

APPLICATION FOR FOSTER HOME VERIFICATION

I/We am/are interested in family foster home certification

## Section I: Identifying Information

(Please submit a copy of your driver’s license and social security card with this application as verification.)

# Parent#1 Parent #2

|  |  |  |
| --- | --- | --- |
| Name of Parent (Last, First, Mi, Original) |  | Name of Parent (Last, First, Mi, Original) |
| Social Security Number |  | Social Security Number |
| Date of Birth: AGE: |  | Date of Birth: AGE: |
| Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Marital Status (check one)  \_\_\_Married (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Marriage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_Single \_\_\_Widowed  \_\_\_Divorced \_\_\_Separated  \_\_\_Previously Married (check one)  \_\_\_ Yes \_\_\_No  H.S. Diploma or GED: \_\_\_ (provide copy) |  | Marital Status (check one)  \_\_\_Married (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Marriage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_Single \_\_\_Widowed  \_\_\_Divorced \_\_\_Separated  \_\_\_Previously Married (check one)  \_\_\_ Yes \_\_\_No  H.S. Diploma or GED: \_\_\_ (provide copy) |

Has either parent lived out of Texas in the past 10 years? \_\_\_ Yes \_\_\_No

\*\*\* TEXAS REQUIRES YOUR ADDRESS/RESIDENCE INFORMATION FOR THE LAST 10 YEARS\*\*\*

|  |  |  |  |
| --- | --- | --- | --- |
| Current Street Address: | | Dates of residence at this address:  From \_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_ | |
| City: | State: | Zip Code: | County: |
| Previous Street Address: | | Dates of residence at this address:  From \_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_ | |
| City: | State: | Zip Code: | County: |
| Street Address Prior to Address Above: | | Dates of residence at this address:  From \_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_ | |
| City: | State: | Zip Code: | County: |
| Street Address Prior to Address Above: | | Dates of residence at this address:  From \_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_ | |
| City: | State: | Zip Code: | County: |

**Section II: Members of Household** (include ***everyone*** in your home)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Race | Birth Date/Age & Highest Grade Completed | Birth Place | Sex | Relationship to Applicant(s) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section III: Comfort Zones** Please check as many as apply within each category.

**Number of Children Sex of Child Age of Child Race of Child**

\_\_\_One Child \_\_\_Male \_\_\_0-2 Years \_\_\_White

\_\_\_Two Children \_\_\_Female \_\_\_3-5 Years \_\_\_African American

\_\_\_Three Children \_\_\_6-9 Years \_\_\_Biracial

\_\_\_Four Children \_\_\_10-12 Years \_\_\_Hispanic

\_\_\_Five Children \_\_\_13-15 Years \_\_\_Asian

\_\_\_Other \_\_\_16-18 Years \_\_\_American Indian

\_\_\_Any Race

**Intellectual Functioning Physical Characteristics Emotional Functioning**

\_\_\_Above Average \_\_\_No Physical Impairment \_\_\_No Emotional Problems

\_\_\_Average \_\_\_Moderate Impairment \_\_\_Moderate Problems

\_\_\_Slow Learner/Borderline \_\_\_Severe Impairment \_\_\_Severe Problems

\_\_\_Moderate/Mental Retardation

\_\_\_Severe Mental Retardation

**Please Mark the characteristics/behaviors you feel you could handle in your home.**

\_\_\_Tantrums \_\_\_Lying \_\_\_Manipulating

\_\_\_Aggression \_\_\_Profanity \_\_\_Independent

\_\_\_Self-destructive behavior \_\_\_Talking back \_\_\_Outbursts

\_\_\_Destructive to objects \_\_\_Argumentative \_\_\_Rude

\_\_\_Hurts Animals \_\_\_Withdrawn \_\_\_Runaway (history of)

\_\_\_Stealing \_\_\_Defiant \_\_\_Hoards food

\_\_\_Truancy \_\_\_Poor self-image \_\_\_Poor appetite

\_\_\_Problems at school \_\_\_Seductive \_\_\_Sexually active

\_\_\_Victim of sexual abuse \_\_\_Sexual perpetrator \_\_\_Sexually acts out

\_\_\_Bedwetting \_\_\_Stool smearing \_\_\_Poor hygiene

\_\_\_Smokes cigarettes \_\_\_Uses drugs \_\_\_Plays with matches

\_\_\_Exposed to violence \_\_\_Oppositional Defiant \_\_\_Attachment Disorder

\_\_\_Depression \_\_\_Bipolar \_\_\_ADHD

**Are you willing to work with a child who: (Please mark all that apply).**

\_\_\_Has weekly therapy \_\_\_Has a lot of transportation needs

\_\_\_Takes medication \_\_\_Displays bizarre behaviors

\_\_\_Has been charged with a crime \_\_\_Has a lot of appointments

\_\_\_Parent has been in a mental institution

\_\_\_Parent has been diagnosed with a mental illness

\_\_\_Relative has been in a mental institution

\_\_\_Relative has been diagnosed with a mental illness

Additional Characteristic Interests or Preferences or other Considerations:

**Section IV: Current Employment and Financial Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Employer | Address **and** Phone Number | Position | Work Hours | How Long? | Annual Salary |
| Parent #1 |  |  |  |  |  |  |
| Parent #2 |  |  |  |  |  |  |

Parent #1: May we contact your employer? \_\_\_ Yes \_\_\_ No

Parent #2: May we contact your employer? \_\_\_ Yes \_\_\_ No

If applicant(s) work outside of home, describe what the childcare arrangements are or what they will be:

Please provide the following information (estimate) and attach a copy of your most recent pay stub, bank statement or tax return.

|  |  |
| --- | --- |
| **MONTHLY INCOME:** | |
| Foster Parent #1’s pay: |  |
| Foster Parent #2’s pay: |  |
| Investments: |  |
| Rental Property: |  |
| Pensions: |  |
| Social Security: |  |
| Alimony: |  |
| Child Support: |  |
| Other Income (please specify): |  |
| Monthly Total: |  |

|  |  |
| --- | --- |
| **MONTHLY EXPENSES:** | |
| Rent or Mortgage: |  |
| Utilities (gas, electric, cable, phone, etc): |  |
| Insurance (auto, home, life, etc) |  |
| Food: |  |
| Clothing: |  |
| Auto (gas and maintenance): |  |
| Child Care: |  |
| Health (uninsured expenses): |  |
| Debt Payments (credit cards, automobile, etc): |  |
| Gifts, tithings, charities: |  |
| Other (please specify): |  |
| Monthly Total: |  |

After all expenses are paid, how much does the family have left for the month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section V: Experience with Children**

A. Have you been or are you currently certified/licensed as a family foster home in this state or any other state? \_\_\_ Yes \_\_\_ No

If yes, please explain:

B. Have you ever applied for adoption in this state or any other state? \_\_\_ Yes \_\_\_ No

If yes, please explain:

C. Describe your experience with children other than your own.

**Section VI: Background Check**

A. Do you have a criminal record?

|  |  |
| --- | --- |
| Parent #1  Yes No | Parent #2  Yes No |

If yes, please indicate which parent(s), the city and state of record, and the nature of the conviction.

B. Does any adult member of the household other than parent #1 or #2 have a criminal record?

\_\_\_ Yes \_\_\_ No

If yes, please indicate which member, the city and state of record, and the nature of the conviction.

**Section VII: Home**

A. Check all boxes that apply to your living arrangements:

Do you: \_\_\_ Own \_\_\_ Rent | \_\_\_ Apartment \_\_\_Mobile Home \_\_\_ House

\_\_\_ Other living arrangements (specify):

B. Do you have any pets? \_\_\_\_\_YES \_\_\_\_\_\_NO

If so, list their names, type of animal:

|  |  |
| --- | --- |
| Name | Type of Animal |
|  |  |
|  |  |
|  |  |
|  |  |

Texas requires all household pets to be vaccinated regularly. Anchor will need copies of your pets’ most recent vaccinations.

B. Is your water supply (check one): \_\_\_ City \_\_\_ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Do you have a trampoline in your yard? \_\_\_\_\_YES \_\_\_\_\_NO

**\*Trampolines are no longer allowed in the yards of foster homes.**

D. Do you have a swimming pool and/or hot tub in your yard? \_\_\_\_YES \_\_\_\_\_NO

\*\*Please note that pools/hot tubs must be fenced with a secured lock in the interest of safety. You must know how to swim, and have documentation that indicates you are able to carry out an emergency water rescue if necessary.

1. Please check if you have any of the following in your home:

|  |  |
| --- | --- |
| Cigarettes/Tobacco products | Guns/Ammunition |
| Projectiles (darts/arrows, etc.) | Explosive materials |
| Hatchets/Saws/Axes |  |

* Smoking is not permitted indoors in foster homes or in vehicles when children are being transported. Smoking must only occur outdoors.
* Guns/ammunition must be stored locked, and separate from one another.
* Weapons/hatchets/saws/explosive materials are all required to be reported to the agency and to be stored in locked storage, inaccessible to foster children.

**Section VIII: Financial Information**

A. What are your sources of income, other than employment as listed on pg. 3?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. What is your approximate annual income of the total household, regardless of source?

**Section IX: References from Individuals Not Related to You**

**Reference #1:**

Name: Phone #:

Address:

City/State/Zip:

**Reference #2:**

Name: Phone #:

Address:

City/State/Zip:

**Reference #3:**

Name: Phone #:

Address:

City/State/Zip:

**Employer Reference**

Name: Phone #:

Address:

City/State/Zip:

\*\*PLEASE BE PREPARED TO PROVIDE US WITH A COPY OF YOUR DRIVER’S LICENSE, DIPLOMA OR GED CERTIFICATE AND AUTO INSURANCE SO BACKGROUND CHECKS CAN BE OBTAINED.

**Section X: Adult Children Living Away From Your Home**

Please write the names and addresses for each adult child. The State of Texas requires that all adult children be contacted as references. Use additional paper if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Adult Child #1 | |  | |
| Name: | Sex: | | **Age:** |
| Address | | | |
| City, State, ZIP | | | |
| Telephone #: | | | |
| Highest Grade Completed: | | | |
| Adult Child #2 | |  | |
| Name: | Sex: | | **Age:** |
| Address | | | |
| City, State, ZIP | | | |
| Telephone #: | | | |
| Highest Grade Completed: | | | |
| Adult Child #3 | |  | |
| Name: | Sex: | | **Age:** |
| Address | | | |
| City, State, ZIP | | | |
| Telephone #: | | | |
| Highest Grade Completed: | | | |
| Adult Child #4 | |  | |
| Name: | Sex: | | **Age:** |
| Address | | | |
| City, State, ZIP | | | |
| Telephone #: | | | |
| Highest Grade Completed: | | | |
| Adult Child #5 | |  | |
| Name: | Sex: | | **Age:** |
| Address | | | |
| City, State, ZIP | | | |
| Telephone #: | | | |
| Highest Grade Completed: | | | |

**Section XI: Statement of Understanding**

I/We understand that this is an application only and additional documents will be required. This will include: health statement, criminal record check, fire and health inspections, home study and references. Additional documentation may be required.

I/We agree to complete orientation and training as required by the agency.

This application does not represent a final commitment on either side. Any placement of a child will be my/our mutual agreement with the agency.

I/We certify that the information contained in this application is accurate and complete to the best of my/our knowledge.

I/We understand if the application is not completed the agency will not be able to proceed.

I/We understand that providing materially false information will prevent the agency from considering my/our home for placement of a child and may be grounds for revocation of a family foster home certificate.

If there is any significant change affecting health, marital status, residence, family composition or employment, I/we will notify the agency promptly.

I/we give permission to the agency to contact any references or association for information regarding any work or involvement with the care and supervision of a child which I/we may have done.

I/we certify that I/we have been given the rules and/or policies governing the certification of family foster homes.

**Section XII: Signatures**

|  |  |  |
| --- | --- | --- |
| Print Parent Name | Signature | Date |
|  |  |  |
|  |  |  |

How were you referred to our agency? If it was by newspaper, please list which one:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you!