



HOPE

FOR TOMORROW

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: _____

Mother's Full Name (First, Middle, Last): _____

Father's Full Name (First, Middle, Last): _____

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

MOTHER	Yes	No
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.		

FATHER	Yes	No
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

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:

- HFT Staff Family Radio
- Friends HFT Brochure Newspaper
- HFT Website HFT Families 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

Did you graduate from high school or receive a GED? Yes No

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
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

Did you graduate from high school or receive a GED? Yes No

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
Undergraduate College or Universities					
Graduate Schools					
Technical, Vocational, or Business Schools					

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MILITARY SERVICE

Branch(es) 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 dependant 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: _____	Length of Employment: _____
Position Title: _____	
Mailing Address: _____	
City, State & Zip: _____	
Employer's Phone Number: _____	
Name of Supervisor: _____	
Current/Final Salary: _____	Reason for leaving: _____
Summary of experience: _____	

Name of Employer: _____	Length of Employment: _____
Position Title: _____	
Mailing Address: _____	
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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.

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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.

Name of Individual: _____
Mailing Address: _____
City, State & Zip: _____
Home Phone: _____ Alternate Phone: _____
How long have you known this person? _____

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Mailing Address: _____
City, State & Zip: _____
Home Phone: _____ Alternate Phone: _____
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FATHER REFERENCES

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Home Phone: _____ Alternate Phone: _____
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Name of Individual: _____
Mailing Address: _____
City, State & Zip: _____
Home Phone: _____ Alternate Phone: _____
How long have you known this person? _____

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

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A

CHILD CARE FACILITY OR REGISTERED FAMILY HOME

AN APPLICANT FOR EMPLOYMENT with a licensed child care facility, residential or day care, or registered family home whose employment or potential employment with the facility or registered family home, involves the opportunity for or the direct interaction with children must execute and submit the following affidavit with the application for employment. The failure or refusal to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

STATE OF _____

COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim or;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Been diagnosed as having or have been treated for any mental or emotional condition arising from;
9. Resigned under threat of termination of employment or volunteerism for;
10. Had a report of child abuse or neglect made and substantiated against me for, or
11. Have any pending criminal charges against me in this or any other jurisdiction for.

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors;
17. Any type of child abduction; or;
18. Similar or related conduct, matters, or things.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____.

Signature of notary officer: _____
(seal, if any, of notary officer)



FOR TOMORROW

SELECTION CRITERIA

The applicant understands that this information will be used to run a criminal history and central registry check.

Full Name (First, Middle, Last): _____	
Maiden Name: _____	
Any Other Name Used (First, Middle, Last): _____	
Social Security #: _____	
DL#: _____	State of DL: _____
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	
City, State and Zip Code: _____	
County: _____	Telephone #: _____
Other Cities of Residence in Texas: _____	

Other States of Residence in the past 5 years: _____	

Race: <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> African American
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other: _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you 21 years of age or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have a valid Texas Driver's License? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have current auto insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have a high school diploma or a GED certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I give my permission for Hope For Tomorrow, Inc. (HFT) to run a criminal history and central registry check on the information that I have submitted above. By completing and signing this form I understand and agree that the information provided above is correct and current information.

Applicant _____ Date _____

HFT Staff _____ Date _____

To be completed by HFT staff only:		Date Entered into system: _____
Region: _____		
<input type="checkbox"/> Foster/Adopt Parent	<input type="checkbox"/> Employee	
<input type="checkbox"/> Foster/Adopt Parent's Child: Name of Family _____	<input type="checkbox"/> Therapist	
<input type="checkbox"/> Relative/Household Member: Name of Family _____	<input type="checkbox"/> Other: _____	

Respite Provider

**DISCLOSURE OF ANY FAMILY VIOLENCE CALLS TO A PROSPECTIVE FOSTER HOME
APPLICANTS PLACE OF RESIDENCE**

This form must be completed and reviewed during the home study of all prospective foster applicants. All prospective foster applicants must include a description of any family violence calls made by law enforcement to their place of residence in the 12 months preceding their application to foster.

List all incidents, locations, description, and dates of the family violence calls (if none, write NONE in the Description of the call)

Name of Child Placing Agency				Date Received
Name of Home				Date of the Family Violence Call
Current Home's Street Address	City	State	Zip	Telephone No. (A/C)
Street Address where the family violence call was made	City	State	Zip	County

Description of the call: Please give all of the details regarding the family violence call that was made to your place of residence, including why the call was made, who was involved, names and ages of foster children that were in the home at the time of the call and the names of anyone that was arrested. Please attach a separate sheet of paper if more room is needed.

Name of Child Placing Agency				Date Received
Name of Home				Date of the Family Violence Call
Current Home's Street Address	City	State	Zip	Telephone No. (A/C)
Street Address where the family violence call was made	City	State	Zip	County

Description of the call: Please give all of the details regarding the family violence call that was made to your place of residence, including why the call was made, who was involved, names and ages of foster children that were in the home at the time of the call and the names of anyone that was arrested. Please attach a separate sheet of paper if more room is needed.

The information given is true and complete to the best of my knowledge. The failure or refusal of the applicant to sign or provide the required information constitutes good cause not to verify my home.

Signature of Prospective Foster Parent:

Date

CPA Use Only	Name of CPA Staff that Reviewed		Local Law Enforcement Check Required
Date Reviewed	Local Family Violence Check Completed	If a Local Check was completed, Date shared with Licensing	



To schedule an appointment, visit www.identix.com/iis or call 1-888-467-2080

Authorized Agency Information (To be completed by Requesting Agency)

Agency ORI TX922080Z Agency Name Texas Department of Family and Protective Services – RCCL
Reason for fingerprinting: Prospective Foster/Adoptive Applicant or Adults in The Home.
Agency Assigned Applicant Number _____
(if required by Agency)
Original TCN _____
(if resubmission for rejected prints)

Applicant Information (To be completed by Applicant)

Applicant Last Name _____ First Name _____ Middle Name _____
(please print)
Sex Male Female Race _____ Ethnicity _____ Skin Tone _____
(W, B, A, I, O) (Hispanic or Non-Hispanic)
Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
(feet and inches)
Place of Birth _____ Citizenship _____ Social Security No. _____
(state or country) (country)
DL / ID No. _____ State Issuing DL / ID No. _____
Home Address _____
Street Address City State Zip

Service Center Information (To be completed by Live Scan Operator)

Date Prints Taken _____ Amount Charged For Service _____
Paid by: Check Money Order Visa MasterCard Billing Acct _____
 At time of scheduling At time of appointment

TCN _____

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.

Name of LSO _____

(please print)

Signature of LSO _____

INSTRUCTIONS FOR USING THE IDENTIX FAST PASS FINGERPRINT SYSTEM

The goal of the FAST PASS fingerprints is to provide the applicant a fast, simple, convenient, and professional fingerprinting experience. The sooner the background check process is completed, the sooner your home can be verified.

Here's how to get started:

1. Complete the middle portion of the form. Then schedule an appointment by either going online to the Identix website at www.identix.com/iis, click on the "Schedule a Fingerprinting Appointment On-line" button on the left or by calling Identix at toll-free at 1-888-467-2080 (8am-5pm CST).
2. Have this form with you, it has information such as our agency's ORI number and the reason you're being fingerprinted.
3. When scheduling online, you must select the following:
 - First select, **Texas**,
 - Then the language that you would like to register in (either **English or Spanish**),
 - Then choose **All Others** for the type of agency under the application ID;
 - Then select **Option A – Electronic Submission** for the type of fingerprints needed.
 - Then select **yes, I have a Fast Fingerprint Pass**
 - **Then enter the following Agency ORI number, TX922080Z** (This is a very important step!!! If you do not enter the correct ORI number, DFPS will not receive the results of the fingerprint check and you will have to conduct another check and pay an additional \$48.95 fee).
 - Then select **yes** for the state and federal background check
 - Then enter **your zip code** and the **region of the state** that you would like to have your prints taken, **click next step**.
 - Then click on the available **date** on the calendar and the preferred **time**.
 - On the next page enter in all of your required information and **click send information**. After you have registered on-line you will receive a confirmation email of your scheduled appointment.
4. If you choose to schedule via phone, request an "**Electronic Fingerprint Submission**" and the operator will obtain the above information from you.
5. Arrive at the facility at your appointed time.
6. Bring the following with you to your fingerprinting appointment:
 - **This completed FAST PASS Form;**
 - **Your driver's license or other valid form of identification;** and
 - **The form of payment you selected when you made your appointment. \$48.95** (\$39.00 for the DPS/NCIC fingerprints and the \$9.95 for the processing fee). Identix will except personal checks, money orders or credit cards.
7. The technician will run your fingerprints, take your photograph and give you a signed receipt.
8. Your fingerprints will then be sent electronically to DPS, DPS will send the print to NCIC (FBI) electronically the same day.
9. You must submit the signed receipt to your child placing agency or independent foster home provider as proof of fingerprinting.
10. The results will be sent directly to Licensing from the Texas Department of Public Safety. Licensing will notify your child placing agency or independent foster home provider of the results.