



**APPLICATION FOR FOSTER/ADOPT**

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out form completely. If questions are not applicable, enter "N/A." **Do not leave questions blank.** Uncompleted applications can delay the process of becoming licensed with Hope For Tomorrow, Inc. (HFT). HFT does not discriminate on the basis of race, color, national origin, sex, religion, age or disability.

**Date of Application:** \_\_\_\_\_

**Prospective Mother's Full Name:** \_\_\_\_\_

**Prospective Father's Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, & Zip:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City, State, & Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Mother Work:** \_\_\_\_\_ **Mother Cell:** \_\_\_\_\_

**Father Work:** \_\_\_\_\_ **Father Cell:** \_\_\_\_\_

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

**Do you both wish to:**  foster only  adopt only  foster to adopt

| <b>MOTHER</b>  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| I am at least 21 years of age?   |            |           |
| I am a legal U.S. citizen or permanent resident?   |            |           |
| Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? |            |           |
| I agree to random drug testing.  |            |           |

| <b>FATHER</b>  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| I am at least 21 years of age?   |            |           |
| I am a legal U.S. citizen or permanent resident?   |            |           |
| Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? |            |           |
| I agree to random drug testing.  |            |           |

**DIRECTIONS TO THE HOME**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOSTER CHILDREN RESIDING IN HOME**

| Child's Name & D.O.B. | Managing Conservator's Name | Managing Conservators Phone Number | Therapist Name (if applicable) | Therapist Phone Number |
|-----------------------|-----------------------------|------------------------------------|--------------------------------|------------------------|
|                       |                             |                                    |                                |                        |
|                       |                             |                                    |                                |                        |
|                       |                             |                                    |                                |                        |
|                       |                             |                                    |                                |                        |
|                       |                             |                                    |                                |                        |
|                       |                             |                                    |                                |                        |
|                       |                             |                                    |                                |                        |
|                       |                             |                                    |                                |                        |
|                       |                             |                                    |                                |                        |
|                       |                             |                                    |                                |                        |

**BIOLOGICAL AND ADOPTED CHILDREN**

Complete box for all of your children living in the home or outside of the home.

| Child's Name (First & Last) | Child's DOB | Whose Child?  | Where is Child Residing?   | Current Address | Current Phone Number |
|-----------------------------|-------------|---|--|-----------------|----------------------|
|                             |             | <input type="checkbox"/> Both<br><input type="checkbox"/> Mother's<br><input type="checkbox"/> Father's<br><input type="checkbox"/> Adopted | <input type="checkbox"/> In-Home<br><input type="checkbox"/> Out-of-Home |                 |                      |
|                             |             | <input type="checkbox"/> Both<br><input type="checkbox"/> Mother's<br><input type="checkbox"/> Father's<br><input type="checkbox"/> Adopted | <input type="checkbox"/> In-Home<br><input type="checkbox"/> Out-of-Home |                 |                      |
|                             |             | <input type="checkbox"/> Both<br><input type="checkbox"/> Mother's<br><input type="checkbox"/> Father's<br><input type="checkbox"/> Adopted | <input type="checkbox"/> In-Home<br><input type="checkbox"/> Out-of-Home |                 |                      |
|                             |             | <input type="checkbox"/> Both<br><input type="checkbox"/> Mother's<br><input type="checkbox"/> Father's<br><input type="checkbox"/> Adopted | <input type="checkbox"/> In-Home<br><input type="checkbox"/> Out-of-Home |                 |                      |
|                             |             | <input type="checkbox"/> Both<br><input type="checkbox"/> Mother's<br><input type="checkbox"/> Father's<br><input type="checkbox"/> Adopted | <input type="checkbox"/> In-Home<br><input type="checkbox"/> Out-of-Home |                 |                      |
|                             |             | <input type="checkbox"/> Both<br><input type="checkbox"/> Mother's<br><input type="checkbox"/> Father's<br><input type="checkbox"/> Adopted | <input type="checkbox"/> In-Home<br><input type="checkbox"/> Out-of-Home |                 |                      |

Is there anyone other than you, your spouse or your biological, adopted or foster children residing in your home?  Yes  No

If yes, please list below the person's full name (first, middle, last), date of birth, gender, and their relationship to your family:

---



---

**FOSTER PARENTING HISTORY**

Have you been previously licensed by HFT?  Yes  No

Is your home currently licensed by another child placing agency?  Yes  No

If yes, write the name of the agency and their phone number below:

Have you ever applied to any other child placing agency to become a foster parent?  Yes  No

If yes, write the name and address of the agency(s) below:

---



---

If you are currently licensed or have been licensed by another Child Placing Agency, state your reason(s) for seeking to be licensed through HFT: \_\_\_\_\_

---



---

Have you ever been denied an initial or a renewal foster care license?  Yes  No

Have you ever been denied to adopt a child?  Yes  No

**TYPE OF REFERRAL:**

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> HFT Staff   | <input type="checkbox"/> Family       | <input type="checkbox"/> Radio       |
| <input type="checkbox"/> Friends     | <input type="checkbox"/> HFT Brochure | <input type="checkbox"/> Newspaper   |
| <input type="checkbox"/> HFT Website | <input type="checkbox"/> HFT Families | <input type="checkbox"/> Other _____ |

**If referred by an HFT family, please give name:**

**TRANSPORTATION**

Do you have a vehicle in working order including age-appropriate passenger restraints for all passengers (seat belts and car seats)?  Yes  No

Do you have liability auto insurance on all of your vehicles?  Yes  No

Does the Father have a valid Texas driver's license?  Yes  No

Does the Mother have a valid Texas driver's license?  Yes  No

**HOME**

Do you have 24 hour access to telephone service in your home, including long distance?  Yes  No

Do you adequate space for children in your home?  Yes  No

Do have extra beds, dressers and closets for children?  Yes  No

Do you have a trampoline on your premises?  Yes  No

Do you have a swimming pool on your premises?  Yes  No

If yes, do you have a locked fence around the swimming pool?  Yes  No

Do you have a hot tub on your premises?  Yes  No

**MOTHER EDUCATION**

(NOTE: Applicants will be required to provide proof of diploma, degree, transcripts, licenses, and/or certificates.)

Circle Highest Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12

| Type of School                             | Name & Location of School | Dates Attended From/To | Graduated (Yes or No) | Type of Diploma or Degree | Major/Minor Fields of Study |
|--|---------------------------|------------------------|-----------------------|---------------------------|-----------------------------|
| High School                                |                           |                        |                       |                           |                             |
| Undergraduate College or Universities      |                           |                        |                       |                           |                             |
| Graduate Schools                           |                           |                        |                       |                           |                             |
| Technical, Vocational, or Business Schools |                           |                        |                       |                           |                             |

Are you able to sign to a hearing impaired person?  Yes  No  
 Are you an interpreter?  Yes  No  
 Do you speak a language other than English?  Yes  No  
 If yes, what language(s) do you speak? \_\_\_\_\_  
 How fluently?  Fair  Good  Excellent  
 What is the primary language you speak? \_\_\_\_\_  
 Do you write in a language other than English?  Yes  No  
 If yes, which language(s)? \_\_\_\_\_

**MILITARY SERVICE**

Branch(es) of Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_  
 Type of Discharge: \_\_\_\_\_

**FATHER EDUCATION**

(NOTE: Applicants will be required to provide proof of diploma, degree, transcripts, licenses, and/or certificates.)

Circle Highest Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12

| Type of School                             | Name & Location of School | Dates Attended From/To | Graduated (Yes or No) | Type of Diploma or Degree | Major/Minor Fields of Study |
|--|---------------------------|------------------------|-----------------------|---------------------------|-----------------------------|
| High School                                |                           |                        |                       |                           |                             |
| Undergraduate College or Universities      |                           |                        |                       |                           |                             |
| Graduate Schools                           |                           |                        |                       |                           |                             |
| Technical, Vocational, or Business Schools |                           |                        |                       |                           |                             |

Are you able to sign to a hearing impaired person?  Yes  No  
 Are you an interpreter?  Yes  No  
 Do you speak a language other than English?  Yes  No  
 If yes, what language(s) do you speak? \_\_\_\_\_  
 How fluently?  Fair  Good  Excellent  
 Do you write in a language other than English?  Yes  No  
 If yes, which language(s)? \_\_\_\_\_

**MILITARY SERVICE**

Branch(s) of Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_  
 Type of Discharge: \_\_\_\_\_

**INCOME**

Foster parents are reimbursed for most of the expenses related to caring for a child; however, State regulations and HFT policy requires foster/adopt parents to have sufficient income to maintain their home without being totally dependent on the reimbursement. Please complete the following income-related information.

| Monthly Income:           | Father | Mother |
|---------------------------|--------|--------|
| Employment                | \$     | \$     |
| Retirement Benefits       | \$     | \$     |
| Disability                | \$     | \$     |
| Social Security           | \$     | \$     |
| Rental Income             | \$     | \$     |
| Alimony                   | \$     | \$     |
| Child Support             | \$     | \$     |
| Adoption Assistance       | \$     | \$     |
| Foster Care Reimbursement | \$     | \$     |

**Total Monthly Income: \$** \_\_\_\_\_

We (I) understand HFT requires proof of income for the past three (3) months on both parents prior to becoming licensed?  Yes  No

We (I) understand as an adoptive parent that we (I) will have to provide proof of income to HFT for the past 3 years. (This includes but is not limited to: income tax statements, paycheck stubs, etc.)  Yes  No

**EXPENSES**

Enter your household's average *monthly* expenses for the following items. DO NOT include expenses that are deducted from paychecks.

|  |  |
|--|--|
| House/Rent Payments \$ _____           | Automobile Insurance \$ _____                    |
| Payments for other Property \$ _____   | Medical/Dental Insurance \$ _____                |
| Automobile Payments \$ _____           | Medical Care (Not covered \$ _____ by insurance) |
| Gasoline and Auto Maintenance \$ _____ | Dental Care (Not covered by \$ _____ Insurance)  |
| Groceries and Household Items \$ _____ | Child Support Payments \$ _____                  |
| Child Care \$ _____                    | Cellular Phone \$ _____                          |
| Telephone \$ _____                     | Utilities (Gas, Water, Electric) \$ _____        |
| Clothing \$ _____                      | Life Insurance \$ _____                          |
| Recreation/Entertainment \$ _____      | Credit Cards \$ _____                            |
| Other Debts/Expenses (specify):        | Church (Tithes and Offerings) \$ _____           |
| _____ \$ _____                         |  |
| _____ \$ _____                         |  |

**Total Monthly Expenses: \$** \_\_\_\_\_

**MOTHER EMPLOYMENT HISTORY**

This information will be the official record of employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications. Please list the last four employers over the past 10 years beginning with the most current.

**Name of Employer:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Employer's Phone Number:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Current/Final Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
**Summary of experience:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Employer's Phone Number:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Current/Final Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
**Summary of experience:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Employer's Phone Number:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Current/Final Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
**Summary of experience:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Employer's Phone Number:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Current/Final Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
**Summary of experience:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I give HFT staff permission to contact my previous and current employer(s).  Yes  No

**FATHER EMPLOYMENT HISTORY**

This information will be the official record of employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications. Please list the last four employers over the past 10 years beginning with the most current.

**Name of Employer:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Employer's Phone Number:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Current/Final Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
**Summary of experience:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Employer's Phone Number:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Current/Final Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
**Summary of experience:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Employer's Phone Number:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Current/Final Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
**Summary of experience:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
**Position Title:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Employer's Phone Number:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Current/Final Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_  
**Summary of experience:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I give HFT staff permission to contact my previous and current employer(s).  Yes  No

**MOTHER REFERENCES**

List four (4) individual references to contact. Only one reference may be related to the applicant.

|  |
|--|
| <p><b>Name of Individual:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City, State &amp; Zip:</b> _____</p> <p><b>Home Phone:</b> _____ <b>Alternate Phone:</b> _____</p> <p><b>How long have you known this person?</b> _____</p> |
| <p><b>Name of Individual:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City, State &amp; Zip:</b> _____</p> <p><b>Home Phone:</b> _____ <b>Alternate Phone:</b> _____</p> <p><b>How long have you known this person?</b> _____</p> |
| <p><b>Name of Individual:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City, State &amp; Zip:</b> _____</p> <p><b>Home Phone:</b> _____ <b>Alternate Phone:</b> _____</p> <p><b>How long have you known this person?</b> _____</p> |
| <p><b>Name of Individual:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City, State &amp; Zip:</b> _____</p> <p><b>Home Phone:</b> _____ <b>Alternate Phone:</b> _____</p> <p><b>How long have you known this person?</b> _____</p> |

**FATHER REFERENCES**

List four (4) individual references to contact. Only one reference may be related to the applicant.

|  |
|--|
| <p><b>Name of Individual:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City, State &amp; Zip:</b> _____</p> <p><b>Home Phone:</b> _____ <b>Alternate Phone:</b> _____</p> <p><b>How long have you known this person?</b> _____</p> |
| <p><b>Name of Individual:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City, State &amp; Zip:</b> _____</p> <p><b>Home Phone:</b> _____ <b>Alternate Phone:</b> _____</p> <p><b>How long have you known this person?</b> _____</p> |
| <p><b>Name of Individual:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City, State &amp; Zip:</b> _____</p> <p><b>Home Phone:</b> _____ <b>Alternate Phone:</b> _____</p> <p><b>How long have you known this person?</b> _____</p> |
| <p><b>Name of Individual:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>City, State &amp; Zip:</b> _____</p> <p><b>Home Phone:</b> _____ <b>Alternate Phone:</b> _____</p> <p><b>How long have you known this person?</b> _____</p> |

**CHURCH ATTENDANCE**

Where do you attend church? \_\_\_\_\_

How often do you attend church? \_\_\_\_\_

Why do you attend church there? \_\_\_\_\_

What difference has Jesus made in your life? \_\_\_\_\_

---



---

**PERSONAL BACKGROUND INFORMATION**

Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child abuse, child molestation, or child neglect?

Father:  Yes  No      Mother:  Yes  No

Have you ever been convicted or charged, or are you currently charged with a felony or a misdemeanor classified as an offense against the person, family, public indecency, or any violation of Texas Controlled Substance Act?

Father:  Yes  No      Mother:  Yes  No

Are you now receiving or have you ever received treatment for chemical dependency?

Father:  Yes  No      Mother:  Yes  No

Have you ever been hospitalized for an emotional or mental illness?

Father:  Yes  No      Mother:  Yes  No

Are you now receiving or have you ever received psychiatric treatment?

Father:  Yes  No      Mother:  Yes  No

Have you or has anyone in your family ever received counseling?

Father:  Yes  No      Mother:  Yes  No

Do you have any significant acute or chronic medical condition that could affect your ability to parent foster/adopt children?

Father:  Yes  No      Mother:  Yes  No

Have any of your children ever been placed in foster/adopt care, a treatment facility for emotional or mental disturbance, or been committed to a state correctional facility?

Father:  Yes  No      Mother:  Yes  No

Have you or your family ever had any involvement with (Families and Protective Services ie. Child Protective Services?)

Father:  Yes  No      Mother:  Yes  No

Do you expect any change in marital status, employment, family size or place of residence within the next year?

Father:  Yes  No      Mother:  Yes  No

Please explain all yes answers:

---



---



---



---

**IN CASE OF AN EMERGENCY**

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

**ACKNOWLEDGMENT**

We (I) understand that notifying assigned HFT staff may revoke this application.

We (I) understand that HFT reserves the right to deny any application with or without cause at any time.

We (I) understand that HFT is not obligated to assign or actively seek to assign a foster/adopt child to our (my) home.

We (I) declare the information provided in this application to be true and complete to the best of our (my) knowledge.  
We (I) understand that any misstatement or omission of fact(s) on this application could be considered cause for disapproval as a foster/adopt parent.

We (I) understand that part of HFT's matching process is that authorized HFT staff, upon request, may elicit additional personal information from us (me). We (I) authorize HFT to check: 1) character; 2) church affiliation; and 3) to obtain an investigative report containing information obtained through personal interviews (via mail, telephone) with former employer(s), and local (applicable) agencies, including but not limited to law enforcement agencies and the Texas Department of Families and Protective Services for the purpose of determining my (our) suitability as foster/adopt parents. I (we) understand that information will be used only for this purpose and that information solicited will be unlimited.

We (I) authorize HFT to use the above information for the completion of a home study.

We (I) will abide by the requirements and policy of HFT and contracting agencies.

**REQUIRED SIGNATURES:**

\_\_\_\_\_

Mother

\_\_\_\_\_

Date

\_\_\_\_\_

Father

\_\_\_\_\_

Date

\_\_\_\_\_

HFT Staff

\_\_\_\_\_

Date