



FOSTER PARENT APPLICATION

Date: _____ Who referred you? _____

Do **NOT** leave blank spaces. Each applicant must complete a separate form.

IDENTIFYING INFORMATION (Please type or print legibly)

Applicant #1

Name: _____
Last First Middle Maiden

List all previous names: _____ Email: _____

Hm: _____ Wk: _____ Cell: _____ Fax: _____

Applicant #2 (Spouse)

Name: _____
Last First Middle Maiden

List all previous names: _____ Email: _____

Hm: _____ Wk: _____ Cell: _____ Fax: _____

Home Address: _____ City _____ Zip _____

How long have you lived at current address? (mos./yrs) _____ If less than 10 years, list addresses for past 10 years.

Mailing Address (if different from above): _____

County: _____ School District: _____

MARITAL INFORMATION

Married Status: _____ Note: *If you are married, both you and your spouse must apply together. And you must attach a copy of your marriage license.*

Married Single Separated Divorced Widowed

Date of Marriage: _____ Place of Marriage: _____

_____ City State County

List all of the Applicant #1's previous marriages (If more than three, use a separate sheet of paper). *Attach a copy of each divorce decree or death certificate.*

<i>Name of Previous Spouse</i>	<i>Dates of Marriage (From-to)</i>	<i>How the Marriage Ended</i>	<i>Recording of Divorce/Death (County and State)</i>
		Divorce <input type="checkbox"/> Death <input type="checkbox"/>	
		Divorce <input type="checkbox"/> Death <input type="checkbox"/>	
		Divorce <input type="checkbox"/> Death <input type="checkbox"/>	

List all of the Applicant #2's previous marriages (If more than three, use a separate sheet of paper). *Attach a copy of each divorce decree or death certificate.*

<i>Name of Previous Spouse</i>	<i>Dates of Marriage (From-to)</i>	<i>How the Marriage Ended</i>	<i>Recording of Divorce/Death (County and State)</i>
		Divorce <input type="checkbox"/> Death <input type="checkbox"/>	
		Divorce <input type="checkbox"/> Death <input type="checkbox"/>	
		Divorce <input type="checkbox"/> Death <input type="checkbox"/>	

PERSONAL INFORMATION

Please provide the following personal information about you and your spouse

	APPLICANT #1	APPLICANT #2
Date of Birth		
Place of Birth (City, State)		
Citizenship-Are you a U. S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" where is your citizenship?	_____	_____
Are you a Permanent Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", how long:	_____ Years _____ Months	_____ Years _____ Months

	APPLICANT #1	APPLICANT #2
Social Security Number		
Driver's License Number (Include State)		
How long have you lived in Texas?	_____ Years _____ Months (If less than three years, give the name of the state you moved from _____)	_____ Years _____ Months (If less than three years, give the name of the state you moved from _____)
List all cities in Texas where you have lived		
Racial or Ethnic Background?		
What Languages do you speak?		
Physical/Mental Health: List all disabilities, serious illness, operations, chronic conditions you have experienced in the past 10 yrs. AND all psychological and/or psychiatric treatment you have ever had, and all medications you've taken for any mental health diagnosis.		
Do you own any firearms or projectiles?		

CURRENT EMPLOYMENT

APPLICANT #1	APPLICANT #2
Occupation:	Occupation:
Employer:	Employer:
Employer Address(Street/P.O. Box, City, State, Zip)	Employer Address(Street/P.O. Box, City, State, Zip)
Employment Date:	Employment Date:
Health Insurance provided? Yes [] No [] If "yes", what company?	Health Insurance provided? Yes [] No [] If "yes", what company?
Daily work schedule: From:_____ To_____	Daily work schedule: From:_____ To_____
Days per Week:_____ Total Hours per Week: _____	Days per Week:_____ Total Hours per Week: _____

EDUCATION

Please provide the following educational information:

<i>Please provide verification of the highest level of education achieved.</i>	APPLICANT #1	APPLICANT #2
<p>Did you graduate from high school?</p> <p>If you graduated give the date and place of graduation. (Include name of school, city and state where located)</p> <p>If you dropped out of high school, have you obtained a G.E.D.?</p>	<p>Yes [] No []</p> <p>Date: _____</p> <p>Place: _____</p> <p>_____</p> <p>Yes [] No []</p>	<p>Yes [] No []</p> <p>Date: _____</p> <p>Place: _____</p> <p>_____</p> <p>Yes [] No []</p>
<p>Do you have a college degree?</p> <p>If “yes”, degree earned (check all degree programs that apply).</p> <p>What was your major field(s) of study?</p> <p>If you attended college, but did not obtain a degree, how many credit hours of college do you have?</p>	<p>Yes [] No []</p> <p>Associate [] Bachelor [] Masters [] Doctorate []</p> <p>_____</p> <p>Credit Hours: _____</p>	<p>Yes [] No []</p> <p>Associate [] Bachelor [] Masters [] Doctorate []</p> <p>_____</p> <p>Credit Hours: _____</p>
<p>Please describe other educational experiences, licenses, certifications, etc...</p>		

REFERENCE INFORMATION

NOTE: PLEASE PROVIDE COMPLETE INFORMATION, INCLUDING NAILING ADDRESS

List Two Related References (If married list one from each side of the family)

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP	YEARS KNOWN

List Two Non-Related References for Each Applicant

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP	YEARS KNOWN

INTEREST: TYPE OF CHILDREN

Describe the type of child/children that you are interested in providing foster care services.

Preferred Number: _____	Preferred Sex: Boy [] Girl [] Either []	Preferred Age Range: From:_____ To:_____	Preferred Race/Ethnicities (Check those that apply) Anglo [] Asian [] African American [] Native American [] African [] Hispanic [] Other _____
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Using your family’s abilities and strengths, which children are you most qualified and able to help based on the list of special needs listed below?

Adopted Previously []	History of fire Setting []	HIV Positive/AIDS []	Developmentally Delayed []
ADD/ADHD []	Assaultive Behavior []	Enuresis/Encopresis []	Failure to Thrive []
Alcohol Abuse []	Gang Activity/Affiliation []	Vision Impaired []	Learning Disability []
Drug Abuse []	Sexual Acting Out []	Hearing Impaired []	Emotionally Delayed []
Self Abuse []	Other Behavior Problems, Conduct Disorder or Oppositional []	Mobility Impaired []	Limited English Proficiency []
Infant Alcohol Addiction []	Runaway []	Other Physical Impairment []	Teen Parent []
Infant Drug Addiction []	Sexually Transmitted Diseases []	Speech Disabled []	Pregnant []
History of Animal Cruelty []		Mentally Challenged []	Sibling Group []

OTHER HOUSEHOLD MEMBERS

List all other members of your household. (If more space is needed, use another sheet of paper)

NAME	SEX	RELATIONSHIP	DATE OF BIRTH	IDENTIFICATION NUMBERS
				Social Security: _____ Driver’s License: _____
				Social Security: _____ Driver’s License: _____
				Social Security: _____ Driver’s License: _____
				Social Security: _____ Driver’s License: _____

Has anyone listed above ever been diagnosed with a serious illness, disability, chronic problem, or an emotional or nervous condition? [] Yes [] No

If “Yes”, explain who has the condition, describe the condition and how it affects the individual. Please provide details related to any medical treatment or counseling this individual has received. This information should include the name address, and phone number of the person treating the condition, as well as the dates of service. (Use additional paper, if needed).

CHILDREN LIVING OUTSIDE THE HOUSEHOLD

List the names of any of your children or spouse’s children who live outside your household. Include children who are now adults. (Note: *The agency will contact your adult children as references. You must provide sufficient information for us to contact them.*)

Name	Sex	Age	Address	Telephone	Child of Applicant #1	Child of Applicant #2

CURRENT PLACEMENT INFORMATION

(Answer the questions in this section if you are a foster parent with another agency and want to transfer to The Grandberry Intervention Foundation, Inc.)

How many children are you verified to serve through your present agency? _____

Please provide the names of the children currently placed with you and the names, addresses, and phone numbers of their caseworkers.

Child’s Name	Date of Birth	Caseworker’s Name	Address	Phone Number

CHURCH MEMBERSHIP INFORMATION

Name of the church your family attends: _____

Denomination: _____ Reference Name: _____

Address of the church you attend: _____

Mailing address if different from above: _____

Church Telephone Number: _____ Church Fax Number: _____

CHILD TRANSPORTATION

Transporting foster children to and from appointments is an important task for foster parents. Will you agree to transport children to appointments (i.e., counseling sessions, doctor visits, school meetings, and visits with parents (if appropriate), etc.? Yes No

If “Yes”, how will you transport children? _____

Are child safety seat and seat belts available in the vehicle? Yes No N/A

If “No”, or “N/A”, how will you transport children safely? _____

VEHICLE INSURANC INFORMATION

All families are required to maintain liability insurance coverage on the vehicle used to transport foster children. *(You must provide the agency with a copy of your insurance card or other verification that you have liability insurance coverage.)*

Do you currently have liability insurance coverage for your vehicle? Yes No

If you currently have liability insurance coverage, please provide verification, and the following information:

Company Name: _____

Address: _____

Phone Number: _____

FINANCIAL INFORMATION

Monthly Income (*Note: Please attach verification of your income, i.e. pay stubs, etc.*)

Applicant #1's Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	Gross \$	Net \$
Applicant #2's Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	Gross \$	Net \$
All Other Household Income Source: <input type="checkbox"/> Rental Income <input type="checkbox"/> Dividends <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> <input type="checkbox"/> Adoption Assistance <input type="checkbox"/> Foster Care Reimbursement, etc. <input type="checkbox"/> Other Please Explain _____ _____	Gross \$	Net \$

TOTAL MONTHLY INCOME \$ _____

Household Monthly Expenses

(*Note: Please attach verification of your expense, i.e. mortgage statement, rental agreement, etc.*)

- House/Rent Payments _____
- Payments for Other Real Property _____
- Automobile Payments _____
- Automobile Insurance _____
- Gasoline and Auto Maintenance _____
- Telephone (Home and Cell) _____
- Child Care _____
- Child Support Payments _____
- Groceries and Household Supplies _____
- Utilities (gas, electricity, water, cable, etc.) _____
- Medical & Dental Care _____
- Clothing _____
- Recreation and Entertainment _____
- Other Debts/Expenses _____ Please Specify _____
- TOTAL MONTHLY EXPENSES** \$ _____

Does your family have medical insurance? Yes [] No [] Company _____

Do you and/or your spouse have life Insurance? Yes [] No [] Company _____

Amount(s) _____

Have you declared bankruptcy in the past year? Yes [] No []

If yes, please explain:

FLOOR PLAN

Please draw a sketch of your home on this page and show how each room is used (i.e., bedroom, family room, etc.). Please specify which rooms will be used for foster children. Show measurements of all rooms. Room measurements should be shown as the length and width of each room (i.e., foster child's bedroom 10'X12').

FOSTER CARE/CHILD CARE OR CHILD PLACEMENT INVOLVEMENT

Have you provided or applied to provide foster care at any time in the past? Yes [] No []

Have you ever worked at or lived at a child care facility of any kind in the past? Yes [] No []

If you answered “yes”, to either of the above questions, please list the names, addresses, phone numbers, and dates of service where you have ever served or applied to serve in any capacity at all child-care agencies or child-placing agencies. Please begin with your current agency.

This section must be completed by all individuals or families to whom it applies (*especially by foster parents that want to transfer from another agency to The Grandberry Intervention Foundation, Inc.*).

Agency Name	Address	Phone Number	Dates of Service

In the past, has a home study ever been conducted on your family for any reason? Yes [] No []

If you answered “yes” please provide the Grandberry Intervention Foundation with the name, address, and telephone number of the agency who completed the home study.

If you answered “yes” to the preceding questions, may The Grandberry Intervention Foundation contact the agency with which you were involved? Yes [] No []

BACKGROUND CHECKS

The Texas Department of Family and Protective Services checks criminal history files of the Texas Department of Public Safety and the Federal Bureau of Investigation, and may check criminal history files with local law enforcement agencies. The Grandberry Intervention Foundation staff will also check driving records for all household members with a driver’s license.

Have you or any member of your household ever been arrested, charged, indicted or convicted of any criminal offense? This includes all offenses occurring in any location (city, county/parish, state). It also includes offenses that you think have been expunged from your record, and it includes information regarding deferred adjudications. Yes [] No []

If you answered this question “yes”, please complete the section on the next page.

If yes, explain (*Name of person, describe incident, resolution, etc...*):

The Texas Department of Family and Protective Services will check its data base for files to determine whether anyone in your household, age 14 or older have been reported for child abuse or neglect.

Have you or any member of your household ever been investigated for child abuse or neglect? Yes [] No []

If yes, explain:

My/Our signature(s) shown below verifies that to the best of my/our knowledge the information I/We have provided as it relates to any and all questions in this form are true and correct. I/We understand that if any of the information is found to be inaccurate or untrue that I/We will not be allowed to continue the verification process. I also understand that further information may be requested, which will be subject to these same conditions. I/We indicate by the signature(s) below that it is understood that The Grandberry Intervention Foundation will contact various parties to verify the information provided. I/We give The Grandberry Intervention Foundation, Inc. consent to contact those parties.

Applicant #1

Date

Applicant #2

Date