

## PARENTING APPLICATION



Presbyterian Children's  
Homes and Services  
of Texas, Missouri and Louisiana

☐ Foster Care

☐ Adoption

☐ Alternate Care/Respite

Date: \_\_\_\_\_

Please do not return until **ALL** questions have been answered. If application is incomplete, it will be returned to you to complete.

### Personal Information (Applicant 1)

Full Name: \_\_\_\_\_

Other names used (maiden, marital, etc.) \_\_\_\_\_

Sex: ☐ Male ☐ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you lived in any other state besides Texas in the last 5 years? ☐ Yes ☐ No

Please list the addresses of any other residences where you have lived in the last **10** years  
(including dates):

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Race/Ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Other (Please specify): \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

## Spouse (Applicant 2)

Full Name: \_\_\_\_\_

Other names used (maiden, marital, etc.) \_\_\_\_\_

Sex: ☐ Male ☐ Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you lived in any other state besides Texas in the last 5 years? ☐ Yes ☐ No

Please list the addresses of any other residences where you have lived in the last **10** years  
(*including dates*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Race/Ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Other (Please specify): \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

### REFERENCES

***Single applicants*** are required to submit 2 non-relative references, 1 relative reference, 1 pastor/pastoral staff reference and 1 employer reference (if applicable).

***Couple applicants*** are required to submit 3 non-relative references and a pastor/pastoral staff reference (as a couple) and 1 individual relative reference per spouse. ***Each spouse*** is required to submit 1 employer reference (if applicable).

**References must have known you for at least 2 years.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How do you know reference: \_\_\_\_\_ How Long Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How do you know reference: \_\_\_\_\_ How Long Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How do you know reference: \_\_\_\_\_ How Long Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How do you know reference: \_\_\_\_\_ How Long Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How do you know reference: \_\_\_\_\_ How Long Known: \_\_\_\_\_

*Employer Reference*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title of Reference: \_\_\_\_\_ How Long Known: \_\_\_\_\_

*Employer Reference*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title of Reference: \_\_\_\_\_ How Long Known: \_\_\_\_\_

*Pastor/Pastoral Staff Reference*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Position/Title of Reference: \_\_\_\_\_ How Long Known: \_\_\_\_\_

## MARITAL HISTORY

**Check ALL that apply:** ☐ Married ☐ Never Married ☐ Re-married ☐ Divorced  
☐ Separated ☐ Widowed ☐ Common Law ☐ Engaged

**SINGLE APPLICANT** – Total number of marriages \_\_\_\_\_

If previously married, please include the following information for each marriage.		
Date of Marriage	Date Marriage Ended	Reason Marriage Ended

**COUPLE APPLICANTS** – Date Married: \_\_\_\_\_

**WIFE** – Total number of marriages \_\_\_\_\_

If previously married, please include the following information for each marriage.		
Date of Marriage	Date Marriage Ended	Reason Marriage Ended

**HUSBAND** – Total number of marriages \_\_\_\_\_

If previously married, please include the following information for each marriage.		
Date of Marriage	Date Marriage Ended	Reason Marriage Ended

How long had you known one another prior to your marriage? \_\_\_\_\_

In what areas are you most compatible? \_\_\_\_\_

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## MOTIVATION & CHILDCARE EXPERIENCE

Why do you want to become a foster/adoptive parent? \_\_\_\_\_

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If married, are both parties equally interested in fostering/adopting? \_\_\_\_\_

Explain: \_\_\_\_\_

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What is your experience working with children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List strengths in working with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a foster/adoptive parent for this or any other agency? ☐ Yes ☐ No  
Have you ever applied to be a foster/adoptive parent for this or any other agency?  
☐ Yes ☐ No

**If yes, please provide for each agency:**

Agency Name: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**FAMILY AND CHILDREN**

List all children living in your home:

Name	Date of Birth	Sex	Relationship	Social Security No.	Driver's License No.

List children **NOT** living with you (including adult children):

Name	Age	Sex	Address	City, State & Zip	Phone

List any other adults (anyone over age 18) living in your home or on your property:

Name	Date of Birth	Sex	Relationship	Social Security No.	Driver's License No.

Do any of your children have any special needs and/or behavioral problems? ☐ Yes ☐ No

If yes, please explain:

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If married, do you and your spouse agree on discipline for your children? ☐ Yes ☐ No

Explain:

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Have you discussed your plan to foster/adopt with your children? ☐ Yes ☐ No

How do your children feel about having foster/adoptive children in their home?

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How do your relatives and/or in-laws feel about you becoming a foster/adoptive parent?

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## EDUCATION

Your Highest Education Level:

☐ High School Diploma   ☐ GED   ☐ College Degree - Major: \_\_\_\_\_  
Graduate Degree: \_\_\_\_\_

Are you bilingual? ☐ Yes   ☐ No   If yes, what languages? \_\_\_\_\_

Spouse's Highest Education Level:

☐ High School Diploma   ☐ GED   ☐ College Degree - Major: \_\_\_\_\_  
Graduate Degree: \_\_\_\_\_

Are you bilingual? ☐ Yes   ☐ No   If yes, what languages? \_\_\_\_\_

## EMPLOYMENT HISTORY

	<u><b>Company Name</b></u>	<u><b>Dates of Employment</b></u>
Present Employer:	_____	_____
Previous Employer:	_____	_____
Current Working Hours:	_____	# of Hours per Week: _____
Will you continue working these hours if fostering?	_____	
If unemployed, why?	_____	

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## SPOUSE EMPLOYMENT HISTORY

	<u><b>Company Name</b></u>	<u><b>Dates of Employment</b></u>
Present Employer:	_____	_____
Previous Employer:	_____	_____
Current Working Hours:	_____	# of Hours per Week: _____
Will you continue working these hours if fostering?	_____	
If unemployed, why?	_____	

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## HEALTH

Do you or a family member have difficulty with a disability or illness? ☐ Yes   ☐ No

If yes, please explain:

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Do you or another family member have any health problems that pose a risk to placing foster/adoptive children in your home? ☐ Yes ☐ No If yes, explain:

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Have you or your spouse experienced any of the following events in the last 12 months? Check all that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pregnancy                  | <input type="checkbox"/> Birth of a child | <input type="checkbox"/> Adoption               |
| <input type="checkbox"/> Death of a loved one       | <input type="checkbox"/> Major accident   | <input type="checkbox"/> Unemployment           |
| <input type="checkbox"/> Major Surgery              | <input type="checkbox"/> Infertility      | <input type="checkbox"/> Suicide of a loved one |
| <input type="checkbox"/> Significant illness/injury | <input type="checkbox"/> Marriage         | <input type="checkbox"/> Miscarriage            |
| <input type="checkbox"/> Separation                 | <input type="checkbox"/> Divorce          | <input type="checkbox"/> None of the above      |

If yes to any of the above, please explain:

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Have you or your spouse experienced any of the following events in the last 24 months? Check all that apply.

- ☐ Marriage      ☐ Marital/Common Law Separation      ☐ Divorce

Has anyone in your home been physically, sexually, or psychologically abused?

☐ Yes ☐ No If yes, explain:

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Has anyone in your home ever been investigated by an agency or police for neglect, physical or sexual abuse? ☐ Yes ☐ No If yes, explain:

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*Having a criminal record does not automatically exclude you from becoming a foster/adoptive parent; however we will need details to help make a decision.*

Have you, or anyone in your family, ever been convicted of a felony? ☐ Yes ☐ No

Have you, or anyone in your family, ever been convicted of a misdemeanor? ☐ Yes ☐ No

Have you, or anyone in your family, ever been arrested? ☐ Yes ☐ No

Have you, or anyone in your family, ever been placed on probation or parole? ☐ Yes ☐ No

If yes to any of the 4 questions above, please provide name, date(s), circumstance(s), charge(s), and/or disposition(s) of the activity.

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Have you ever written a bad check? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

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Has anyone in your home suffered from alcoholism, depression, anxiety, or any other mental health condition? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

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Does anyone in your home take prescribed medication for a mental illness? ☐ Yes ☐ No

If yes, what is the name of the medication? \_\_\_\_\_

Please explain condition: \_\_\_\_\_

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### **SPIRITUAL DEVELOPMENT**

Please state your religion, the community of faith in which you attend and for how long?

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Are you willing to respect the beliefs/affiliation of a child placed in your home?

☐ Yes ☐ No Please explain.

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Are you willing to provide a child opportunity for spiritual development?

☐ Yes ☐ No If yes, how?

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Do your religious beliefs prohibit certain medical treatment? ☐ Yes ☐ No

If yes, what health protection do you plan to give a child if medical treatment is needed?

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## OTHER

Do you own or rent? \_\_\_\_\_

Type of living unit? ☐ House ☐ Apartment ☐ Mobile Home

Do you have a car and a valid Texas driver's license? ☐ Yes ☐ No

Your spouse? (if applicable) ☐ Yes ☐ No

Do you have liability auto insurance? ☐ Yes ☐ No

Your spouse? (if applicable) ☐ Yes ☐ No

Would you be willing to pay for day care and/or after school care if needed? ☐ Yes ☐ No

Do you have pets? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

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When was your canine and/or feline last vaccinated? \_\_\_\_\_

Describe where your foster/adoptive child or children would sleep?

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Would your foster/adoptive child be sharing a room with someone? ☐ Yes ☐ No  
If yes, who?

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**FIREARMS**

Do you have any firearms stored in your home? ☐ Yes ☐ No

*If yes, please complete the following:*

Please list all firearms:

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Where are firearms stored?

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Is firearm storage locked? ☐ Yes ☐ No

Where is ammunition stored?

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Is ammunition storage locked? ☐ Yes ☐ No

## FINANCES

### Budget Items (Monthly Debt)

Mortgage/ Rent	\$
Car Payment(s)	\$
Utilities	\$
Food	\$
Entertainment	\$
Clothing	\$
Insurance; Auto, Life, etc.	\$
Tuition/ Child Care	\$
Credit Card/ Loans	\$
Contributions/ Charities/ Church	\$
<b>TOTAL DEBT:</b>	<b>\$</b>

### Sources of Income (monthly)

Net Monthly Compensation	\$
Spouses Net Monthly Compensation	\$
Other Income	\$
<b>TOTAL INCOME:</b>	<b>\$</b>

**TOTAL INCOME – TOTAL DEBT = \$ \_\_\_\_\_**

## PRESBYTERIAN CHILDREN'S HOMES & SERVICES

I acknowledge that to be eligible to become a foster/adoptive parent with Presbyterian Children's Homes and Services (PCHAS), I must complete the following steps:

1. Required trainings:
  - A. Orientation
  - B. PRIDE
  - C. CPR/First Aid
  - D. Behavioral Intervention (CPI)
  - E. Parenting with Love & Logic
  - F. Psychotropic Medication/ Medication Storage
  - G. Documentation Training
  - H. Bloodborne Pathogens
  - I. Infant/Toddler
  - J. Online Medical Consenter
  - K. Transportation Safety (for foster group home applicants only)
2. Home Visit
3. Criminal History Check & FBI Fingerprints
4. TB test (all household members over 1 year of age)
5. Home Study
6. Therapeutic foster parent internship/observation hours (if applicable)
7. Release of information from previous foster care/adoption agencies (if applicable)

**I AFFIRM THAT ALL OF THE INFORMATION GIVEN BY ME ON THE PRECEDING APPLICATION IS TRUE AND CORRECT. IN ADDITION, I UNDERSTAND THAT COMPLETING THESE STEPS DOES NOT GUARANTEE MY LICENSURE.**

If a decision, action, or service delivered to any client is unsatisfactory, the agency provides a formal appeal process. The first step is to contact the appropriate agency social worker. If satisfaction is not met on this level, contact the Program Director of the agency social worker. If satisfaction is not met on this level, a written complaint should be sent to the Vice-President of Residential Services. The Vice-President of Residential Services will respond within 10 working days, by telephone, in writing or with a request for an interview. The results of the appeal will be communicated to the client within 10 working days following the contact between the Vice-President of Residential Services and the client.

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Signature of Applicant

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Date

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Signature of Applicant

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Date

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

**RELEASE OF INFORMATION BY APPLICANT TO PCHAS**

FOR INDIVIDUALS HAVING PRIOR FOSTER CARE/ADOPTION EXPERIENCE

Please fill out and return to the PCHAS office noted below:

I/We (Name) \_\_\_\_\_

Of (Address) \_\_\_\_\_

hereby authorize and request (Agency Name) \_\_\_\_\_

of (Address) \_\_\_\_\_

(Agency Phone Number) \_\_\_\_\_

to release the following information for evaluation and assessment for parent licensure: **Background information, including, but not limited to, application material; autobiographies; home study and home study updates; training certificates and transcripts, CPR/First Aid, medication training; TB test results; copies of current inspections (fire, health, etc.); any developmental plans, corrective action plans, or records of non-compliances, floor plan, marriage license / divorce decree (if applicable), medical history / doctor's consent; any other documentation relevant to the applicant's verification status. Release for PCHAS staff to converse with other agency staff regarding verification as a foster / adoptive home.**

to \_\_\_\_\_ / **Presbyterian Children's Homes and Services**, a  
licensed Child-Placing Agency of: **300 Brookside Road, Waxahachie, Texas 75167**

This consent expires on \_\_\_\_\_ or does not exceed 90 days from  
signature/date. I also acknowledge that Presbyterian Children's Homes and Services did  
not actively recruit me from another agency to become a foster/adoptive parent.

Consent may be withdrawn at any time with written notice.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PCHAS Representative Signature

\_\_\_\_\_  
Date