



CARING HEARTS FOR CHILDREN

FOSTER PARENT APPLICATION

Please complete all information requested. If any item does not apply to you, please write "N/A" or "None" so there will not be any delay in the processing of your application. Please type or print legibly.

Date: _____

How did you hear about Caring Hearts for Children (CHFC)?

- CHFC Referral, Name of Family: _____
- CHFC Staff Other: _____
- Family/Friends CHFC Website/Brochure
- CPS/Kinship Worker

Please select which of the categories your application is considered:

- Foster care
- Foster to Adopt
- Kinship

If Kinship, please provide CPS/Kinship workers information.

Name: _____

Phone Number: _____

Email: _____

Foster Parent 1:

First Name: _____ M.I. _____ Last Name: _____

Cell: _____ Work: _____

Email Address: _____

Foster Parent 2:

First Name: _____ M.I. _____ Last Name: _____

Cell: _____ Work: _____

Email Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from physical address):

City: _____ State: _____ Zip Code: _____

RESIDENCE:

	Foster Parent 1	Foster Parent 2
Social Security Number		
Date of Birth		
Place of Birth (City/State)		
Citizenship (Country)		
Ethnicity		
Race		

HISTORY OF RESIDENCE:

How long have you resided at your current address: _____ Years _____ Months

Length of time at each residence over the past 10 years, including street address, city, and state.

From _____ To _____ _____

From _____ To _____ _____

From _____ To _____ _____

From _____ To _____ _____

From _____ To _____ _____

RELIGION/FAITH AFFILIATION (if applicable):

Name and location of church the family attends:

PERSONAL BACKGROUND INFORMATION:

Please circle the appropriate answer.

	Foster Parent 1	Foster Parent 2
As an adult or when you were a child, have you ever been involved in an act of assault, child battering, child abuse, child molestation, or child neglect either as an aggressor or as a victim?	Yes No	Yes No
Have you ever been arrested or charged with a felony?	Yes No	Yes No
Have you ever been convicted or are you currently charged with a felony or misdemeanor classified as an offense against the person, family, public indecency, or any violation of the Controlled Substance Act?	Yes No	Yes No
Were you, or have you ever been, placed in foster care, a treatment facility for emotional or mental disturbance, been arrested and/or charged with an offense, and/or been committed to a state correctional facility?	Yes No	Yes No
Do you expect any change in marital status, employment, family size or place of residence within the next year?	Yes No	Yes No
Have you or your family ever been investigated by (Texas Department of Family and Protective Services (i.e. Child Protective Services)?	Yes No	Yes No

If Foster Parent 1 answered yes on any of the above:

Please explain your answers:

If Foster Parent 2 answered yes on any of the above:

Please explain your answers:

LANGUAGES:

Foster Parent 1:

Is English the primary language spoken in your home? **Yes No**

Are you able to speak fluently a language other than English? **Yes No**

If yes, what language? _____

Are you able to sign to a hearing-impaired person? **Yes No**

Are you an interpreter? **Yes No**

Foster Parent 2:

Is English the primary language spoken in your home? **Yes No**

Are you able to speak fluently a language other than English? **Yes No**

If yes, what language? _____

Are you able to sign to a hearing-impaired person? **Yes No**

Are you an interpreter? **Yes No**

Are you able to provide transportation to all court, school, medical and therapy appointments? This is the responsibility of the foster parent according to our contract with the state of Texas.

Yes No

MARITAL HISTORY:

If married, both you and your spouse must apply together.

Current Marital Status: Single Married Divorced Widowed

If married, date of marriage (month/day/year): _____

Has either parent previously been married? **Yes No**

If yes, complete the information below:

Foster Parent 1's Previous Marriages (if more, use a separate page)

Previous Spouse's Full Name	Date of Marriage	How it Ended	County & State of Divorce
	From: To:	Death <input type="checkbox"/> Divorce <input type="checkbox"/>	
	From: To:	Death <input type="checkbox"/> Divorce <input type="checkbox"/>	
	From: To:	Death <input type="checkbox"/> Divorce <input type="checkbox"/>	
	From: To:	Death <input type="checkbox"/> Divorce <input type="checkbox"/>	

Does Foster Parent 1 have any biological or adopted children?

Yes No

If yes, provide specifics.

Full Name	DOB	Relationship	Contact # or email
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	

Foster Parent 2's Previous Marriages (if more, use a separate page)

Previous Spouse's Full Name	Date of Marriage	How it Ended	County & State of Divorce
	From: To:	Death <input type="checkbox"/> Divorce <input type="checkbox"/>	
	From: To:	Death <input type="checkbox"/> Divorce <input type="checkbox"/>	
	From: To:	Death <input type="checkbox"/> Divorce <input type="checkbox"/>	
	From: To:	Death <input type="checkbox"/> Divorce <input type="checkbox"/>	

Does Foster Parent 2 have any biological or adopted children?

Yes No

If yes, provide specifics.

Full Name	DOB	Relationship	Contact # or email
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
		Positive <input type="checkbox"/> Negative <input type="checkbox"/>	

HOUSEHOLD MEMBER INFORMATION:

Is anyone other than the Foster Parent applicants residing in home? **Yes No**

If yes, complete the following information. Please note that all individuals in the home over the age of 14 will need to fill out a background check form and have fingerprints completed.

Full Name (First, Middle, Last)	Relation to Foster Parent(s)	Managing Conservator's name and contact, if foster.	Gender	DOB	Lives in home	School Grade or Occupation
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	
	Biological <input type="checkbox"/> Foster <input type="checkbox"/> Other: <input type="checkbox"/> -----		Male <input type="checkbox"/> Female <input type="checkbox"/>		Part time <input type="checkbox"/> Full Time <input type="checkbox"/>	

MONTHLY EXPENSES: Please complete "Monthly Expense Report" attached.

MONTHLY ASSISTANCE:

Do either Foster Parent receive any government or welfare assistance (i.e. food stamps, disability, Medicaid or Social Security): **Yes No**

If so, please explain: _____

Do either Foster Parent receive spousal or child support? **Yes No**

If so, please explain: _____

FLOOR PLAN: Please provide a copy of the floor plan to your home. It must be labeled with dimensions and include where each person sleeps.

EDUCATION:

Foster Parent 1:

Did you graduate from High School? **Yes No**

Name of School: _____

City: _____ State: _____ Year completed: _____

Did you graduate from college? **Yes No**

Name of college: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Year completed: _____ Major: _____ Degree Type: _____

Did you graduate from a trade or technical school? **Yes No**

Name of institution? _____

Address: _____

City: _____ State: _____ Zip Code: _____

Year completed: _____ Major: _____ Degree Type: _____

Did you serve in the military? **Yes No**

Branch: _____

Dates of service: from _____ to _____

Discharge honorable? **Yes No**

Retired? **Yes No**

Foster Parent 2:

Did you graduate from high school? **Yes No**

Name of School: _____

City: _____ State: _____ Year completed: _____

Did you graduate from college? **Yes No**

Name of College: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Year completed: _____ Major: _____ Degree Type: _____

Did you graduate from a trade or technical School? **Yes No**

Name of institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Year completed: _____ Major: _____ Degree Type: _____

Did you serve in the military? **Yes No**

Branch: _____

Dates of service: from _____ to _____

Discharge honorable? **Yes No**

Retired? **Yes No**

EMPLOYMENT HISTORY:

Foster Parent 1:

Employment History (list last three (3) employers)

Present or Most Recent Employer:

1- Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Employed from: _____ to _____

Job Title: _____ Name of Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? **Yes No**

Foster Parent 1: cont.

2 - Company name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Employed from: _____ to _____

Job Title: _____ Name of Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? **Yes No**

3- Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Employed from: _____ to _____

Job Title: _____ Name of Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? **Yes No**

REFERENCES for FOSTER PARENT 1:

Please list the name, address and phone number of four (4) individuals (one may be a relative) who have known you for at least two (2) years. Please vary the nature of your references, including those from church, employment relationships, business, and social.

Name (First & Last)	Relationship	Contact Number

Foster Parent 2:

Employment History (list last three (3) employers)

Present or Most Recent Employer:

1- Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Employed from: _____ to _____

Job Title: _____ Name of Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? **Yes No**

2- Company name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Employed from: _____ to _____

Job Title: _____ Name of Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? **Yes No**

3- Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Employed from: _____ to _____

Job Title: _____ Name of Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? **Yes No**

REFERENCES for FOSTER PARENT 2:

Please list the name, address and phone number of four (4) individuals (one may be a relative) who have known you for at least two (2) years. Please vary the nature of your references, including those from church, employment relationships, business, and social.

Name (First & Last)	Relationship	Contact Number

HEALTH STATUS: If any household member is currently or has been under the care of a physician, clinician, counselor, or therapist please indicate below.

Full Name (First, Middle, Last)	Service	Diagnosis	Onset Date	Completion or End of Services
	Medication <input type="checkbox"/> Therapy <input type="checkbox"/> Counseling <input type="checkbox"/> -----			Date: <input type="checkbox"/> N/a <input type="checkbox"/>
	Medication <input type="checkbox"/> Therapy <input type="checkbox"/> Counseling <input type="checkbox"/> -----			Date: <input type="checkbox"/> N/a <input type="checkbox"/>
	Medication <input type="checkbox"/> Therapy <input type="checkbox"/> Counseling <input type="checkbox"/> -----			Date: <input type="checkbox"/> N/a <input type="checkbox"/>

If additional space is needed, please use separate sheet.

Has either Foster Parent ever:

·Applied to another agency to become a foster parent or to adopt a child? **Yes No**

If yes, was your application accepted? **Yes No**

If your application was not accepted, please explain why below:

·Been licensed with another agency? **Yes No**

·Adopted through another agency? **Yes No**

·Been a house parent or worked in a residential treatment facility either as an employee or volunteer? **Yes No**

If yes, as an Employee/ start date: _____ end date: _____
or as a Volunteer?

·Have you ever been denied an initial or a renewal foster care license? **Yes No**

·Have you ever been denied permission to adopt a child? **Yes No**

If you answered NO to all the above, skip this section and continue at Personal Reference section.

If you answered YES to any of the above, you must complete the information requested below (begin with the most current agency).

1- Name of Agency: _____

Address: _____

Phone Number: _____

Provided Care for:

Number of Children: _____

Age Range: _____

Gender: Male Female Both

Describe your experiences:

Reason for leaving:

Date Started: _____

Date Left: _____

2- Name of Agency: _____
Address: _____
Phone Number: _____

Provided Care for:

Number of Children: _____
Age Range: _____
Gender: Male Female Both

Describe your experiences:

Reason for leaving:

Date Started: _____ Date Left: _____

3- Name of Agency: _____
Address: _____
Phone Number: _____

Provided Care for:

Number of Children: _____
Age Range: _____
Gender: Male Female Both

Describe your experiences:

Reason for leaving:

Date Started: _____ Date Left: _____

If additional entries are needed, please use a separate sheet.

DEMOGRAPHICS OF CHILDREN CONSIDERING TO FOSTER:

Please complete the "child preference form" attached.

PLEASE READ BEFORE SIGNING:

I (we) certify that all information provided on this application is true and complete to the best of my (our) knowledge and that I (we) have withheld nothing that, if disclosed, would alter the integrity of this application.

I (we) authorize CHFC to obtain any information that would assist in the evaluation of my (our) application to participate in the foster care program to include exchange of information with Texas Department of Family and Protective Services (DFPS), other agencies, other professionals, references, and employers.

I (we) authorize previous employers, schools, persons listed as references, Texas Department of Family and Protective Services (DFPS) and previous agencies to give any information regarding employment, educational or foster care record. I agree that Caring Hearts for Children (CHFC), my previous employers and previous/current agencies will not be held liable in any respect if a subcontract offer is not extended, or is withdrawn, or a subcontract is terminated because of false statements, omissions, or answers made by myself (us) on this application. In the event of any subcontract with CHFC, I will comply with all rules and regulations as set by CHFC in any communication distributed to the foster parents.

I (we) understand as a part of CHFC's licensing process, additional personal information will be required from me (us) by assigned CHFC personnel.

REQUIRED SIGNATURES:

Foster Parent 1

Date

Foster Parent 2

Date

CHFC Staff

Date