



A Beyond Shelter Foster Parent/Host Home Application

A Beyond Shelter requires every prospective foster parent to thoroughly complete an application. Information presented in this application will be used throughout the Home Study/Inspection process to assist in screening before the licensing of candidates.

A Beyond Shelter's licensing process includes a criminal history background check for **ALL adult occupants of the home**. It is the obligation of all state contracted agencies to determine if an applicant has ever committed an act of abuse, neglect, exploitation, misappropriation, or misconduct.

A Beyond Shelter does not discriminate based on age, race, religion, gender, sexual orientation or marital status.

PLEASE COMPLETE AND RETURN TO A BEYOND SHELTER VIA EMAIL OR FAX

EMAIL: ABeyondShelter@gmail.com

FAX: 281-656-8322

First Name: _____ Last Name _____ Middle _____

Phone # _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide any Nicknames or Aliases

Spouse/Co-Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide any Nicknames or Aliases

List all previous addresses within the last FIVE years:

Move in Date MM/YY	Move Out Date MM/YY	Street Address, City, State, Zip Code

Please list those persons other than yourself who reside or visit your home whether temporary or permanent i.e. college student, father or mother of children etc.

Name	Age	Relationship

(SOCIAL MEDIA)

Any other Personal and Professional Emails: _____

Personal and Professional Websites: _____

(Include Face Book, IG, Twitter, blogs etc.) _____

(IDENTIFICATION)

Valid Driver's License or ID # _____ Social Security# - -

Gender

- Male
- Female
- Gender that you identify with _____

DOB _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Language other than English _____

Ethnicity

- Black
- White
- Hispanic
- Asian

- Not named above _____
- More than one race _____

Education

Degree (Name) _____

High School Diploma or GED (Year) _____

If none of the above, please explain so that we may provide you with a proficiency test

(CITIZENSHIP)

Are you a United States citizen? Yes No
If no, please answer questions A & D.

A. How long have you lived in the United States? _____

B. In what country does your citizenship reside? _____

C. How long do you plan to live in the United States? _____

D. Do you have a Green Card? Yes No
If no, what are your plans, if any, for applying for U.S. citizenship? Please explain.

(EMPLOYMENT)

Primary Caregiver Applicant #1

Spouse or Co-Applicant #2

Occupation	Occupation
Employer	Employer
Employer Address	Employer Address
Work Phone	Work Phone
Days Per Week	Days Per Week
Total Hours Per Week	Total Hours Per Week

Can you receive calls at work?

Yes

No

(PRIOR EXPERIENCE/APPLICATIONS)

Have you provided or applied to provide foster care before?

Yes

No

If "Yes", what agencies did you work with? (Please provide name, address, and telephone number and when). _____

(MARITAL STATUS)

E. Are you currently married? Yes No

F. If married, how long have you been married? _____

G. If not married, are you in a committed relationship? Yes No

H. If in a committed relationship, how long? _____

Any other types of relationships that might or might not be of significance to a client placed in your home, please explain and describe frequency:

(CRIMINAL HISTORY)

For any “yes” answers, please see (blank page 9) to add a detailed explanation in writing.

- Y N Have you ever been convicted of a felony or misdemeanor?
- Y N Have you ever been charged with any sexual offenses, offense relating to children, or crime of violence?
- Y N Have you ever been reported to any organization or registry for abuse or misconduct involving children?
- Y N Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body, for violence, sexual misconduct, or misconduct involving children?
- Y N Have you ever been disciplined or dismissed from any volunteer position or employment for any reason or following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?
- Y N Have you ever been reprimanded, or asked to leave your membership in an organization in which you were volunteering?
- Y N Have you ever been subject of a complaint or disciplinary proceeding against any professional license or professional affiliation held by you?

(SAFETY)

1. Do You have any weapons/firearms in the home? Yes No
2. If yes how many and what type? _____
3. Do you keep your weapons/firearms locked away? Where do you store your weapons/firearms?

4. Do you lock your ammunition away separately? Yes No

(RELIGION)

1. Do your religious beliefs prohibit certain medical treatment? Yes No

If yes, explain:

3. Would you object to a client celebrating holidays of their own religious beliefs? Yes No

If yes, explain:

(CARE KNOWLEDGE)

1. Describe any experience you have working with children and or special needs persons of any age.

2. Do you have any reservations or “deal breakers” when asking to accommodate a client’s needs i.e.: incontinent, injections etc.?

(PETS)

1. Do you have any pets? Yes No
2. If Yes, are they vaccinated, and can you show proof? Yes No

Please list quantity, species, and age _____

(EMOTIONAL AND MENTAL HEALTH)

1. Have you experienced any significant or emotional stresses within the past year?

(PHYSICAL HEALTH)

Do you consider yourself...

Very Healthy Healthy Somewhat Healthy Un-Healthy

Abiding by the ADA (American Disabilities Act) We do not require any specific disclosure of medical or mental issues. Are there any health issues that would prohibit or inhibit your care for a client?

Yes No

If Yes, please explain: _____

Do you currently SMOKE? Yes No

Do you currently DRINK BEER OR ALCOHOL? Yes No

If yes, please describe frequency _____

Name Printed: _____ Signature: _____

Name Printed: _____ Signature: _____

Date _____

ADDITIONAL DOCUMENTATION PAGE