



## 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.



## Foster Care and Adoption

### 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