

History of Residence for Past Ten (10) Years for all applicants:

Address	City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Marriage (previous name(s), date(s) of marriage(s), termination(s), reasons for termination) for all applicants:

(Please attach copy of divorce decree (s))

BIOLOGICAL, ADOPTED, & FOSTER CHILDREN

Please write in addresses for all children living in and out of the home including adult children.

For all foster children please write the caseworkers name, phone number, and email in fields.

Child Name	DOB	Belongs To	Residence/Address	Phone	Email and/or Student
		<input type="checkbox"/> Applicant <input type="checkbox"/> Adopted <input type="checkbox"/> Foster	<input type="checkbox"/> In Applicant Home _____ _____		
		<input type="checkbox"/> Applicant <input type="checkbox"/> Adopted <input type="checkbox"/> Foster	<input type="checkbox"/> In Applicant Home _____ _____		
		<input type="checkbox"/> Applicant <input type="checkbox"/> Adopted <input type="checkbox"/> Foster	<input type="checkbox"/> In Applicant Home _____ _____		
		<input type="checkbox"/> Applicant <input type="checkbox"/> Adopted <input type="checkbox"/> Foster	<input type="checkbox"/> In Applicant Home _____ _____		
		<input type="checkbox"/> Applicant <input type="checkbox"/> Adopted <input type="checkbox"/> Foster	<input type="checkbox"/> In Applicant Home _____ _____		
		<input type="checkbox"/> Applicant <input type="checkbox"/> Adopted <input type="checkbox"/> Foster	<input type="checkbox"/> In Applicant Home _____ _____		
		<input type="checkbox"/> Applicant <input type="checkbox"/> Adopted <input type="checkbox"/> Foster	<input type="checkbox"/> In Applicant Home _____ _____		
		<input type="checkbox"/> Applicant <input type="checkbox"/> Adopted <input type="checkbox"/> Foster	<input type="checkbox"/> In Applicant Home _____ _____		

Other Household Members:

NAME	DOB	PHONE	EMAIL

EMPLOYMENT AND INCOME:

** Attach a copy of Adult #1's pay stub for the past 3 months or W-2 to the completed application.

Adult #1

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

IMMEDIATE SUPERVISOR: _____

PERMISSION TO CONTACT EMPLOYER: YES _____ NO _____

BEGINNING DATE: _____ MONTHLY SALARY: _____

WORK SCHEDULE: _____

Please list employment history for the past five years if at present job less than 5 years. Please provide Company Name, Address, Phone, and length of employment.

EDUCATION:

Adult #1: HIGHEST LEVEL OF EDUCATION: _____ (Attach Evidence)

EMPLOYMENT AND INCOME:

** Attach a copy of Adult #1's pay stub for the past 3 months or W-2 to the completed application.

Adult #2

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

IMMEDIATE SUPERVISOR: _____

PERMISSION TO CONTACT EMPLOYER: YES _____ NO _____

BEGINNING DATE: _____ MONTHLY SALARY: _____

WORK SCHEDULE: _____

Please list employment history for the past five years if at present job less than 5 years. Please provide Company Name, Address, Phone, and length of employment.

EDUCATION:

Adult #2: HIGHEST LEVEL OF EDUCATION: _____ (Attach Evidence)

HOUSEHOLD BUDGET

MONTHLY INCOME	SOURCE	AMOUNT
APPLICANT 1		
1.		
2.		
3.		
4.		
APPLICANT 2		
1.		
2.		
3.		
4.		
	TOTAL:	
MONTHLY EXPENSES		
RENT/MORTGAGE		
CAR NOTE & INSURANCE		
LIFE INSURANCE		
UTILITIES		
GROCERIES		
CREDIT CARDS		
OTHER BILLS		
ENTERTAINMENT		
CLOTHING		
TELEPHONE		
MISC.		
TOTAL		
	DIFFERENCE:	

RELEVANT HISTORY:

All Applicants:

Have you or any adult living in your home ever applied to any other agency to be a foster-adopt parent?
 Yes No

Name of agency: _____ Date: _____

Address: _____

Have you or any adult living in your home ever been denied a foster-adopt home license or license renewal? Yes No

If yes, explain: _____

Is your home currently licensed, regulated, approved, or operated by any other agency?
Yes No If yes, Name of Agency: _____

Has either applicant ever been arrested or convicted of a felony or misdemeanor? Yes No

If yes, explain: _____

Has either applicant ever been reported for abuse or neglect of a child or children? Yes No

If yes, explain: _____

Has either applicant been convicted of child abuse or neglect Yes No

If yes, explain: _____

Assessment

Are you licensed through the State of Texas to provide in-home daycare services (not fostering)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently providing in-home babysitting services to anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to provide babysitting/respite for children in care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What age range of children are you looking to foster and/or adopt?	<input type="checkbox"/> 0-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> All ages
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
Number of Children:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Are you open to sibling groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Services your family is willing to work with?	<input type="checkbox"/> Primary Medical Needs <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Emotional Disorders
Do you receive any government assistance (SSDI, SSI, TANF, Food Stamps, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have adequate transportation for all household members, transportation safety gear, agree to maintain a valid Driver's license and valid liability auto insurance on all vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Both Adults:

Military Service? Yes No If yes: Branch _____ Discharge Type & Date _____

Do you own or keep any pets in your home? Yes No If yes, please provide current pet record and vaccinations.

Does your home have a trampoline? Yes No

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home? Yes No If yes, please complete the Weapons Safety form.

Does your home have a swimming pool or hot tub? If so, it is gated? Yes No If yes, please complete the Water Safety form.

Has anyone in your household had difficulties in the following areas?

Disorder/disease of the heart, lungs liver, pancreas, colon, back, bones, muscles or joints, digestive system, urinary tract, kidneys, reproductive system/infertility, immune disorder, AIDS, ACR or chronic lung disorder, stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis, or birth defect, mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction, diabetes, high blood pressure?

Yes No

Has any one been advised to have or contemplated having diagnostic tests, treatment(s) (including medications), counseling or hospitalization for any condition not already mentioned or is any one totally or partially disabled? Yes No

Please provide details for any "Yes" answers as follows:

	<u>Name</u>	<u>Condition &Diagnosis</u>	<u>Dates</u>	<u>Treatment/Meds & Results</u>
1.	_____			
2.	_____			

Please list any other known serious illnesses, handicaps, chronic conditions or emotional problems, past or present for all persons living in the home.

References					
Type	Name	Relationship	Address	Phone	Email
Related					
Unrelated					
Community					

Neighbor					
Family Friend					
Other					

How did you hear about us? _____

ADDITIONAL PAPERWORK: (ALL DOCUMENT MUST BE RETURNED WITH APPLICATION)

- 1) Please attach a floor plan of your home indicating the purpose of each room (e.g. bedroom for children, bedroom for foster-adopt parents, etc.) and the dimensions of each room. (The floor plan does not have to be to scale.) Note the locations of smoke alarms, fire extinguishers and any other safety measures.
- 2) Please attach copies of driver’s license(s) and vehicle insurance with expiration date.

Note: All other documentation, such as health and fire inspections, TB test, etc. will be requested later.

Authorization: Submission of this signed application signifies that Applicant(s) authorize HOUSTON STRONG to obtain a copy of any pertinent information related to this application and to verify any references, rental history, employment history, criminal history, or any other information related to this application.

I hereby declare that the information provided by me in this application to become a foster-adopt parent is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified and 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 agencies, employers, companies, friends, or family members to be contacted.

Adult #1

Date

Adult #2

Date

DATE OF APPLICATION RECEIVED: _____

Please send completed application to:
HOUSTON STRONG CHILDREN SERVICES
ADDRESS: P.O. Box 6747 Katy, Tx 77449
PHONE: 713-443-5993 OR FAX: 832-218-8857
EMAIL: intake@houstonstrongcpa.org