

Therapeutic Family Life

Letting His light shine through

APPLICATION PROSPECTIVE FOSTER/ADOPTIVE PARENT(S)

(All information must be completely filled out)

Phone Numbers:

Home: _____ Pager: _____
Head of HH1 Work: _____ Head of HH 2 Work: _____
Head of HH1 Mobile: _____ Head of HH 2 Mobile: _____

Physical Address: _____
Street City State Zip County

Mailing Address: _____
Street City State Zip County

HH1 Email Address: _____ HH2 Email Address: _____

Heads of Household:

Head of Household No. 1:

Name: _____
DOB: ____/____/____ Gender: M F
Age: _____ Ethnicity: _____
SS No: _____
Drivers Lic No.: _____ Expires: _____
Citizenship: _____
Languages Spoken: _____
Occupation: _____
Yearly Gross Salary: _____
Highest Grade Completed: _____
Marital Status: _____
If Married, Date of Marriage: _____

Head of Household No. 2:

Name: _____
DOB: ____/____/____ Gender: M F
Age: _____ Ethnicity: _____
SS No: _____
Drivers Lic No.: _____ Expires: _____
Citizenship: _____
Languages Spoken: _____
Occupation: _____
Yearly Gross Salary: _____
Highest Grade Completed: _____
Marital Status: _____
If Married, Date of Marriage: _____

Directions to Home:

What age range of children would you consider? _____

Are you considered a relative or fictive kin of a foster child? Yes No
If yes, please discuss your relationship with the child in care.

Would you consider a child with a handicapping condition? Yes No If yes, please check all that apply: Medical Physical Emotional

Would you consider foster care for siblings? Yes No

How did you hear about Therapeutic Family Life?

TFL website TFL Staff Newspaper Phone book CPS Kinship
TFL Foster Parent _____(list name) Other _____(list)

Children/Others in Household:

Name: _____

DOB: ____/____/____ Gender: M F

Age: _____ Ethnicity: _____

Languages Spoken: _____

Occupation: _____

Yearly Gross Salary: _____

Highest Grade Completed: _____

Relationship to HH1: _____

Relationship to HH2: _____

Name: _____

DOB: ____/____/____ Gender: M F

Age: _____ Ethnicity: _____

Languages Spoken: _____

Occupation: _____

Yearly Gross Salary: _____

Highest Grade Completed: _____

Relationship to HH1: _____

Relationship to HH2: _____

Name: _____

DOB: ____/____/____ Gender: M F

Age: _____ Ethnicity: _____

Languages Spoken: _____

Occupation: _____

Yearly Gross Salary: _____

Highest Grade Completed: _____

Relationship to HH1: _____

Relationship to HH2: _____

Name: _____

DOB: ____/____/____ Gender: M F

Age: _____ Ethnicity: _____

Languages Spoken: _____

Occupation: _____

Yearly Gross Salary: _____

Highest Grade Completed: _____

Relationship to HH1: _____

Relationship to HH2: _____

Pets in Household:

Pet's Name: _____

Pet's Name: _____

Pet Breed: _____

Pet Breed: _____

Date of Last Vaccination: _____

Date of Last Vaccination: _____

List Vaccination(s) done on above date:

List Vaccination(s) done on above date:

Pet's Name: _____

Pet's Name: _____

Pet Breed: _____

Pet Breed: _____

Date of Last Vaccination: _____

Date of Last Vaccination: _____

List Vaccination(s) done on above date:

List Vaccination(s) done on above date:

EMPLOYMENT and INCOME:

Head of Household #1

Name: _____

Present Employer: _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to contact previous employer: Yes No

Monthly Salary: _____ Hire Date: _____ Work Hours: _____

Previous Employer: _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to contact previous employer: Yes No Work Hours: _____

Monthly Salary: _____ Hire Date: _____ End Date: _____

Reason for employment ending: _____

Head of Household #2

Name: _____

Present Employer:

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to contact previous employer: Yes No

Monthly Salary: _____ Hire Date: _____ Work Hours: _____

Previous Employer: _____

Address: _____

Phone: _____ Immediate Supervisor: _____

Permission to contact previous employer: Yes No Work Hours: _____

Monthly Salary: _____ Hire Date: _____ End Date: _____

Reason for employment ending: _____

Please list any other source of income pertinent to your application:

Social Security _____
Food Stamps _____
Retirement Pension _____
Public Assistance _____

Child Support _____
Disability _____
Rental Property _____
Other _____

Estimated Monthly Expenses:

Mortgage/Rent \$ _____
Car Note(s) \$ _____
Groceries \$ _____
Utilities \$ _____
Entertainment \$ _____
Vehicle Insurance \$ _____
Credit Card Payments \$ _____
Life/Medical Insurance \$ _____
Home Owner/Renters Insurance \$ _____
Telephone \$ _____
Loans \$ _____
Total: \$ _____

CHILD CARE EXPERIENCE

Do you or your family have any volunteer experience in caring for special needs children? If so, please describe.

Do you or your family have any previous experience in dealing with children, especially children with behavioral and emotional problems? Please describe.

Have you ever applied to another agency to be a foster parent? Yes No

Name of agency: _____

Agency address: _____

Agency phone number: _____

Is your home currently licensed, regulated, approved or operated by another agency? Yes No

If yes, list agency name: _____

Is your home currently licensed to provide Daycare services? Yes No

If yes, list agency name: _____

Have you ever been denied foster care license or renewal? Yes No

If yes, please explain:

CRIMINAL HISTORY

Note: Be as thorough and complete as possible. Convictions do not necessarily disqualify you from becoming a foster parent.

Have you ever been charged, arrested and/or convicted of any misdemeanor or felony?

Yes No

If yes, please explain (including date of incident and resolution): _____

Has anyone in your household or individuals who visit the home been charged, arrested and/or convicted of any misdemeanor or felony?

Yes No

If yes, please explain (including date of incident and resolution):

Have you ever been *reported* for abuse or neglect of a child or children? Yes No

If yes, please explain: _____

Have you ever been *convicted* of child abuse or neglect? Yes No

If yes, please explain: _____

Has anyone in your household or anyone who visits the home ever been *reported* for abuse or neglect of a child or children? Yes No

If yes, please explain: _____

Has anyone in your household or anyone who visits the home ever been *convicted* of child abuse or neglect? Yes No

If yes, please explain: _____

List any traffic tickets received within the past three (3) years, including moving violations, DWIs, etc. (and resolution of those citations):

HOME ENVIRONMENT

These are care and safety issues we need to evaluate.

1. Do you have a swimming pool?

Yes No

If so, please explain how you will provide for a child's safety:

2. Do you own a gun? (any type)

Yes No

If so, please list ALL firearms, how they are stored, how ammunition is stored, and explain how you will provide for a child's safety:

3. Do you have any explosive materials and/or projectiles such as darts, arrows, and B-B's?

Yes No

If yes, please list where these materials and objects are stored and your safety plan for keeping them out of reach of the children.

4. Where do you store your inflammable and poisonous substances? How are they kept out of reach of children?

TFL Communication Plan for Disaster Emergencies

Date _____ Region _____

Family Name _____

Primary Care Giver _____

Secondary Care Giver _____

Address _____

City _____ State Texas Zip _____

Phones: Home () _____ Cell () _____ Other () _____

Fill out the following information for each family member and keep it current

Name (1) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name(7) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name (2) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name(8) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name (3) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name(9) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name (4) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name(10) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name (5) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name(11) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name (6) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Name(12) _____

D.O.B _____

S.S.# _____

Important Medical Info _____

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

OUT-OF-TOWN CONTACT NAME _____

Address _____ City _____ State _____ Zip _____

Alt. Telephone#s _____

Address _____ City _____ State _____ Zip _____

Email _____

If you plan to stay at a hotel, which city would you be staying in? _____

YOUR FAMILY'S NAME _____

Where to go in an emergency. Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare, workplaces and apartment buildings all have site-specific emergency plans.

HOME
 Address _____
 Phone# _____
 Cell Phone # _____
 Alt. Phone # _____

WORK(Company Name) _____
 Address _____
 Phone # _____
 Evacuation Location _____

SCHOOL(1) _____
 Address _____
 Phone # _____

WORK (Company Name) _____
 Address _____
 Phone # _____

SCHOOL(2) _____
 Address _____
 Phone # _____

OTHER PLACES YOU FREQUENT
 Address _____
 Phone # _____

SCHOOL(3) _____
 Address _____
 Phone # _____

OTHER PLACES YOU FREQUENT
 Address _____
 Phone # _____

Important Information	Name	Phone #
Doctor (s)		
Pharmacist		
Vet/Kennel (Pets)		

VEHICLE (1)
 License Plate # _____
 Model _____
 Year _____
 Color _____

SPECIAL CAREGIVER
 Name _____
 Phone # _____

VEHICLE (2)
 License Plate # _____
 Model _____
 Year _____
 Color _____

SPECIAL CAREGIVER
 Name _____
 Phone # _____

PETS (1)
 Breed _____
 Weight _____

PET (3)
 Breed _____
 Weight _____

PET (2)
 Breed _____
 Weight _____

REFERENCES

Please list 4 persons who have known you or your family for a minimum of 1 year, are well acquainted with your family, and who we may contact for a reference.

- 1.) **Name:** _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Relationship: _____

- 2.) **Name:** _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Relationship: _____

- 3.) **Name:** _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Relationship: _____

- 4.) **Name:** _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Relationship: _____

IN ORDER TO COMPLETE THE FOSTER CARE PROCESS, THE FOLLOWING DOCUMENTS WILL BE REQUESTED:

1. Copy of driver's license for age verification and driving capability
2. Copy of social security card
3. Copy of vehicle liability insurance
4. Copy of homeowner's insurance (or renter's insurance)
5. Proof of health insurance
6. Copy of high school diploma or GED
7. Pet vaccinations
8. Current marriage license
9. All divorce or death certificates, if married previously
10. Copy of proof of U.S. citizenship
11. Proof of income (Paycheck stub or W2)
12. Signed acknowledgement for to submit a criminal history and child abuse check required for all residents 14 years old and older and frequent visitors.
13. Consent of Release of Information
14. A completed Health Status form for each adult member of the family
15. A signed and notarized affidavit from you stating that you have never abused a child sexually, physically, and/or emotionally

I hereby declare the information provided by me in this Application for Foster/Adoptive Parent(s) is true, accurate and complete to the best of my knowledge. I give my permission for any of this information to be verified and I understand that if any of this information is found to be inaccurate or false, this may be used to terminate any further consideration of my application. I give my consent for any agency, employers, companies, friends or family to be contacted.

Signature, Head of Household No. 1: _____

Signature, Head of Household No. 2: _____

Date: _____