

Functional Home Child Placement Agency

**Application to
Provide**

- Foster Care**
- Adoption**
- Foster to Adopt**
- Respite Only** (follow the directions given just after section on Character References)

Applicant 1	First Name	Middle Name.	Last Name.
Applicant 2	First Name.	Middle Name.	Last Name.
Home Address	Street	City	State Zip
County	Enter text.	Email address	Applicant 1
			Applicant 2
Home Phone	Fax #		
Cell Phone	Applicant 1	Work Phone	Applicant 1
	Applicant 2		Applicant 2
Directions to the Home from Functional Office:			

Home Information	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Length of residency: Enter text.
	Total number of bedrooms: Enter text.	Total number of bathrooms: Enter text.
Please list all previous addresses in the last ten (10) years: Enter text.		
Name of School District: Enter text.		
Elementary School Name: Enter text.	Office Phone: Enter text.	Address: Enter text.
Middle School Name: Enter text.	Office Phone: Enter text.	Address: Enter text.
High School Name: Enter text.	Office Phone: Enter text.	Address: Enter text.

Applicant 1

Applicant 2

D.O.B: Enter text.	Birthplace: Enter text.	D.O.B: Enter text.	Birthplace: Enter text.
Social Security #: Enter text.	Citizen of U.S.? Enter text.	Social Security #: Enter text.	Citizen of U.S.? Enter text.
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Number of Previous Marriages: Enter text.		Number of Previous Marriages: Enter text.	
Date(s) of Marriage(s): Enter text.		Date(s) of Marriage(s): Enter text.	
Give Brief Explanation for any previous divorce(s): Enter text.		Give Brief Explanation for any previous divorce(s): Enter text.	
Any names previously used (i.e. Maiden, other married): Enter text.		Any names previously used (ie. Maiden, other married): Enter text.	
Highest educational status attained: <input type="checkbox"/> Grade Enter text. <input type="checkbox"/> High School Graduate or <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Four Year College Graduate <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Military (if discharged, type of discharge) <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable		Highest educational status attained: <input type="checkbox"/> Grade Enter text. <input type="checkbox"/> High School Graduate or <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Four Year College Graduate <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Military (if discharged, type of discharge) <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable	
Describe your experiences with children that you believe will be of assistance to you in working with foster and/or adoptive children below (a separate section has been provided for detailing foster care experience). Enter text. Type of Activity (Church, Community, Volunteer, Family, etc.) Enter text. Describe your role: Enter text. Ages of Youth: Enter text. Dates: Enter text.		Describe your experiences with children that you believe will be of assistance to you in working with foster and/or adoptive children below (a separate section has been provided for detailing foster care experience). Enter text. Type of Activity (Church, Community, Volunteer, Family, etc.) Enter text. Describe your role: Enter text. Ages of Youth: Enter text. Dates: Enter text.	
Have you ever been arrested for any offense against a person or family, or of public indecency or of violation of the Texas Controlled Substance Act, or of any misdemeanor classified as an offense against the person or family or of public indecency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give State and County of Conviction and charges: Enter text. What was the outcome of the case? Enter text.		Have you ever been arrested for any offense against a person or family, or of public indecency or of violation of the Texas Controlled Substance Act, or of any misdemeanor classified as an offense against the person or family or of public indecency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give State and County of Conviction and charges: Enter text. What was the outcome of the case? Enter text.	

<p>Have you or your family ever had any involvement with Child Protective Services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Enter text.</p>	<p>Have you or your family ever had any involvement with Child Protective Services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Enter text.</p>
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EMPLOYMENT HISTORY (please list your last three employers beginning with the most current):

Applicant 1				Applicant 2			
Employer: Enter text.				Employer: Enter text.			
Address: Enter text.				Address: Enter text.			
Phone: Enter text.		Work Hours: Enter text.		Phone: Enter text.		Work Hours: Enter text.	
Immediate Supervisor: Enter text.		Monthly salary (gross/net): Enter text.		Immediate Supervisor: Enter text.		Monthly salary (gross/net): Enter text.	
Dates of Employment From: Enter text.		To: Enter text.		Dates of Employment From: Enter text.		To: Enter text.	
Reason for Leaving: Enter text.				Reason for Leaving: Enter text.			
Employer: Enter text.				Employer: Enter text.			
Address: Enter text.				Address: Enter text.			
Phone: Enter text.		Work Hours: Enter text.		Phone: Enter text.		Work Hours: Enter text.	
Immediate Supervisor: Enter text.		Monthly salary (gross/net): Enter text.		Immediate Supervisor: Enter text.		Monthly salary (gross/net): Enter text.	
Dates of Employment From: Enter text.		To: Enter text.		Dates of Employment From: Enter text.		To: Enter text.	
Reason for Leaving: Enter text.				Reason for Leaving: Enter text.			
Employer: Enter text.				Employer: Enter text.			
Address: Enter text.				Address: Enter text.			
Phone: Enter text.		Work Hours: Enter text.		Phone: Enter text.		Work Hours: Enter text.	
Immediate Supervisor: Enter text.		Monthly salary (gross/net): Enter text.		Immediate Supervisor: Enter text.		Monthly salary (gross/net): Enter text.	
Dates of Employment From: Enter text.		To: Enter text.		Dates of Employment From: Enter text.		To: Enter text.	
Reason for Leaving: Enter text.				Reason for Leaving: Enter text.			

Foster and/or Adoptive parents are reimbursed for most of the expenses related to caring for a child, but State regulations and Functional Home Center policies require that foster and/or adoptive parents have sufficient income to maintain their home without being dependent on this expense reimbursement. Please fill out the following income-related information.

The family's TOTAL reported MONTHLY INCOME is \$ <u>Enter text.</u> <input type="checkbox"/> Gross/ <input type="checkbox"/> Net consisting of income received from:			
Applicant # 1 Income	\$ <u>Enter text.</u>	Social Security	\$ <u>Enter text.</u>
Applicant # 2 Income	\$ <u>Enter text.</u>	Public Assistance	\$ <u>Enter text.</u>
Retirement Pension(s)	\$ <u>Enter text.</u>	Disability	\$ <u>Enter text.</u>
Property Rental	\$ <u>Enter text.</u>	Other:	\$ <u>Enter text.</u>
Budget (Monthly):			
House/Rent Payment	\$ <u>Enter text.</u>	Clothing	\$ <u>Enter text.</u>
Payments for other Real estate Property	\$ <u>Enter text.</u>	Recreation/Entertainment	\$ <u>Enter text.</u>
Automobile(s)	\$ <u>Enter text.</u>	Life & Medical Insurance (exclusive of payroll deductions)	\$ <u>Enter text.</u>
Gasoline/Maintenance:	\$ <u>Enter text.</u>	Church (Tithes/Offerings)	\$ <u>Enter text.</u>
Medical and Dental	\$ <u>Enter text.</u>	Groceries	\$ <u>Enter text.</u>
Miscellaneous Personal	\$ <u>Enter text.</u>	Utilities and Phone	\$ <u>Enter text.</u>
Other:	\$ <u>Enter text.</u>	Other:	\$ <u>Enter text.</u>
Loans and/or Debts	Original Amount	Balance	Monthly Payment
<u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>
<u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>
<u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>
<u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>
<u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>	\$ <u>Enter text.</u>
Total Balance Outstanding: \$ <u>Enter text.</u>			
Total Monthly Payment: \$ <u>Enter text.</u>			

Minor (under age 18) Children of Applicants who live in the home:
 We are required to interview all children age 12 and older.

Name	D.O.B.	Gender	School Grade	Address
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Text.</u>	<u>Enter text.</u>
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Text.</u>	<u>Enter text.</u>
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Text.</u>	<u>Enter text.</u>
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Text.</u>	<u>Enter text.</u>
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Text.</u>	<u>Enter text.</u>
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Text.</u>	<u>Enter text.</u>

Other people (children or adults) who live in your Home (including, but not limited to, relatives, friends, foster children, if any):

Name	D.O.B.	Gender	Relationship
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Enter text.</u>
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Enter text.</u>
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Enter text.</u>
<u>Enter text.</u>	<u>Enter text.</u>	<u>Text.</u>	<u>Enter text.</u>

All Adult Children of either applicant No Longer in your Home:

Name	Street Address	City	State	Zip	Phone
<u>Enter text.</u>	<u>Enter text.</u>	<u>Enter text.</u>		<u>Text.</u>	<u>Enter text.</u>
Email: <u>Enter text.</u>					
Who does the child live with? Name: <u>Enter text.</u> Relationship: <u>Enter text.</u> Phone: <u>Enter text.</u>					
<u>Enter text.</u>	<u>Enter text.</u>	<u>Enter text.</u>		<u>Text.</u>	<u>Enter text.</u>
Email: <u>Enter text.</u>					
Who does the child live with? Name: <u>Enter text.</u> Relationship: <u>Enter text.</u> Phone: <u>Enter text.</u>					
<u>Enter text.</u>	<u>Enter text.</u>	<u>Enter text.</u>		<u>Text.</u>	<u>Enter text.</u>
Email: <u>Enter text.</u>					
Who does the child live with? Name: <u>Enter text.</u> Relationship: <u>Enter text.</u> Phone: <u>Enter text.</u>					
<u>Enter text.</u>	<u>Enter text.</u>	<u>Enter text.</u>		<u>Text.</u>	<u>Enter text.</u>
Email: <u>Enter text.</u>					
Who does the child live with? Name: <u>Enter text.</u> Relationship: <u>Enter text.</u> Phone: <u>Enter text.</u>					
Are there more? Y N If yes, then include them on the back of this sheet.					

Applicant 1 Experience

Have you ever?

Applied to be a foster and/or adoptive parent with any other agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you applied, were you accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, then why not?
Adopted through another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been a direct care staff, house parent, or volunteer at a treatment center?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the previous three questions, then answer the following:

Agency Name, address, and phone number.

Enter text.

Years involved with the agency_ Enter text. _

Number, age range, special needs of youth:

Enter text.

Describe your experience:

Enter text.

Agency Name, address, and phone number.

Enter text.

Years involved with the agency_ Enter text. _

Number, age range, special needs of youth:

Enter text.

Describe your experience:

Enter text.

Agency Name, address, and phone number.

Enter text.

Years involved with the agency_ Enter text. _

Number, age range, special needs of youth:

Enter text.

Describe your experience:

Enter text.

Applicant 2 Experience

Have you ever?

Applied to be a foster and/or adoptive parent with any other agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you applied, were you accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, then why not?
Adopted through another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been a direct care staff, house parent, or volunteer at a treatment center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the previous three questions, then answer the following:	
4) Agency Name, address, and phone number. Enter text. Years involved with the agency_ Enter text. _ Number, age range, special needs of youth: Enter text. Describe your experience: Enter text.	
5) Agency Name, address, and phone number. Enter text. Years involved with the agency_ Enter text. _ Number, age range, special needs of youth: Enter text. Describe your experience: Enter text.	
6) Agency Name, address, and phone number. Enter text. Years involved with the agency_ Enter text. _ Number, age range, special needs of youth: Enter text. Describe your experience: Enter text.	

CHARACTER REFERENCES

Please give the names and addresses of four people or couples NOT RELATED to you who have known you for at least two years. Please include two Professional and two Personal References.

Applicant 1			Applicant 2		
Professional Reference Enter text.			Professional Reference Enter text.		
Street Address Enter text.			Street Address Enter text.		
City Enter text.	State Enter text.	Zip Enter text.	City Enter text.	State Enter text.	Zip Enter text.
Telephone Number: Enter text.			Telephone Number: Enter text.		

Professional Reference Enter text.			Professional Reference Enter text.		
Street Address Enter text.			Street Address Enter text.		
City Enter text.	State Enter text.	Zip Enter text.	City Enter text.	State Enter text.	Zip Enter text.
Telephone Number: Enter text.			Telephone Number: Enter text.		

Professional Reference Enter text.			Professional Reference Enter text.		
Street Address Enter text.			Street Address Enter text.		
City Enter text.	State Enter text.	Zip Enter text.	City Enter text.	State Enter text.	Zip Enter text.
Telephone Number: Enter text.			Telephone Number: Enter text.		

Professional Reference Enter text.			Professional Reference Enter text.		
Street Address Enter text.			Street Address Enter text.		
City Enter text.	State Enter text.	Zip Enter text.	City Enter text.	State Enter text.	Zip Enter text.
Telephone Number: Enter text.			Telephone Number: Enter text.		

RESPITE ONLY APPLICANTS:

1. You do not need to fill out any information about income or salary.
2. If you are NOT providing respite services in your home, then you do not need to provide information about your home (except your mailing address). You will then be approved as "*Respite (not in own home)*". If you begin to provide respite services in your home, then you will need to have the health and fire inspections and our agency staff will have to come and do our initial inspection. You must notify our agency **BEFORE** children can go there so that we can get the appropriate approvals in place.
3. Regarding the information requested about your children, we do need to know about your children but we will likely not need to do any interviews with your children.

APPEAL PROCESS FOR FOSTER AND/OR ADOPTIVE CARE APPLICATIONS:

The following criteria define an individual or couple as a foster and/or adoptive parent applicant:

- Submission of an application to become a Functional Home Center foster and/or adoptive parent
- Review of application for completeness, and
- Requests for Criminal History & CANRIS background checks submitted

Foster and/or adoptive parent applicants have the right to appeal Functional Home Center’s decision directly affecting them. The request for an appeal must be made within 15 days of the decision in question, must be in writing, and should be addressed to the Executive Director. The Executive Director will review the decision or action and respond to the appellant within 15 working days. The Executive Director may assign the appeal response to other supervisory staff. The outcome of the appeal will be communicated to the Foster and/or Adoptive Parent applicant in writing.

Foster and/or Adoptive Parent Applicants should send the written request for an appeal to:

Functional Home Child Placement Agency
Attn: Executive Director
lily@functionalhometx.com

DECLARATION AND AUTHORIZATION:

I (we) hereby apply to Functional Home to become a Functional Home home in their foster and/or adoptive care program. I (we) will abide by the program and all of its requirements. I (we) declare the information provided in this Application is true, correct and complete to the best of my knowledge. I (we) understand that if any statement or omission of fact (s) on this Application is found to be incorrect or untrue, my (our) relationship with Functional Home Center may be terminated without further action by Functional Home Center.

I (we) authorize Functional Home Center to check: 1) character and 2) references as listed on this Application and to obtain an investigative report containing information obtained through personal interviews (via mail and telephone) with former employer(s) and local (applicable) agencies, including but not limited to law enforcement agencies and the Texas Department of Family and Protective Services (and other state children’s service system), for the purpose of determining my (our) suitability as foster and/or adoptive parents. I (we) understand this information will be used only for this purpose and that information solicited will be unlimited.

This consent may be revoked by notifying Functional Home specifying a date, time, event, or condition upon which your consent will expire: (if so please specify)

**UPON COMPLETION – Please email to the Functional Home Child Placement Agency Administrator at –
admin@functionalhometx.com**

AUTHORIZATION(S) TO RELEASE INFORMATION

I hereby authorize any licensed child placing agency, employers, law enforcement, and my personal and professional references to disclose records and/or information relating to my experience as a Foster and/or adoptive parent to:

FUNCTIONAL HOME CHILD PLACEMENT AGENCY

Lily Woldu

ADDRESS

ADDRESS

PHONE NUMBER

EMAIL: lily@functionalhometx.com

The authorization also includes all verbal communication between anyone releasing information and the staff at Functional Home Center Adoption and Foster Family Services.

Disclosure is made for the purpose of foster and/or adoptive home certification.

I hereby release the licensed child placing agency and its officers and employees providing this information from any claims, which might arise from releasing this information.

Applicant 1

List all other cities in Texas where you have had residency: Click or tap here to enter text.
List any other names used: Click or tap here to enter text.
Applicant #1 Signature:

Applicant 2

List all other cities in Texas where you have had residency: Click or tap here to enter text.
List any other names used: Click or tap here to enter text.
Applicant #2 Signature: