



Foster/Adopt Parent Application

(Please type or print legibly)

Applicant #1

Name: _____
Last Name (Maiden Name) First Middle

Social Security #: _____ Date of Birth _____

Applicant #2

Name: _____
Last Name (Maiden Name) First Middle

Social Security #: _____ Date of Birth _____

Complete Address

Address: _____

City: _____, Texas Zip Code: _____ County: _____ Years at this address: _____

Telephone: Home (____) _____ E-mail: _____

Work Phone: His (____) _____ Hers (____) _____

Cell Phone: His (____) _____ Hers (____) _____

Directions to home from the Arrow Child & Family Ministries' office (use additional page if needed):

Applicant #1 Please list all places of residence during the previous 10 years if different from current address:

<u>Street Address</u>	<u>City, State</u>	<u>Zip Code</u>	<u>County</u>	<u>Dates (month/year)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant #2 Please list all places of residence during the previous 10 years if different from current address:

<u>Street Address</u>	<u>City, State</u>	<u>Zip Code</u>	<u>County</u>	<u>Dates (month/year)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History

(Please show all employment for the last five years)

Applicant #1

Present Employment: _____

Address: _____

Telephone: _____ Position or Title: _____

Salary or Wage: _____ Length of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position or Title: _____

Supervisor's Name: _____ Length of Employment: _____

Reason for leaving: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position or Title: _____

Supervisor's Name: _____ Length of Employment: _____

Reason for leaving: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position or Title: _____

Supervisor's Name: _____ Length of Employment: _____

Reason for leaving: _____

Employment History

(Please show all employment for the last five years)

Applicant #2

Present Employment: _____

Address: _____

Telephone: _____ Position or Title: _____

Salary or Wage: _____ Length of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position or Title: _____

Supervisor's Name: _____ Length of Employment: _____

Reason for leaving: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position or Title: _____

Supervisor's Name: _____ Length of Employment: _____

Reason for leaving: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position or Title: _____

Supervisor's Name: _____ Length of Employment: _____

Reason for leaving: _____

Marital History

Applicant #1

Current Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Date and Length of Marriage(s): _____

If you are married, both you and your spouse must apply together. You must attach a copy of your marriage license or declaration of marriage.

Date Divorce Finalized: _____

If divorced, you must supply a copy of your divorce decree.

Applicant #1 Previous Marriages (use additional pages if needed)

Name of previous spouse _____

Date of Marriage: From _____ to _____

How ended: ☐ Death ☐ Divorce

If divorced, where was divorce recorded? (County, State) _____

Name of previous spouse _____

Date of Marriage: From _____ to _____

How ended: ☐ Death ☐ Divorce

If divorced, where was divorce recorded? (County, State) _____

Name of previous spouse _____

Date of Marriage: From _____ to _____

How ended: ☐ Death ☐ Divorce

If divorced, where was divorce recorded? (County, State) _____

Marital History

Applicant #2

Current Marital Status:

☐

Married

☐

Single

☐

Divorced

☐

Widowed

Date and Length of Marriage(s): _____

If you are married, both you and your spouse must apply together. You must attach a copy of your marriage license or declaration of marriage.

Date Divorce Finalized: _____

If divorced, you must supply a copy of your divorce decree.

Applicant #2 Previous Marriages (use additional pages if needed)

Name of previous spouse _____

Date of Marriage: From _____ to _____

How ended: ☐ Death ☐ Divorce

If divorced, where was divorce recorded? (County, State) _____

Name of previous spouse _____

Date of Marriage: From _____ to _____

How ended: ☐ Death ☐ Divorce

If divorced, where was divorce recorded? (County, State) _____

Name of previous spouse _____

Date of Marriage: From _____ to _____

How ended: ☐ Death ☐ Divorce

If divorced, where was divorce recorded? (County, State) _____

Household Information

Please provide the following information on every other member of your household besides you and/or your spouse. Please note that we will be running criminal background checks on every person in your home 14 years of age and older.

[illegible]

Does anyone in the house have a serious illness, a handicap, a chronic problem, or nervous condition?

☐ Yes ☐ No

If “Yes,” who and since when? (Give dates, describe their medical treatment and/or counseling):

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Give the names of any of your children or your spouse's children who live outside your household. Include grown children. Please know that we are required to obtain references from all of your children and your spouse's children living outside your household. Use additional page if needed.

Name	Sex	Age	Street Address City, State, and Zip Code	Whose Child? (Husband/Wife)

Have you discussed foster/adopt parenting with your spouse, members of your household?

☐ Yes ☐ No

Are they supportive of your decision? ☐ Yes ☐ No

Explain: _____

Academic History

Applicant #1

Did you graduate from high school? ☐ Yes ☐ No

If not, do you have your GED? ☐ Yes ☐ No

College Degrees, Professional Licenses or Certifications _____

Special Training or Expertise _____

Foreign Languages _____ ☐ Spoken ☐ Written

Applicant #2

Did you graduate from high school? ☐ Yes ☐ No

If not, do you have your GED? ☐ Yes ☐ No

College Degrees, Professional Licenses or Certifications _____

Special Training or Expertise _____

Foreign Languages _____ ☐ Spoken ☐ Written

Military Service

Applicant #1

Branch(es) of Service _____ Years of Service _____

Highest Rank/Rate Attained _____

Type of Discharge(s) _____ Years(s) _____

Applicant #2

Branch(es) of Service _____ Years of Service _____

Highest Rank/Rate Attained _____

Type of Discharge(s) _____ Years(s) _____

Previous Child Care Experience

Applicant #1

(Include church, community, volunteer, family, etc.) Do not include foster care experience.

Applicant #2

(Include church, community, volunteer, family, etc.) Do not include foster care experience.

Foster Parenting History

- Have you or your spouse ever applied to another child placing agency to provide foster care or adoption? ☐ Yes ☐ No

If “Yes,” please list all agencies to which you have applied starting with the most recent.

Agency #1

Date of Application _____

Name & Address of Agency _____

What disposition was made of your application? _____

Agency #2

Date of Application _____

Name & Address of Agency _____

What disposition was made of your application? _____

- How did you learn about Arrow Child & Family Minsitries? (if you heard about us from a friend, please list that person by name so we may thank them) _____

- Have you or your spouse ever been a foster parent? ☐ Yes ☐ No

- Have you or your spouse ever been a house parent? ☐ Yes ☐ No

If “Yes,” please list the name(s) of the organization(s) _____

Describe your experience: _____

- What age, sex and number of youth do you and your spouse currently prefer? _____

- What youth behaviors or problems would be generally unacceptable to you and your spouse? _____

- Other information helpful in matching youth to your family: _____

Personal Interests

Applicant #1

How do you like to spend your leisure time? _____

List specific hobbies and areas of interest: _____

Applicant #2

How do you like to spend your leisure time? _____

List specific hobbies and areas of interest: _____

Religious Background

Applicant # 1 – What is your religious preference/affiliation? _____

Applicant # 2 – What is your religious preference/affiliation? _____

Briefly explain your and your spouse's spiritual motivation for foster/adopt parenting: _____

Do you or your spouse prefer to work with children of any particular religious background? ☐Yes ☐No

Explain: _____

Transportation

Vehicles used to transport foster children must be maintained in safe operating conditions at all times, and inspected and registered according to federal, state, and local laws. Please list all vehicles that might be involved in transportation of foster/adopt children.

Year	Make	Model	Number of Seatbelts	Inspection Expires	Registration Expires	Condition of Vehicle

Do you have liability and personal injury protection insurance on your vehicle(s)? ☐ Yes ☐ No

Name of your auto insurance company: _____

Auto Insurance Policy Number: _____

(Please provide current photocopies of each applicant's driver license and proof of auto insurance.)

Personal References

Please list the **names and complete addresses** of **four persons** or couples **not related** to you who have known you well enough for **at least two years** to inform us accurately regarding your moral character and lifestyle. ***One of the references must be a minister of your church.*** Local references are preferred. Please try to vary the nature of your references, including those from spiritual, business or employment relationships, as well as social relationships.

Minister's Reference

Minister's name: _____
Church: _____
Address: _____
City/State/Zip: _____
Email: _____

Reference #2

Name: _____
Nature of Relationship: _____
Address: _____
City/State/Zip: _____
Email: _____

Reference #3

Name: _____
Nature of Relationship: _____
Address: _____
City/State/Zip: _____
Email: _____

Reference #4

Name: _____
Nature of Relationship: _____
Address: _____
City/State/Zip: _____
Email: _____

Personal Background Information

Applicant #1

☐ Yes ☐ No Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child molestation, or child neglect?

☐ Yes ☐ No Have you been convicted or charged, or are you currently charged with a felony or misdemeanor classified as an offense against a person, family, public indecency, or any violation of the Controlled Substance Act?

☐ Yes ☐ No Are you now receiving or have you ever received treatment for chemical dependency?

☐ Yes ☐ No Have you ever been hospitalized for an emotional or mental illness?

☐ Yes ☐ No Are you now receiving or have you ever received psychiatric treatment?

☐ Yes ☐ No Are you currently taking any prescriptions for anxiety or depression?

☐ Yes ☐ No Do you have any significant acute or chronic medical condition that could affect your ability to parent foster/adopt children?

☐ 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?

☐ Yes ☐ No Do you expect any change in marital status, employment, family size or place of residence within the next year?

Please explain your answers: _____

Personal Background Information

Applicant #2

☐ Yes ☐ No Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child molestation, or child neglect?

☐ Yes ☐ No Have you been convicted or charged, or are you currently charged with a felony or misdemeanor classified as an offense against a person, family, public indecency, or any violation of the Controlled Substance Act?

☐ Yes ☐ No Are you now receiving or have you ever received treatment for chemical dependency?

☐ Yes ☐ No Have you ever been hospitalized for an emotional or mental illness?

☐ Yes ☐ No Are you now receiving or have you ever received psychiatric treatment?

☐ Yes ☐ No Are you currently taking any prescriptions for anxiety or depression?

☐ Yes ☐ No Do you have any significant acute or chronic medical condition that could affect your ability to parent foster/adopt children?

☐ 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?

☐ Yes ☐ No Do you expect any change in marital status, employment, family size or place of residence within the next year?

Please explain your answers: _____

Criminal Record Check

In accordance with Arrow policy and Texas Department of Protective and Regulatory Services licensing standards, a criminal background check is conducted on all foster/adopt parent applicants to determine whether any offenses have been committed which might adversely affect foster/adopt parenting eligibility. **This policy applies to any resident of the foster home age 14 or older (excluding other foster children).** Arrow staff must visually verify the valid ID or Social Security Card. To comply with this policy, please furnish the following information (use additional sheets if necessary):

Applicant #1

Full Name: _____

Other Names used: _____

Social Security Number: _____

Texas Driver's License Number (attach a copy of TDL): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please list all city/states you have lived in: _____

Applicant #2

Full Name: _____

Other Names used: _____

Social Security Number: _____

Texas Driver's License Number (attach a copy of TDL): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please list all city/states you have lived in: _____

Other Resident (14 years old or older)

Full Name: _____ Other Names used: _____

Social Security Number: _____

Texas Driver's License Number (attach a copy of TDL): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please list all city/states you have lived in: _____

Signature of Other Resident_____
Date**Other Resident (14 years old or older)**

Full Name: _____ Other Names used: _____

Social Security Number: _____

Texas Driver's License Number (attach a copy of TDL): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please list all city/states you have lived in: _____

Signature of Other Resident_____
Date**Other Resident (14 years old or older)**

Full Name: _____ Other Names used: _____

Social Security Number: _____

Texas Driver's License Number (attach a copy of TDL): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please list all city/states you have lived in: _____

Signature of Other Resident_____
Date

No Obligation Acknowledgement

Applicant #1

The undersigned acknowledges that he/she is not obligated to provide foster/adopt care, nor is Arrow obligated to assign, or actively seek to assign, a foster/adopt child to the applicant.

Signature of Applicant #1

Date

Applicant #2

The undersigned acknowledges that he/she is not obligated to provide foster/adopt care, nor is Arrow obligated to assign, or actively seek to assign, a foster/adopt child to the applicant.

Signature of Applicant #2

Date

Release of Information

Applicant #1

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

I authorize Arrow Child & Family Ministries to obtain any information that would assist in the evaluation of my application to participate in the foster/adopt care program.

As part of Arrow's matching process, authorized Arrow personnel upon request may elicit additional personal information from the applicant.

Signature of Applicant #1

Date

Applicant #2

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

I authorize Arrow Child & Family Ministries to obtain any information that would assist in the evaluation of my application to participate in the foster/adopt care program.

As part of Arrow's matching process, authorized Arrow personnel upon request may elicit additional personal information from the applicant.

Signature of Applicant #2

Date



Consent For Release Of Information

Please list all agencies or related service office with whom you have been involved as a foster or adoptive parent, applicant, or volunteer, either in or outside the State of Texas.

Agency Name _____ Dates _____

Address _____

City, State Zip _____

Phone Number _____ Fax Number _____

Agency Name _____ Dates _____

Address _____

City, State Zip _____

Phone Number _____ Fax Number _____

Agency Name _____ Dates _____

Address _____

City, State Zip _____

Phone Number _____ Fax Number _____

☐ **I (We) have not been involved with any agency or related service office as a foster/adoptive parent, applicant, volunteer, or in any other capacity.**

I (We) understand the above agencies will be contacted for verification of my (our) statement(s) and hereby authorize, as a condition of and in consideration of becoming a foster/adoptive parent with ARROW CHILD & FAMILY MINISTRIES, the release of any information from the above agencies regarding my (our) character, past conduct, foster or adoptive experience and other related matters.

Signature – Applicant #1

Date

Signature – Applicant #2

Date