, date(s), circumstance(s), charge(s), and/or disposition(s) of any of the activity.

Has anyone in your home suffered from alcoholism, depression, anxiety, or any other mental health condition? : YES NO

If YES, explain?

Does anyone in your home take prescribed medication for a mental illness? YES NO If YES, what is the name of the medication:

Are you willing to respect the beliefs/affiliation of a child placed in your home: YES NO Please explain:

Are you willing to provide a child with an opportunity for spiritual development? YES NO If YES, how?



Do your religious beliefs prohibit certain medical treatment: YES NO If YES, what health protection do you plan to give a child if medical treatment is needed:

OTHER

Do you own or rent: _____

Type of living unit? House Apartment Mobile Home

Do you have a car and a valid Texas Driver’s License? YES NO

Your Spouse? (if applicable): YES NO

Do you have liability auto insurance: YES NO

Your spouse? (if applicable): YES NO

Would you be willing to pay for day care and/or after school care, if needed: YES NO

Do you have pets? YES NO If YES, please list:

When was your canine and/or feline last vaccinated: _____

Describe where your foster/adoptive child would sleep:

Would your foster/adoptive child be sharing a room with someone? YES NO

If YES, who?

FIREARMS



Do you have any firearms stored in your house: YES NO

If YES, please complete the following:

Please list all firearms:

Where are the firearms stored:

Is firearm storage locked: YES NO

Where is the ammunition stored:

Is the ammunition storage locked: YES NO

FINANCES

Budget Items (Monthly Debt)

Mortgage/Rent	\$
Car Payment(s)	\$
Utilities	\$
Food	\$
Entertainment	\$
Clothing	\$
Insurance: Auto, Life, etc.	\$
Tuition/Child Care	\$
Credit Card/Loans	\$



Contributions/Charities/Church	
Miscellaneous	\$
TOTAL DEBT:	\$

SOURCES OF INCOME (monthly)

Net Monthly compensation	\$
Spouse's Net Monthly Compensation	\$
Other Income	\$
TOTAL	\$
INCOME:	

TOTAL INCOME – TOTAL DEBT = \$ _____

MARITAL HISTORY

Check all that apply: Married Never Married Remarried Divorced
 Separated Widowed Common Law Engaged

SINGLE APPLICANT: - Total number of marriages: _____

If previously married, please including the following information for each marriage

Date of Marriage	Date Marriage Ended	Reason Marriage Ended

COUPLE APPLICANTS DateMarried: _____

WIFE – Total Number of Marriages _____

If previously married, please including the following information for each marriage

Date of Marriage	Date Marriage Ended	Reason Marriage Ended

HUSBAND – Total Number of Marriages _____

If previously married, please including the following information for each marriage

Date of Marriage	Date Marriage Ended	Reason Marriage Ended



MOTIVATION & CHILDCARE EXPERIENCE

Why do you want to become a foster/adoptive parent?

—

—

—

—

If married, are both parties equally interested in fostering/adopting?

Explain:

—

—

—

—

I acknowledge that, to be eligible to become a foster/adoptive parent with A Heart With Hope (“A HWH), I must complete the following steps. There may be additional steps.

1. REQUIRED TRAININGS:
 - A. Orientation
 - B. PRIDE
 - C. CPR/First Aid
 - D. Behavioral Intervention (PAPH)
 - E. Psychotropic Medication/Medication Storage
 - F. Documentation Training
 - G. Bloodborne Pathogens
 - H. Infant/Toddler
 - I. Online Medical Consenter
 - J. Transportation Safety
 - K. Reporting Abuse and Neglect
 - L. Medical Consenter
 - M. Trauma Informed Care



2. Home Visit
3. Criminal History Check & FBI Fingerprints
4. TB Test – (all household members over 1 year of age)
5. Proof of income.
6. Home Study
7. Therapeutic foster parent observation hours (40 hours if applicable)
8. Release of information from previous foster care/adoption agencies (if applicable).

I AFFIRM THAT ALL OF THE INFORMATION GIVEN BY ME ON THE PRECEDING APPLICATION IS TRUE AND CORRECT. IN ADDITION, I UNDERSTAND THAT COMPLETING THESE STEPS DOES NOT GUARANTEE MY LICENSURE.

Signature of Applicant

Date

Signature of Applicant

Date