

Submit Application to:
Austin and Houston
documents@familylinkkids.com or
 Fax to 512.532.6555
San Antonio
karenperez@familylinkkids.com or
 FAX to 210.476.5013



**Date
 of
 Application**
 _____ / _____ / **20**_____

APPLICATION for PROSPECTIVE FOSTER/ADOPTIVE PARENT

Future Foster/Adoptive Parents Full Name: _____
 Last Name, First Names Of Both Parents:

Requirements for Foster/Adoptive Applicants:

- **Be at least 21 years old.**
- **You may be single or married. If married, both spouses must complete the process.**
- **Minimum Income: \$10,000/single applicants - \$15,000/couple**
 (add \$3000 per child living in the home) – Expenses must not exceed income.

Address: _____
 Street City State Zip County

Best Phone Number to Reach You: _____ Home # _____

Marital Status: _____ Date Married: _____
 (Please attach copy of marriage license)

Church Affiliation _____

Is your home currently licensed, regulated, approved, or operated by any other agency? Yes No

If yes, Name of Agency: _____ Date of License: _____

Address: _____ Phone: _____

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: _____ Beginning and End Dates: _____

Address: _____ Phone: _____

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

If yes, explain: _____

Local Schools: Elementary: _____ Middle: _____ High: _____

Tell us if you're interested in Fostering/Adopting/or Both _____

What gender, ages, and ethnicity do you see as a good match for your home? _____

How many children are you considering for your home? _____

Household Occupant Information

Name of all adults and children currently living in the home:

Everyone ages 14 and up must submit a Background Consent Form

Name	DOB	Age	Relationship – Biological or Adopted Son/Daughter, etc.	Check if over age 14
_____	____ / ____ / ____	_____	_____ <u>Father</u> _____	<input type="checkbox"/>
_____	____ / ____ / ____	_____	_____ <u>Mother</u> _____	<input type="checkbox"/>
_____	____ / ____ / ____	_____	_____	<input type="checkbox"/>
_____	____ / ____ / ____	_____	_____	<input type="checkbox"/>
_____	____ / ____ / ____	_____	_____	<input type="checkbox"/>
_____	____ / ____ / ____	_____	_____	<input type="checkbox"/>
_____	____ / ____ / ____	_____	_____	<input type="checkbox"/>

Children Not Living In The Home:

Name:	Age:	Phone Number:	Email Address:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check yes or no for the following:

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

Are you Native American? Yes No

Do you know sign language? Yes No

Do you speak other languages besides English? Yes No If yes, which languages? _____

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home? Yes No

How did you hear about Family Link? _____

If a friend, family member, or foster parent told you about Family Link, please provide their name: _____

Father's Information – Leave Blank If Single Mother

Name: _____ Date of Birth: _____ Place: _____
Cell Phone: _____ Email: _____
DL #: _____ Are you a U.S Citizen? _____
Race: _____ Religious Preference: _____

PREVIOUS MARRIAGES (Please attach copy of each divorce decree)

Previous Name	Date Of Marriage Termination	Reasons For Termination
1. _____	_____	_____
2. _____	_____	_____

COMPLETE HISTORY OF RESIDENCE FOR PAST TEN (10) YEARS:

Address	City	State	Dates of Residence: Mon/Yr – Mon/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT AND INCOME

Employer: _____ Profession: _____
Address: _____ Phone: _____
Work Email: _____ Immediate Supervisor: _____
Beginning Date: _____ Work Schedule: _____ Permission To Contact Employer: Yes No

RELIGIOUS and/or COMMUNITY ORGANIZATIONS

Are you involved or associated with a religious or community organization or other association?
(i.e. church, club, group, etc..) Please identify below:

Name	Phone	Website
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

RELEVANT HISTORY

Have you ever been arrested or convicted of a felony or misdemeanor? Yes No
If yes, explain: _____
Have you or anyone in your household ever been reported for abuse or neglect of a child or children? Yes No
If yes, provide name of individual and explain: _____
Have you or anyone in your household ever been convicted of child abuse or neglect Yes No
If yes, provide name of individual and explain: _____

Mother's Information – Leave Blank If Single Father

Name: _____ Date of Birth: _____ Place: _____
Cell Phone: _____ Email: _____
DL #: _____ Are you a U.S Citizen? _____
Race: _____ Religious Preference: _____

PREVIOUS MARRIAGES (Please attach copy of each divorce decree)

Previous Name	Date Of Marriage Termination	Reasons For Termination
1. _____	_____	_____
2. _____	_____	_____

COMPLETE HISTORY OF RESIDENCE FOR PAST TEN (10) YEARS:

Address	City	State	Dates of Residence: Mon/Yr – Mon/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT AND INCOME

Employer: _____ Profession: _____
Address: _____ Phone: _____
Work Email: _____ Immediate Supervisor: _____
Beginning Date: _____ Work Schedule: _____ Permission To Contact Employer: Yes No

RELIGIOUS and/or COMMUNITY ORGANIZATIONS

Are you involved or associated with a religious or community organization or other association?
(i.e. church, club, group, etc..) Please identify below:

Name	Phone	Website
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

RELEVANT HISTORY

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

If yes, explain: _____

Have you or anyone in your household ever been reported for abuse or neglect of a child or children? Yes No

If yes, provide name of individual and explain: _____

Have you or anyone in your household ever been convicted of child abuse or neglect Yes No

If yes, provide name of individual and explain: _____

FAMILY INCOME and BUDGET

It is important to remember that all financial information listed here will be verified against the financial documentation you provide prior to licensing (i.e paystubs, tax records, W2, etc...)

FATHER

Source: _____ Monthly Gross: _____ Monthly Net: _____

Source: _____ Monthly Gross: _____ Monthly Net: _____

MOTHER

Source: _____ Monthly Gross: _____ Monthly Net: _____

Source: _____ Monthly Gross: _____ Monthly Net: _____

TOTAL Monthly Gross: _____ Monthly Net: _____

MONTHLY EXPENSES	AMOUNT ALLOTTED
RENT/MORTGAGE	
MORTGAGE/RENTAL INSURANCE	
CAR PAYMENT	
CAR INSURANCE	
GASOLINE AND MAINTENANCE	
TELEPHONE/ELECTRICITY/WATER/GAS/CABLE/ INTERNET AND OTHER UTILITIES	
GROCERIES	
MEDICAL AND DENTAL	
CREDIT CARDS	
OTHER BILLS	
RECREATION/ENTERTAINMENT	
CLOTHING	
TITHES/OFFERING OR OTHER CHARITABLE GIVING	
MISC.	
TOTAL	

ASSETS (Any item of economic value owned that could be converted to cash.)	
LIABILITIES (Any obligation that legally binds an individual to a debt.)	
TOTAL	

FamilyLink Orientation

It is a licensing requirement that all foster parents receive orientation. Listen to Family Link’s Orientation Conference Call by dialing: (218) 862-1099 and enter access code: 627772#. This is a pre-recorded message so you may access it at anytime. Both adults in the household are required to listen and submit an Orientation Review. The review questions can be located online or you may request them via email from:

documents@familylinkkids.com

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.

I hereby declare that the information provided by me in this application for foster 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.

If married, both parents must sign.

Husband Signature

Date

Wife Signature

Date

Please send completed application to:

Family Link – Austin and Houston areas
9433 Bee Caves Rd, Ste 1-250
Austin, TX 78733
documents@familylinkkids.com or
FAX to 512.532.6555

Family Link – San Antonio
1635 NE Loop 410, Ste 620
San Antonio, TX 78209
karenperez@familylinkkids.com or
FAX to 210.476.5013