



**APPLICATION FOR PROSPECTIVE
FOSTER/ADOPTIVE PARENT**

DATE OF APPLICATION: _____

Requirements for Foster/Adoptive Applicants:

- At least 21 years old
- Single or Married. If married, both husband and wife must complete the process to become verified.
- Minimum Income: \$10,000/single applicants - \$15,000/couple (add \$3000 per child living in the home) – Expenses must not exceed income.
- Current Texas Driver's License & auto insurance.
- Homeowners/renters insurance with Liability policy.
- High School Diploma or GED

Directions To Home: _____

List all adults and children living in home:

LEGAL NAME (Parent #1): _____
Last, First, Middle

ADDRESS: _____
street address

city, state, zip, county

CONTACT: Home: _____ Work: _____

Cell: _____ Email: _____

DATE OF BIRTH: _____ **Place:** _____

MARITAL STATUS: _____ **Date:** _____

(Submit copy of marriage license)

Driver's License # _____

RACE: _____ **RELIGIOUS PREFERENCE:** _____

(Parent #1 continued)

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

_____ (Submit copy of divorce decree(s))

Are you involved or associated with a religious or community organization or other association? (i.e. church, club, group, etc.) If yes, which one? (List additional on separate page.)

Name: _____
website phone number
Name: _____
website phone number
Name: _____
website phone number

History of Residence for Past Ten (10) Years: (we cannot process your application without complete addresses including zipcode and county)

Address	City	County	State	Zip	Dates of Residence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMPLOYMENT AND INCOME Parent #1:

** Copy of recent pay stubs and/or W-2 verifying current income must be submitted before approval.

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ PERMISSION TO CONTACT EMPLOYER:
YES _____ NO _____

IMMEDIATE SUPERVISOR: _____

BEGINNING DATE: _____ MONTHLY SALARY: _____

WORK SCHEDULE: _____

EDUCATION Parent #1:

HIGHEST LEVEL OF EDUCATION: _____ (Submit Evidence)

Legal Name of Spouse (Parent #2): _____
Last, First, Middle

PHONE: Home: _____ Work: _____
Cell: _____ Email: _____

DATE OF BIRTH: _____ **Place:** _____

MARITAL STATUS: _____ **Date:** _____

DL # _____

RACE: _____ **RELIGIOUS PREFERENCE:** _____

Are you involved or associated with a religious or community organization or other association? (i.e. church, club, group, etc.) If yes, which one? (List additional on separate page.)

Name: _____ website _____ phone number _____
Name: _____ website _____ phone number _____
Name: _____ website _____ phone number _____

History of Residence for Past Ten (10) Years: (we cannot process your application without complete addresses including zipcode and county)

Address	City	County	State	Zip	Dates of Residence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

_____ (Submit copy of divorce decree(s))

EMPLOYMENT AND INCOME Parent #2:
** Copy of recent pay stubs and/or W-2 verifying current income must be submitted before approval.

EMPLOYER: _____
ADDRESS: _____
PHONE: _____
IMMEDIATE SUPERVISOR: _____

(Parent #2 continued)

PERMISSION TO CONTACT EMPLOYER: YES _____ NO _____

BEGINNING DATE: _____ MONTHLY SALARY: _____

WORK SCHEDULE: _____

EDUCATION Parent 2:

HIGHEST LEVEL OF EDUCATION: _____ (Submit Evidence)



TOTAL MONTHLY HOUSEHOLD INCOME:

SOURCE: _____ AMOUNT: _____

SOURCE: _____ AMOUNT: _____

SOURCE: _____ AMOUNT: _____

SOURCE: _____ AMOUNT: _____

SOURCE: _____ AMOUNT: _____

TOTAL: _____

TOTAL MONTHLY EXPENSES: BUDGET

BUDGET ITEM	AMOUNT ALLOTTED
RENT/MORTGAGE	
CAR PAYMENT AND INSURANCE	
UTILITIES	
GROCERIES	
CREDIT CARDS	
OTHER BILLS	
ENTERTAINMENT	
CLOTHING	
MISC.	
ASSETS	
LIABILITIES	
TOTAL	

Authorization: Submission of this signed application signifies that Applicant and Applicant’s Spouse authorize Family Link to obtain a copy of any consumer or credit report related to this application and to verify any rental history, employment history, or any other information related to this application.

Information on Children currently living in the home:

(Children over age 14 will require a background check)

Name	DOB	Relation (Biological, step, adoptive, etc)	Check if over age 14
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Children not living in the home:

CHILDREN: AGE: RESIDENCE: PHONE & EMAIL ADDRESS:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELEVANT HISTORY:

Parent #1:

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

Name of agency: _____ Date: _____

Address: _____

- Have you or any adult living in your home ever been denied foster care 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: _____

- Have you ever been arrested or convicted of a felony or misdemeanor? Yes No

If yes, explain: _____

- Have you ever been reported for abuse or neglect of a child or children? Yes No

If yes, explain: _____

- Have you ever been convicted of child abuse or neglect? Yes No

If yes, explain: _____

Parent #2:

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

Name of agency: _____ Date: _____

Address: _____

- Have you or any adult living in your home ever been denied foster care 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: _____

- Have you ever been arrested or convicted of a felony or misdemeanor? Yes No

If yes, explain: _____

- Have you ever been reported for abuse or neglect of a child or children? Yes No

If yes, explain: _____

- Have you ever been convicted of child abuse or neglect? Yes No

If yes, explain: _____

Both Parents:

On a separate sheet of paper, please list those persons other than your own children who have lived with you. Give Name, Date of Birth, and Relationship to you.

On a separate sheet of paper, please list employment history for the past five years. Give company Name, Address, Phone, and length of employment.

Do you own or keep any pets in your home? Yes No

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home?
Yes No (Parent(s) will submit Weapons Inventory Form prior to approval.)

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?
Yes No
- Disorder/disease of the digestive system, urinary tract, kidneys, reproductive system/infertility?
Yes No
- Immune disorder, AIDS, ACR or chronic lung disorder? Yes No
- Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis, or birth defect?
Yes No
- Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction?
Yes No
- Diabetes? Yes No
- 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 & results</u>
<hr/>			
<hr/>			

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

ADDITIONAL PAPERWORK: (ALL DOCUMENTS MUST BE SUBMITTED PRIOR TO APPROVAL) more information concerning documents at <http://familylinkkids.com/parenting.php?Id=47>

1. A floor plan sketch of your home indicating the purpose of each room (e.g. bedroom for foster children, bedroom for foster parents, etc.) and the dimensions of each room. (The floor plan does not have to be to scale.)
2. An inspection report from both the health and fire departments.
3. TB tests, dated within a year prior to date of application, for each person age 1 or over living in the house.
4. Proof of vaccinations, dated within a year prior to date of application, for each of your pets.
5. Copies of current Texas drivers license(s) and vehicle insurance with expiration date.
6. Copies of homeowners / renters insurance including liability with expiration dates.
7. Copy of a current CPR/First Aid card.
8. Last year's W-2 and most recent paystub.
9. Copy of your Marriage License.
10. Copy of one of the following: high school diploma, GED, college transcript or degree.

PERSONAL REFERENCES (MUST HAVE COMPLETE ADDRESS & CURRENT PHONE NUMBERS)

Please list four references that you have known for a minimum of three years. List only those with whom your family is well acquainted.

Name: _____

Address: _____

Telephone: _____

Email: _____

Relationship: _____

Name: _____
Address: _____

Telephone: _____

Email: _____
Relationship: _____

Name: _____
Address: _____

Telephone: _____

Email: _____
Relationship: _____

Name: _____
Address: _____

Telephone: _____

Email: _____
Relationship: _____

Please list the names, addresses, and phone numbers of each adult child not living with you.

Name: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Others:

How did you hear about Family Link? _____

Date of First Inquiry: _____

I hereby declare that the information provided by me (us) in this Application for foster or adoptive 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.

Parent #1

Date

Parent #2

Date

.....
Please send completed application, health status statements (attached) and supporting documents to:

Family Link
8700 MANCHACA RD UNIT 604
AUSTIN TX 78748-5377
Phone: 512-233-6464 Fax 512-233-6473 (call to confirm fax)

HEALTH STATUS

(TO BE COPIED AND COMPLETED SEPARATELY BY EACH PARENT)

NAME _____ DATE OF BIRTH ____/____/____

MEDICAL HISTORY

Have you had a history of, or treatment for, any of the following:

	NO	YES		NO	YES		NO	YES
Tuberculosis			Depression			Alcoholism		
Cancer			Seizures			Asthma		
Severe Arthritis			Heart Condition			Chronic Headaches		
Chronic Kidney Condition			Mental/Emotional Problems			Chronic Fatigue		
Colitis			Ulcers			Insomnia		
Eczema			Hemophilia			Allergies		
Hay Fever			Diabetes			Other		

Have you ever received treatment for mental problems? Yes No

If yes, when? from _____ to _____ From whom? _____

Have you taken medication for mental or emotional problems? Yes No

When	Drug Prescribed

Have you ever gone to counseling for emotional or family problems? Yes No

If yes, when? from _____ to _____ Who was the counselor? _____

Have you ever had a psychological evaluation or battery of psychological tests? Yes No

If so, when? _____

List all prescription medications being taken on a regular basis.

Medication	Reasons for Medication

Date of last visit to doctor and reason. _____

List all illnesses you have had in the last year:

_____	_____
_____	_____
_____	_____
_____	_____

Do you have any physical disability? Yes No If yes, when and what? _____

Have you ever been treated for drug usage? Yes No If yes, when and where? _____

Have you ever been treated for alcoholism? Yes No If yes, when and where? _____

When was your last TB test? _____

A statement may be needed from a physician, psychologist or counselor concerning your current physical, mental and/or emotional condition. Are you willing to give permission for release of such information if necessary?

Yes No _____
Signature Date