



**FOSTER FAMILY APPLICATION**

Date of Application \_\_\_\_\_

**A. IDENTIFYING DATA**

Applicant #1	Applicant #2
Last Name:	Last Name:
First Name:	First Name:
Maiden Name (if applicable):	Maiden Name (if applicable):
Mailing Address: Physical Address (if applicable): City: State: Zip Code: County:	Mailing Address: Physical Address (if applicable): City: State: Zip Code: County:
Home Phone: Business Phone: Cell Phone: Email Address:	Home Phone: Business Phone: Cell Phone: Email Address:
Years Married (if applicable):	Years Married (if applicable):

**B. PERSONAL DATA**

Applicant 1 Name _____		Applicant 2 Name _____
	Height/Weight	
	Hair/Eye Color	
	Birthdate/Birthplace	
	Ethnic Background	
	Indian Tribe (if applicable)	
	Military Experience	
	Occupation	

	Social Security Number	
	Citizenship/Legal Alien Status	

Have either of you ever been convicted of or received deferred adjudication for a crime other than a minor traffic ticket, to include crimes against the person, crimes against the family, and/or public indecency to a child? If yes, explain:

Have either of you ever had a finding of Reason to Believe for any type of abuse of a child that meets a preponderance of the evidence standard? If yes, explain:

**C. MARITAL HISTORY**

1. Date of your present marriage. \_\_\_\_\_
2. Name of city and county where married. \_\_\_\_\_
3. Have you ever been separated? When. \_\_\_\_\_
4. Previous marriages (if any): \_\_\_\_\_

Applicant 1		Applicant 2
	Name of Former Spouse	
	Length of Marriage (Dates)	
	Why Marriage Ended	

**D. CHILDREN IN HOUSEHOLD**

Name	Date of Birth	Sex	Race	Biological/Adoptive <i>(if adopted, date of adoption)</i>


**E. CHILDREN LIVING OUTSIDE OF YOUR HOME (ALL AGES)**

Name	Date of Birth	Biological/Adopted	Address/Phone #

Are there any other persons living in your household, either full or part time, that have not been listed?  Yes  No

If so, please give their relationship to the family, name, how long they have been living there, and how long you expect them to remain.

Name	How Long	Will Remain Until

**F. EDUCATION**

Applicant 1		Applicant 2
	Number of School Years	
	Certificates/Diplomas/ Degrees/Licensures	
	Area of Study	
	Where Studied	
	Date Graduated	

**G. EMPLOYMENT**

Applicant 1		Applicant 2
	Employer	



8. Directions to home:

**J. Family Background**

Applicant 1		Applicant 2
	Name of Your Father	
	Address	
	Name of Your Mother	
	Address	

Please complete the following information on each of your siblings:

Applicant 1 Siblings	Relationship	City of Residence	Marital Status	No. of Children	Occupation
Applicant 2 Siblings	Relationship	City of Residence	Marital Status	No. of Children	Occupation

Please list names, addresses and telephone numbers of two (2) relatives who will always know how to get in touch with you.

NAME	ADDRESS	TELEPHONE NUMBER

**K. REFERENCES**

Please list the names, addresses and telephones numbers of four (4) references. (1 reference needs to be a relative):

1. (Relative) \_\_\_\_\_  
*Name* *Address* *Phone Number*
  
2. \_\_\_\_\_  
*Name* *Address* *Phone Number*
  
3. \_\_\_\_\_  
*Name* *Address* *Phone Number*
  
4. \_\_\_\_\_  
*Name* *Address* *Phone Number*

**L. RANGE PREFERENCE \***

1. Age:             0-1             1-6             6-13             13-18
  
2. MEDICAL/BEHAVIORAL:
  - Medical Needs-Minor             Mental Retardation
  - Mild Behavioral Problems             Moderate Behavioral Problems             Severe Behavioral Problems
  
3. SEX:             Female             Male  Both

**\*Foster parents must be open to children of any racial or ethnic background.**

**M. ADDITIONAL INFORMATION**

1. Have you been treated for any serious or chronic physical (including infertility) or emotional problems?

Yes             No            (If yes, please explain-include date(s) of therapy or treatment)

2. Have you been foster or adoptive parents before? If so, when, where and for whom?

3. Have you ever had a home screening/study conducted? If so, when, for what purpose (foster care or adoption)? Was the home screening/study approved?

4. Why do you wish to be a foster parent?

5. Do you speak any foreign languages? Which?

**IMPORTANT (Please read the following carefully before signing this document)**

The information given on this application is true and complete to the best of my/our knowledge and belief and I/we understand that any misrepresentation of information will be cause for rejection of this application and will terminate my/our relationship with Guardian's Promise.

Guardian's Promise maintains confidentiality of all information given. At no times will your file be released to any other agency beyond our own without prior written permission within the limits of Texas law. This document will be reviewed by representatives of the Texas Department of Protective and Regulatory Services during scheduled program and contract reviews/audits.

\_\_\_\_\_  
*Signature of Applicant 1*

\_\_\_\_\_  
*Signature of Applicant 2*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Date Signed*

**For office use only:**

**Application Reviewed By:**

**Date Reviewed:**