



FOSTER FAMILY APPLICATION

Please include 2 or 3 snapshots of your family and the front of your home.

Date of Application _____

A. IDENTIFYING DATA

Applicant #1	Applicant #2
Last Name:	Last Name:
First Name:	First Name:
Maiden Name (if applicable):	Maiden Name (if applicable):
Mailing Address: Physical Address (if applicable): City: State: Zip Code: County:	Mailing Address: Physical Address (if applicable): City: State: Zip Code: County:
Home Phone: Business Phone: Cell Phone: Email Address:	Home Phone: Business Phone: Cell Phone: Email Address:
Years Married (if applicable):	Years Married (if applicable):

B. PERSONAL DATA

Applicant 1 Name		Applicant 2 Name
	Height/Weight	
	Hair/Eye Color	
	Birthdate/Birthplace	
	Ethnic Background	
	Indian Tribe <i>(if applicable)</i>	
	Military Experience	
	Occupation	

	Social Security Number	
	Citizenship/Legal Alien Status	

Have either of you ever been convicted of or received deferred adjudication for a crime other than a minor traffic ticket, to include crimes against the person, crimes against the family, and/or public indecency to a child? If yes, explain:

Have either of you ever had a finding of Reason to Believe for any type of abuse of a child that meets a preponderance of the evidence standard? If yes, explain:

C. MARITAL HISTORY

1. Date of your present marriage.

2. Name of city and county where married.

3. Have you ever been separated? When.

4. Previous marriages (if any):

Applicant 1		Applicant 2
	Name of Former Spouse	
	Length of Marriage	
	Why Marriage Ended	

D. CHILDREN IN HOUSEHOLD

Name	Date of Birth	Sex	Race	Biological/Adoptive <i>(if adopted, date of adoption)</i>

E. CHILDREN LIVING OUTSIDE OF YOUR HOME (ALL AGES)

Name	Date of Birth	Biological/Adopted	Address/Phone #

Are there any others living in your household, either full or part time, that have not been listed? Yes No

If so, please give their name, how long they have been living there, and how long you expect them to remain.

Name	How Long	Will Remain Until

F. EDUCATION

Applicant 1		Applicant 2
	Number of School Years	
	Certificates/Diplomas/ Degrees/Licensures	
	Area of Study	
	Where Studied	
	Date Graduated	

G. EMPLOYMENT

Applicant 1		Applicant 2
	Employer	
	Address	

	When Employed	
	Annual Salary	
	Previous Job (if under 3 years)	

H. HOUSING

Own Rent

House Bedrooms: _____ Bathrooms: _____

Apt. /Townhome Bedrooms: _____ Bathrooms: _____

Mobile Home Bedrooms: _____ Bathrooms: _____

Yard: Small Medium Large None

If yard, fenced? Yes No

Pool: Yes No

If Pool, fenced? Yes No

1. Describe neighborhood: _____

2. Schools in Area: Elementary: _____

 Middle School: _____

 High School: _____

3. Nearest Hospital: _____

4. Will child share room? Yes No

 With whom? _____

5. Do you have transportation at all times? Yes No

6. Would you allow inspections by Fire and Health authorities? Yes No

7. **Floor Plan of House.** Pleas attach a sketch and give dimensions, use of rooms and who sleeps where.

I. REFERENCES

Please list names, addresses and telephone numbers of two (2) relatives who will always know how to get in touch with you.

NAME	ADDRESS	TELEPHONE NUMBER

Please list the names, addresses and telephones numbers of four (4) references (other than relatives):

1. Name:
Address:
Phone Number:

2. Name:
Address:
Phone Number:

3. Name:
Address:
Phone Number:

4. Name:
Address:
Phone Number:

J. RANGE PREFERENCE *

1. Age: 0-1 1-6 6-13 13-18

2. MEDICAL/BEHAVIORAL:

- | | |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Medical Needs-Minor | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Mild Behavioral Problems | <input type="checkbox"/> Moderate Behavioral Problems |
| <input type="checkbox"/> Severe Behavioral Problems | <input type="checkbox"/> Autism Spectrum Disorder |

3. SEX: Female Male Both

****Foster parents must be open to children of any racial or ethnic background.***

K. ADDITIONAL INFORMATION

1. Have you been treated for any serious or chronic physical (including infertility) or emotional problems?
 Yes No (If yes, please explain-include date(s) of therapy or treatment)

2. Have you been foster or adoptive parents before? If so, when, where and for whom?

3. Have you ever had a home screening/study conducted? If so, when, for what purpose (foster care or adoption)? Was the home screening/study approved?

4. Why do you wish to be a foster parent?

5. Do you speak any foreign languages? Which?

IMPORTANT (Please read the following carefully before signing this document)

The information given on this application is true and complete to the best of my/our knowledge and belief and I/we understand that any misrepresentation of information will be cause for rejection of this application and will terminate my/our relationship with Harbor of Hope.

Harbor or Hope maintains confidentiality of all information given. At no times will your file be released to any other agency beyond our own without prior written permission within the limits of Texas law.

This document will be reviewed by representatives of the Texas Department of Protective and Regulatory Services during scheduled program and licensing/contract reviews/audits.

Signature of Applicant #1: _____ Date: _____

Signature of Applicant #2: _____ Date: _____

For office use only:

Application Reviewed By:

Date Reviewed: