



Foster Care and Adoption

Parenting Application

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.

Have you attended a Meet and Greet/Orientation with us? Yes No If "Yes", please give date: _____

DEMOGRAPHICS

Prospective parent 1 - full name (last, first, middle)		Maiden (or other names)	
Prospective parent 2 - full name (last, first, middle)		Maiden (or other names)	
Residence Address (Street)		City, State and Zip Code	County
Home Phone		Fax Number (Parent 1)	Fax Number (Parent 2)
Work Phone (Parent 1)	Work Phone (Parent 2)	Mobile Phone (Parent 1)	Mobile Phone (Parent 2)
Email address – Prospective parent 1		Email address – Prospective parent 2	
Mailing Address (if different from residence)		Do you: <input type="checkbox"/> Own your home <input type="checkbox"/> Rent your home Type of living unit? <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home	

How long have you been at your current address? _____

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

PROSPECTIVE PARENT 1				
Address	City	State	Zip	Length of time (years and months)
Have you lived in any other state besides Texas in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				

PROSPECTIVE PARENT 2				
Address	City	State	Zip	Length of time (years and months)
Have you lived in any other state besides Texas in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT: Please provide the following information about your employment.

PROSPECTIVE PARENT 1	PROSPECTIVE PARENT 2
Occupation	Occupation
Employer	Employer
Employer Address (Street, City, State, Zip)	Employer Address (Street, City, State, Zip)
Employment Date	Employment Date
Working Hours/Days	Working Hours/Days
Previous Employer	Previous Employer
If Unemployed, provide reason:	If Unemployed, provide reason:
Annual Income	Annual Income
Will you continue working after children are placed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you continue working after children are placed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what company?	Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what company?
If adopting, will your health insurance cover an adopted child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If adopting, will your health insurance cover an adopted child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car/ valid TX driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a car/ valid TX driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have liability auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have liability auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

What is your credit rating? _____ May we check it? Yes No

Based on your income, could you support a foster child until reimbursement is sent? 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: _____

When was your canine and/or feline last vaccinated? _____

Who referred you to PCHAS? _____

PERSONAL INFORMATION: Please provide the following information:

	PROSPECTIVE PARENT 1	PROSPECTIVE PARENT 2
Name		
Date of Birth		
Place of Birth (City & State)		
Your Parents' names and ages	Name: _____ Age: _____ Name: _____ Age: _____	Name: _____ Age: _____ Name: _____ Age: _____
Citizenship – Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If “No”, where is your citizenship? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If “No”, where is your citizenship? _____
Are you a Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If “yes”, how long? _____ years _____ months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If “yes”, how long? _____ years _____ months
Social Security Number		
Driver’s License (Number and State)		
Racial or Ethnic Background		
Religious Denomination		
Place of Worship		
Length of Membership		
How long have you lived in Texas?		
What languages do you speak?		
Education (list schools attended and highest level attained) -High School -College(s) (Degree type and Date) -Vocational School (certification or license and date)	_____ _____ _____ _____	_____ _____ _____ _____

MARITAL INFORMATION

Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law		NOTE: If you are married, both you and your spouse must apply together, and you must attach a copy of your marriage license or declaration of marriage.
Date of Marriage	<input type="checkbox"/> Religious <input type="checkbox"/> Civil	Place of Marriage (City, County, State)

PROSPECTIVE PARENT 1 – Total number of marriages _____

If previously married, please include the following information for each marriage.			
Ex-Spouse's Name	City and County of Marriage	Date of Marriage	Date of Divorce

PROSPECTIVE PARENT 2 – Total number of marriages _____

If previously married, please include the following information for each marriage.			
Ex-Spouse's Name	City and County of Marriage	Date of Marriage	Date of Divorce

OTHER HOUSEHOLD MEMBERS

Please list the other members of your household including both children and adults. (If more space is needed, please attach another sheet of paper.)

Name	Social Security	Sex	Relationship	Date of Birth	If adopted, please include Date, County, and Agency/Private.

CHILDREN LIVING OUTSIDE THE HOUSEHOLD – INCLUDING ADULT CHILDREN: List the names of any of your children or your spouse’s children who live outside your household. Include children who are now adults.

Name	Sex	Age	Address	Phone Number	Whose Child?

SCHOOL

What school district will the children placed with you attend? School District: _____

What schools will the children placed with you attend? Elementary: _____

Junior / Middle: _____ High School: _____

Sleeping arrangements for children placed (share room, share bed, etc.) _____

BACKGROUND CHECKS

Have you provided or applied to provide foster care before? Yes No

If “Yes”, what agency did you work with? (Please provide name, address, and phone number.) _____

Have you ever applied to adopt a child before? Yes No

If “Yes”, what agency did you work with? (Please provide name, address, and phone number.) _____

If “Yes” was answered to either of the 2 previous questions, may we contact the agency? Yes No

If “Yes”, why did you leave that agency? _____

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. It is to your benefit that we know if you have faced or are facing any charges before we run background checks.

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

Have you, or anyone in your household, ever been investigated for child abuse or neglect? 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. Attach additional paper if space is needed. _____

REFERENCES must have known you for at least 2 years.

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).

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

Church Name: _____ Denomination: _____

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position/Title of Reference: _____ How Long Known: _____

I/We have given permission to Presbyterian Children’s Homes & Services to present a copy of our Home Study to other licensed child-placing agencies and/or the Department of Family and Protective Services. This is for the purpose of being considered for children of whom PCHAS is not the Managing Conservator.

Prospective Parent1 Initials _____ Prospective Parent2 Initials _____

As a PCHAS client, I acknowledge that to be eligible to become a foster/adoptive parent *to children under the conservatorship of TDFPS*, I must complete the following steps:

1. Required trainings:
 - A. Attend an Orientation/Meet and Greet
 - B. Participate in Pre-service training (includes CPI and TBR1)
 - C. CPR/First Aid
 - D. Psychotropic Medication/ Medication Storage
 - E. Documentation Training
 - F. Bloodborne Pathogens
 - G. Infant/Toddler (SIDS and Shaken Baby Syndrome)
 - H. Online Medical Consenter
 - I. 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. Family Assessment/Home Study
6. Therapeutic foster parent internship/observation hours (if applicable)
7. Release of information from previous foster care/adoption agencies (if applicable)

My signature affirms that the information contained on this parenting application is true and correct to the best of my knowledge and that I agree to abide by the Presbyterian Children’s Homes and Services policy prohibiting physical discipline of children in the conservatorship of the state or PCHAS. I understand that with this application PCHAS will conduct criminal history checks and child abuse and neglect checks. I grant Presbyterian Children’s Homes and Services permission to make inquiries and/or consultations with law enforcement agencies to verify the above information and check child abuse records. I understand that completing these steps does not guarantee my licensure.

SIGNATURE – PROSPECTIVE PARENT 1

DATE

SIGNATURE – PROSPECTIVE PARENT 2

DATE

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 case manager. If satisfaction is not met on this level, contact the Program Director of the agency case manager. If satisfaction is not met on this level, a written complaint should be sent to the Regional Director. The Regional Director 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 Regional Director and the client.

PLEASE NOTE: Presbyterian Children’s Homes and Services meets requirements as outlined in the Minimum Standards. These Standards, compliance status reports, and Presbyterian Children’s Homes and Services policies are available for review upon request.



Release of Information by Applicants to PCHAS

FOR INDIVIDUALS HAVING PRIOR FOSTER CARE/ADOPTION EXPERIENCE

Please fill out and return to the following PCHAS office: **Presbyterian Children's Homes and Services**, a licensed Child-Placing Agency of: **Enter PCHAS branch office address here**

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 materials | CPR/First Aid certification |
| Autobiographies | Medication training certificate |
| Home study and home study updates | TB test results |
| Training certificates and transcripts | Copies of current inspections (fire, health, etc.) |
| Any developmental plans | Corrective action plans |
| Records of non-compliances | Floor plan |
| Medical history/ Doctor's consent | Marriage license/Divorce decree (if applicable) |
| Any other documentation relevant to the applicant's verification status | |

In addition, this release permits PCHAS staff to converse with other agency staff regarding verification as a foster / adoptive home.

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.

_____ Prospective Parent1	_____ Date	_____ Prospective Parent2	_____ Date
_____ PCHAS Representative Signature		_____ Date	