

HOPE FOR TOMORROW, INC.

Application for Foster and/or Adoptive Family, and Respite

Completion of this form is a requirement to participate in our program. **The _____ family understands that uncompleted applications can delay the process of becoming licensed with HFT. If a section does not apply to you mark N/A in section. All blanks must have an answer or they will be sent back.** Thank you for your interest.

Does your family wish to: foster only; adopt only; foster to adopt Respite

Father:

First	Middle	Last
Work Phone	Cell Phone	Date of Birth
Social Security Number	Driver's License Number	Expiration Date
Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Mother:

First	Middle	Last
Work Phone	Cell Phone	Date of Birth
Social Security Number	Driver's License Number	Expiration Date
Home Phone	Emergency Contact Number	
E-Mail address		
Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Address:

Street	City	State/Zip
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Mailing address, if different

Directions to your home:

Total Square Footage of your home: _____

Number of bedrooms available for foster/adopt child(ren): _____

Length of residency: _____

Previous address in the last three years:

Health:

Father:

Do you drink: Yes No

Do you smoke: Yes No

Do you have annual physical check-ups? Yes No

Do you have any physical condition that would hinder your activity and/or care of the child? Yes No

List father's medical history _____

Mother:

Do you drink: Yes No

Do you smoke: Yes No

Do you have annual physical check-ups? Yes No

Do you have any physical condition that would hinder your activity and/or care of the child? Yes No

List mother's medical history _____

Father:

List ALL medications you are currently taking, dosage, and reason:

Mother:

List ALL medications you are currently taking, dosage, and reason:

Education:

Highest educational status attained:

_____ Father _____ Mother

Veteran's Status:

_____ Father _____ Mother

Household Information:

Marital status:

Single Married Divorced Widowed

How long have you and your spouse been married:

Father: If previously married, to whom, when, and why did termination occur? How long were you married?

Mother: If previously married, to whom, when, and why did termination occur? How long were you married?

How do you handle conflict in your present marriage?

Father: _____

Mother: _____

Complete the information on all children living in your home (include foster children, if living in the home).

Full Name (First, Middle, Last)	Whose child? Father/ Mother/ Both/ Foster	DOB	Gender	School/ Occupation	If foster, Caseworker's Name & Phone Number

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

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

Give the names of all of your children or your spouse's children who live outside of your home. Include all grown children. Complete address and phone number for all children living out side the home.

Name	Gender	Age	Current Address	Current Phone Number	Whose Child? Mother/Father

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

Father: Yes No **Mother:** Yes No

Have you ever been convicted 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

Have you ever been charged with a felony?

Father: Yes No **Mother:** Yes No

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

Father: Yes No **Mother:** Yes No

Father: Explain all yes answers:

Mother: Explain all yes answers:

Have you ever applied to any other agency to be a foster parent or to adopt a child?

Yes No

If yes, please list the Agency, County, State, and Date below:

<u>Agency</u>	<u>County</u>	<u>State</u>	<u>Date</u> (Begin & End)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If yes, is your home currently licensed, regulated, approved or operated by any other agency?

Yes No

If yes, name the agency and include their phone number:

Have you ever been denied an initial or a renewal foster care license, or a denial to adopt a child?

Yes No

If yes, give reason(s) for denial:

Have you ever adopted a child(ren) through another agency? Yes No

Describe your experiences with children that you believe will be of assistance to you in working with foster children.

Father:

Mother:

EMPLOYMENT HISTORY: (Please list your last three employers beginning with the most current):

Father:

(1) Present Employer: _____
Address: _____
Telephone: () _____ Position or Title: _____
Salary or Wage: _____ Length of Employment: _____
Supervisor's Name: _____
Reason for Leaving: _____

(2) Employer: _____
Address: _____
Telephone: () _____ Position or Title: _____
Salary or Wage: _____ Length of Employment: _____
Supervisor's Name: _____
Reason for Leaving: _____

(3) Employer: _____
Address: _____
Telephone: () _____ Position or Title: _____
Salary or Wage: _____ Length of Employment: _____
Supervisor's Name: _____
Reason for Leaving: _____
Date of Termination _____

Permission to contact the employer(s): Yes No

Mother:

(1) Present Employer: _____
Address: _____
Telephone: () _____ Position or Title: _____
Salary or Wage: _____ Length of Employment: _____
Supervisor's Name: _____
Reason for Leaving: _____

(2) Employer: _____
 Address: _____
 Telephone: () _____ Position or Title: _____
 Salary or Wage: _____ Length of Employment: _____
 Supervisor's Name: _____
 Reason for Leaving: _____

(3) Employer: _____
 Address: _____
 Telephone: () _____ Position or Title: _____
 Salary or Wage: _____ Length of Employment: _____
 Supervisor's Name: _____
 Reason for Leaving: _____

Permission to contact the employer(s): Yes No

PERSONAL REFERENCES: Please list the names and addresses of four persons or couples not related to you who have known you for at least two years to inform us accurately regarding your moral character and lifestyle. Local references are preferred, but if none are available please give the address and home phone number for out of town references. For local references, please try to provide home and business phone numbers. Please try to vary the nature of your references, including those from spiritual, business, or employment relationships, as well as social relationships.

Full Name	Complete Address	Home & Work Phone

Name of nearest relative not living with you: _____
 Address, City, State & Zip: _____
 Phone Number: _____ Relationship: _____

Note:
 There will be at least one individual interview with each prospective foster/adoptive parent and at least one interview jointly with the mother and the father. Each child of the foster/adoptive family and any other person living in the home full or part time will also be interviewed. During at least one visit to the foster home all family members must be present for a family interview. All adult children of the prospective foster/adoptive parents no longer living at home will be contacted by HFT staff either by phone or by mail. Minimum Standards for Child-placing Agencies require that certain information be obtained from EACH foster parent. This information will assist the person doing your home study in determining your capacity to work with children.

PERSONAL INFORMATION ABOUT YOU AND YOUR FAMILY:

Do both of you wish to foster a child: Yes No Unsure
 Do your biological children want foster/adoptive children: Yes No

What abilities and experiences do you have which will enable you to parent a foster/adoptive child? _____

How will having foster children affect your family's relationship? _____

INCOME & EXPENSES:

Foster parents are reimbursed for most of the expenses related to caring for a child, but State regulations and Hope For Tomorrow's policies require the foster parents to have sufficient income to maintain their home without being totally dependant on the reimbursement. Please fill out 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: \$ _____

Home Information: Own Rent Renting to own

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 Real 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 \$ _____
Church (Tithes and Offerings) \$ _____	
Other Debts/Expenses (specify):	
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	

Total Monthly Expenses: \$ _____

Would you consider accepting a "special needs" child (one with a physical condition or handicap which takes specialized care): Yes No

If yes, please explain _____

DECLARATION and AUTHORIZATION:

I (we) hereby apply to **Hope For Tomorrow, Inc.** to become an HFT foster and/or adoptive home. I (we) will abide by the program and all of its requirements. I (we) declare the information provided in this Application is true, correct, and complete to the best of our knowledge. I (we) understand that if any statement or omission of fact(s) on this Application is found to be incorrect or untrue, my (our) relationship with HFT may be terminated without further action by HFT.

I (we) authorize **Hope For Tomorrow, Inc.** to check: 1) character; 2) church affiliation; and 3) references as listed on this application and to obtain an investigative report containing information obtained through personal interviews (via mail and/or 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 and/or adoptive parents. I (we) understand that information will be used only for this purpose and that information solicited will be unlimited.

Notifying the Director of Foster Home Development at HFT may revoke this consent. It may also be revoked specifying a date, time, event or condition upon which your consent will expire: (if so, please specify):

Foster/Adopt Father's Signature

Date

Foster/Adopt Mother's Signature

Date

Comments:

I, _____ (**Father**) and _____ (**Mother**), give my permission for Hope For Tomorrow, Inc. to run a criminal history check and central registry check with any local, state and/or other authorities.

We authorize HFT to use the above information for the completion of your home study.

Foster/Adopt Father Signature

Date

Foster/Adopt Mother Signature

Date

Hope For Tomorrow, Inc. reserves the right to deny any application with or without cause.

Mother's Initials

Father's Initials