



**APPLICATION
FOSTER/ADOPTIVE PARENT**

Date of Application: _____

Requirements for Foster/Adoptive Applicants:

- At least 21 years old
- Married for at least one year or single. Both spouses must complete the process to become verified.
- If divorced, legally divorced for at least 6 months.
- Minimum Income: Applicants must have an income that meets the financial needs of their home
 - the income must cover all living expenses to include all basic needs and other financial obligations such a car payment/insurance. The family must provide two months income verification, via two bank statements, a tax return or other documented verification of income.
 - a monthly itemized household expense report.
- Proof of homeowner’s insurance with liability coverage.
- Home is free of burglar bars.

What is your goal (foster, adopt or foster to adopt)? _____

Directions to Home:

General Information

Adult 1	Adult 2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
County: _____	County: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Drivers Licenses # and State of Issue: _____	Drivers Licenses # and State of Issue: _____

Race:
Religious
Preference:

Race:
Religious
Preference:

History of Residence for past 10 years

Adult 1		Adult 2	
Years	Location	Years	Location

Previous Marriages (previous name(s), dates of marriage(s), termination date(s), reason(s) for termination)

Adult 1:

Adult 2:

Household members and children currently residing in your home. This would include any person who is living in your home.

Name/Relationship: _____
Address: _____
County: _____
Date of Birth: _____
Social Security #: _____
Drivers Licenses and State of Issue: _____
Phone Number if Different _____
Email Address if child does not live with you any longer: _____

Name/Relationship: _____
Address: _____

County: _____
Date of Birth: _____
Social Security #: _____
Drivers Licenses and State of Issue: _____
Phone Number if Different _____
Email Address if child does not live with you any longer: _____

Name/Relationship: _____
Address: _____

County: _____
Date of Birth: _____
Social Security #: _____
Drivers Licenses and State of Issue: _____
Phone Number if Different _____

Name/Relationship: _____
Address: _____

County: _____
Date of Birth: _____
Social Security #: _____
Drivers Licenses and State of Issue: _____
Phone Number if Different _____

Please list biological/step/adoptive children who are not living in your home.

Name: _____
Date of Birth: _____
Relationship to you: _____

Email Address:	
----------------	--

Name: _____
Date of Birth: _____
Relationship to you: _____

Email Address:	
----------------	--

Employment Income

Adult 1

Employer: _____

Address: _____

Phone: _____

Immediate Supervisor: _____

Permission to Contact: _____

Hire Date: _____

Monthly Salary: _____

Work Schedule: _____

Position Title: _____

Adult 2

Employer: _____

Address: _____

Phone: _____

Immediate Supervisor: _____

Permission to Contact: _____

Hire Date: _____

Monthly Salary: _____

Work Schedule: _____

Position Title: _____

Employment History

Please list employment history for the past ten years.

Adult 1

Employer: _____

Address: _____

Phone: _____

Length of Employment: _____

Employer: _____

Address: _____

Phone: _____

Length of Employment: _____

Employer: _____

Address: _____

Phone: _____

Adult 2

Employer: _____

Address: _____

Phone: _____

Length of Employment: _____

Employer: _____

Address: _____

Phone: _____

Length of Employment: _____

Employer: _____

Address: _____

Phone: _____

Length of Employment:	_____	Length of Employment:	_____
Employer:	_____	Employer:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Phone:	_____	Phone:	_____
Length of Employment:	_____	Length of Employment:	_____

Total Monthly Household Income

Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
		Total Amount:	_____

Total Monthly Expenses

Budget Item	
Rent/Mortgage	_____
Car Insurance	_____
Utilities	_____
Car Payments	_____
Groceries	_____
Credit Cards	_____
Pet Supplies	_____
Entertainment	_____
Clothing	_____
Gas Bill	_____
Cell Phone Bill	_____
Legal/Child Support	_____
Miscellaneous	_____
Other Bills	_____
Total	_____

Education

Adult 1
Highest level of
Education: _____

Adult 2
Highest level of
Education: _____

Relevant History

	Adult 1	Adult 2
Have you or any adult living in you home ever applied to any other agency to be a foster parent?	_____	_____

Name of Agency:	_____	_____
-----------------	-------	-------

Date:	_____	_____
-------	-------	-------

Address:	_____	_____
----------	-------	-------

Have you or any adult living in you home ever been denied foster care license or license renewal?	_____	_____
---	-------	-------

If yes, explain:	_____	_____
------------------	-------	-------

Is your home currently licensed, regulated, approved, or operated by any other agency?	_____	_____
--	-------	-------

If yes, Name of Agency:	_____	_____
-------------------------	-------	-------

Have you ever been arrested or convicted of a felony or misdemeanor?	_____	_____
--	-------	-------

If yes, explain:	_____	_____
------------------	-------	-------

Have you ever been reported for abuse or neglect of a child or children?	_____	_____
--	-------	-------

If yes, explain:	_____	_____
------------------	-------	-------

Have you ever been convicted of abuse or neglect of a child or children?	_____	_____
--	-------	-------

If yes, explain:	_____	_____
------------------	-------	-------

Do you drink alcohol? If so, how much and how often?	_____	_____
--	-------	-------

Do you smoke cigarettes?	_____	_____
--------------------------	-------	-------

Do you own or keep any pets in your home?	_____	_____
---	-------	-------

If yes, please list pet names and types of pet.	_____	_____
---	-------	-------

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home?

If yes, please list items.

Licensing Standards state that weapons must be properly stored and out of the reach of children. You must store your guns and ammunition in separate double locked areas.

Has anyone in you household had difficulties in the following areas?

	YES	NO
Disorder/disease of the heart, lungs, liver, pancreas, colon, back, bones, muscles or joints?	<hr/>	<hr/>
Disorder/disease of the digestive system, urinary tract, kidneys, reproductive system/infertility?	<hr/>	<hr/>
Immune disorder, AIDS, ACR or chronic lung disorder?	<hr/>	<hr/>
Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis or birth defect?	<hr/>	<hr/>
Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction?	<hr/>	<hr/>
Diabetes?	<hr/>	<hr/>
High blood pressure?	<hr/>	<hr/>
Has any one been advised to have or contemplated having diagnostic tests, treatments (including medication), counseling or hospitalization for any condition not already mentioned or is any one totally or partially disabled?	<hr/>	<hr/>

Please provide details for any "YES" answers as follows:

Name:	Condition & Diagnosis	Dates	Treatment & Results
1.	<hr/>	<hr/>	<hr/>
2.	<hr/>	<hr/>	<hr/>
3.	<hr/>	<hr/>	<hr/>
4.	<hr/>	<hr/>	<hr/>

5.

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

Please list four non relative references that you have known for a minimum of three years. Please list only those with whom your family is well aquatinted and we may contact.

Reference #1

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Email address: _____

Reference #2

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Email address: _____

Reference #3

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Email Address: _____

Reference #4

Name: _____
Address: _____

Telephone: _____
Relationship: _____
Email Address: _____

Please list two community references such as a neighbor, teacher or pastor:

Reference #1- Relationship

Name: _____
Address: _____

Telephone: _____
Relationship: _____
Email address: _____

Reference #2- Relationship

Name: _____
Address: _____

Telephone: _____
Relationship: _____
Email address: _____

Please list two family relative references:

Reference #1- Relationship

Name: _____
Address: _____

Telephone: _____
Relationship: _____
Email address: _____

Reference #1- Relationship

Name: _____
Address: _____

Telephone: _____
Relationship: _____
Email address: _____

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: _____

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.

Adult 1 Date

Adult 2 Date

Please send completed application to:
Angelheart
2851 Joe DiMaggio Blvd.
Suite 33
Round Rock, TX 78665
(512)310-9857 or Fax to: 512-310-9531

Email: moldis@ahkids.org or sfalco@ahkids.org