Arrow CHILD & FAMILY MINISTRIES
Helping Kids~Strengthening Families

Foster/Adopt Parent Application

(Please type or print legibly)

Office Use Only	
Office:	License/Cert. #:
Date App. Started:	
Date: App. Completed:	
Date Certified:	

Family Name:

(ex: Smith, John & Mary)

Program Interested in: ☐ Foster ☐ Foster to Adopt ☐ Adopt Only ☐ Kinship/Fictive Kin ☐ Respite ☐ Treatment Foster Care ☐ Restoration Foster Care ☐ PMN

How did you hear about Arrow?

If Kinship, please provide child's worker information:

Case Worker Name:			
Email Address:		Cell Phone:	( )
Ad Litem Name:			
Email Address:		Cell Phone:	( )
CASA Name:			
Email Address:		Cell Phone:	( )

ADDRESS INFORMATION

Current Address **Home Phone: ( )**

Type of Residence: ☐ Private Res. ☐ Apartment ☐ Condo ☐ Rental Home ☐ Other:

Address:

City: **State:** **Zip:** **County:** **Years at address:**

Mailing address *(complete only if different than Current Address)*

Type of Address: ☐ Post Office Box ☐ Private Res. ☐ Apartment ☐ Condo ☐ Rental Home ☐ Other:

Address:

City: **State:** **Zip:** **County:** **Years at address:**

FAMILY STRUCTURE

Marital Status: ☐ Married ☐ Single *(Never married)* ☐ Co-Habitation ☐ Divorced ☐ Widowed

# of Dependents: **Family Size:** **Total Family Income:** **$** ☐ Yrly. ☐ Mnthly. ☐ Bi-Wkly. ☐ Wkly. ☐ Daily ☐ Hourly

APPLICANT/S PERSONAL INFORMATION

(If you are married or Co-Habitating, both of you must apply below)

Applicant #1		Applicant #2	
Role in Family:	☐ Dad ☐ Mom ☐ Other:	**Role in Family:**	☐ Dad ☐ Mom ☐ Other:
Last Name:		**Last Name:**	
Salutation: (*if applicable*)		**Salutation:** (*if applicable*)	
Maiden Name: (*if applicable*)		**Maiden Name:** (*if applicable*)	
First Name:		**First Name:**	
Middle Name:		**Middle Name:**	
Date of Birth:		**Date of Birth:**	
Other Names Used:		**Other Names Used:**	
Place of Birth:		**Place of Birth:**	
Citizenship (country):		**Citizenship (country):**	
Gender:	☐ Male ☐ Female	**Gender:**	☐ Male ☐ Female
Race/Ethnicity:		**Race/Ethnicity:**	
Height:	**Weight:**	**Height:**	**Weight:**
Hair Color:	**Eye Color:**	**Hair Color:**	**Eye Color:**
Tribal Affiliation:		**Tribal Affiliation:**	
Language(s):		**Language(s):**	
Social Sec. No:		**Social Sec. No:**	
State Driver's License #:	**#:**	**State Driver's License #:**	**#:**

or Other State ID #: Type:	**or Other State ID #:** Type:
Cell Phone #:	**Cell Phone #:**
Email Address:	**Email Address:**
Religious Affiliation	**Religious Affiliation**
Religion:	**Religion:**
Church name attending: *(if applicable)*	**Church name attending:** *(if applicable)*
How often attend services?	**How often attend services?**
Academic History	**Academic History**
Highest Education: ☐ Grade School ☐ Junior High ☐ Senior High (not grad.) ☐ High School Graduate/GED ☐ College (not grad.) ☐Associate Degree ☐Bachelor Degree ☐ Masters ☐ Doctorate	**Highest Education:** ☐ Grade School ☐ Junior High ☐ Senior High (not grad.) ☐ High School Graduate/GED ☐ College (not grad.) ☐Associate Degree ☐Bachelor Degree ☐ Masters ☐ Doctorate
High School:	**High School:**
College: Degree type: Years:	**College:** Degree type: Years:
College: Degree type: Years:	**College:** Degree type: Years:
College: Degree type: Years:	**College:** Degree type: Years:
Business/Vocational School(s): Years:	**Business/Vocational School(s):** Years:
Certificates:	**Certificates:**
Professional Licenses or Certifications:	**Professional Licenses or Certifications:**
Special Training or Expertise:_____	**Special Training or Expertise:**_____
Employment History	**Employment History**
Present Employer	**Present Employer**
Employer Name:	**Employer Name:**
Address:	**Address:**
City/State/Zip:	**City/State/Zip:**
Work Phone #:	**Work Phone #:**
Position or Title:	**Position or Title:**
Date of Employment:	**Date of Employment:**
Length of Employment:	**Length of Employment:**
Salary or Wage: **$**	**Salary or Wage:** **$**
Work hours:	**Work hours:**
Supervisor's Name:	**Supervisor's Name:**
(If employed by present employer is less than three years, please list previous employment below)	
Previous Employer	**Previous Employer**
Previous Employer Name:	**Previous Employer Name:**
Address:	**Address:**
City/State/Zip:	**City/State/Zip:**
Work Phone #:	**Work Phone #:**
Position or Title:	**Position or Title:**
Date of Employment: **Start:** **End:**	**Date of Employment:** **Start:** **End:**
Length of Employment:	**Length of Employment:**
Salary or Wage: **$**	**Salary or Wage:** **$**
Reason for leaving:	**Reason for leaving:**
Supervisor's Name:	**Supervisor's Name:**

APPLICANT #1 RESIDENTIAL HISTORY (Please list all places of residence during previous 10 years if different from current address)

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

APPLICANT #2 RESIDENTIAL HISTORY (Please list all places of residence during previous 10 years if different from current address)

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

Address: _____

City: **State:** **Zip:** **County:** **From Date– To Date:**

OTHER HOUSEHOLD MEMBERS RESIDENTIAL HISTORY

(Please list all places of residence during previous 10 years if different from current address)

Full Name:

Address: _____

City: **State:** **Zip:** **County:** **From Date- To Date:**

Full Name (if different from the name listed above):

Address: _____

City: **State:** **Zip:** **County:** **From Date- To Date:**

Full Name (if different from the name listed above):

Address: _____

City: **State:** **Zip:** **County:** **From Date- To Date:**

Full Name (if different from the name listed above):

Address: _____

City: **State:** **Zip:** **County:** **From Date- To Date:**

Full Name (if different from the name listed above):

Address: _____

City: **State:** **Zip:** **County:** **From Date- To Date:**

Full Name (if different from the name listed above):

Address: _____

City: **State:** **Zip:** **County:** **From Date- To Date:**

(Please use an additional page to complete this section, if necessary)

Citizenship		Citizenship	
U.S. Citizen:	☐ Yes ☐ No	**U.S. Citizen:**	☐ Yes ☐ No
Legal Resident:	☐ Yes ☐ No	**Legal Resident:**	☐ Yes ☐ No
Military Information	☐ *Never been in the Military*	**Military Information**	☐ *Never been in the Military*
Branch(es) of Service:		**Branch(es) of Service:**	
Date of Service:	**Start:** **End:**	**Date of Service:**	**Start:** **End:**
Discharged?	☐ Yes ☐ No	**Discharged?**	☐ Yes ☐ No
Type of Discharge:		**Type of Discharge:**	
(attached DD214)		*(attached DD214)*	
Health Information		**Health Information**	
Describe your current health:	☐ Good ☐ Fair ☐ Poor ☐ Disabled	**Describe your current health:**	☐ Good ☐ Fair ☐ Poor ☐ Disabled
List any handicaps, serious illnesses, operations, or chronic conditions within the past ten years & the date/s it covered:		**List any handicaps, serious illnesses, operations, or chronic conditions within the past ten years & the date/s it covered:**	
Date of Last Physical:		**Last Physical:**	
Date of Latest TB Test:	*(attach copy of TB results – if apply)*	**Latest TB Test:**	*(attach copy of TB results – if apply)*
Marital History		**Marital History**	
Current Status:	☐ Married ☐ Single ☐ Separated ☐ In relationship ☐ Divorced ☐Widowed	**Current Status:**	☐ Married ☐ Single ☐ Separated ☐ In relationship ☐ Divorced ☐Widowed
Date of current marriage:		**Date of current marriage:**	
Have both you and your spouse discussed foster parenting, and you both are supportive and similarly motivated to foster parenting?	☐ Yes ☐ No	**Have both you and your spouse discussed foster parenting, and you both are supportive and similarly motivated to foster parenting?**	☐ Yes ☐ No
Previous Marriages *(complete only if applies)*		**Previous Marriages** *(complete only if applies)*	
Name of Previous Spouse:		**Name of Previous Spouse:**	
Date of Marriage:	From: _____ To:_____	**Date of Marriage:**	From: _____ To:_____
How ended:	Death Divorce	**How ended:**	Death Divorce
County, State:	*(attach copy of Divorce or Death certificate)*	**County, State :**	*(attach copy of Divorce or Death certificate)*
Name of Previous Spouse:		**Name of Previous Spouse:**	
Date of Marriage:	From: _____ To:_____	**Date of Marriage:**	From: _____ To:_____
How ended:	☐ Death ☐ Divorce	**How ended:**	☐ Death ☐ Divorce
County, State of divorce:	*(attach copy of Divorce or Death certificate)*	**County, State of divorce:**	*(attach copy of Divorce or Death certificate)*
Name of Previous Spouse:		**Name of Previous Spouse:**	
Date of Marriage:	From: _____ To:_____	**Date of Marriage:**	From: _____ To:_____
How ended:	☐ Death ■ Divorce	**How ended:**	☐ Death ☐ Divorce
County, State of divorce:	*(attach copy of Divorce or Death certificate)*	**County, State of divorce:**	*(attach copy of Divorce or Death certificate)*

(Please use additional pages if necessary)

PREVIOUS CHILD CARE EXPERIENCE

Previous Child Care Experience *(do not include foster care)* *(Include church, community, volunteer, family, etc.)*	**Previous Child Care Experience** *(do not include foster care)* *(Include church, community, volunteer, family, etc.)*

APPLICANT/S BACKGROUND QUESTIONNAIRE

Applicant #1	**Applicant #2**

Personal Background Information	Personal Background Information
☐ Yes ☐ No 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?	☐ Yes ☐ No 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?
☐ Yes ☐ No Have you ever been convicted 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 Have you ever been convicted 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 Have you ever been charged with a felony?	☐ Yes ☐ No Have you ever been charged with a felony?
☐ Yes ☐ No Are you now receiving or have you ever received treatment for chemical dependency?	☐ Yes ☐ No Are you now receiving or have you ever received treatment for chemical dependency?
☐ Yes ☐ No Do you object to a criminal records check?	☐ Yes ☐ No Do you object to a criminal records check?
☐ Yes ☐ No Have you ever been hospitalized for an emotional or mental illness?	☐ 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 now receiving or have you ever received psychiatric treatment?
☐ Yes ☐ No Do you have any significant acute or chronic medical condition that could affect your ability to foster parent children?	☐ Yes ☐ No Do you have any significant acute or chronic medical condition that could affect your ability to foster parent children?
☐ 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?	☐ 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?
☐ Yes ☐ No Do you expect any change in marital status, employment, family size or place of residence within the next year?	☐ Yes ☐ No Do you expect any change in marital status, employment, family size or place of residence within the next year?
Explain, if "Yes" to any answer:	***Explain, if "Yes" to any answer:***

Criminal Record Check: ***In accordance with Arrow Child & Family Ministries policy and State Human Resources licensing standards, a criminal record background check is conducted on all foster parent applicants, and any person/s living in the household 14 year or older (ages may vary per State), to determine whether any offenses have been committed which might adversely affect foster parenting eligibility.***

CURRENT FOSTER /ADOPT PREFERENCES

Please complete the questions below to help us with matching children to your family.

Preferences	Preferences
Gender: ☐ Male ☐ Female ☐ Both	**Gender:** ☐ Male ☐ Female ☐ Both
Race: ☐ African Am. ☐ Hispanic ☐ Caucasian ☐ Am. Indian ☐ Mixed ☐ Any, no Preference **Note:**	**Race:** ☐ African Am. ☐ Hispanic ☐ Caucasian ☐ Am. Indian ☐ Mixed ☐ Any, no Preference **Note:**
Age(s):	**Age(s):**
Number of children:	**Number of children:**
List behavior or problems unacceptable to you in a child:	**List behavior or problems unacceptable to you in a child:**

Other information helpful in matching children to your family:	Other information helpful in matching children to your family:

Doctor/Dentist Information for Foster Children

Please list the name, complete address, and phone number of the doctor and dentist who will be seeing the foster child(ren) in your home.
***In Texas, the doctor and dentist must accept STAR Health.**

Physician:

Address:

City: **State:** **Zip:** **County:** **Phone:**

Dentist:

Address:

City: **State:** **Zip:** **County:** **Phone:**

APPLICANT/S DECLARATION 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 dis-approval 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 Child & Family Ministries 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 dis-approval 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 Child & Family Ministries matching process, authorized Arrow personnel upon request may elicit additional personal information from the applicant.

Signature of Applicant #2 **Date**

HOUSEHOLD MEMBERS INFORMATION

(List anyone living in the home at any time during the year)

Provide the following information on every person living in your household, other than Applicant #1 & #2

NAME	Last:			First:		Middle:	
# of months you live in the home?	Relationship	Related to:	Age	DOB	Sex	SocSecNo.	Email *(if have one)*
☐ All Yr. ☐ 6+ mo. yr ☐ - 6 mo. yr	☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other		Birth Place:	☐ Male ☐ Female		

Any serious illness, handicap, chronic problem, or nervous condition/s: ☐ Yes ☐ No *(If yes, please describe treatment and/or counseling, give dates)*

NAME	Last:			First:		Middle:	
# of months you live in the home?	Relationship	Related to:	Age	DOB	Sex	SocSecNo.	Email *(if have one)*
☐ All Yr. ☐ 6+ mo. yr ☐ - 6 mo. yr	☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other		Birth Place:	☐ Male ☐ Female		

Any serious illness, handicap, chronic problem, or nervous condition/s: ☐ Yes ☐ No *(If yes, please describe treatment and/or counseling, give dates)*

NAME	Last:			First:		Middle:	
# of months you live in the home?	Relationship	Related to:	Age	DOB	Sex	SocSecNo.	Email *(if have one)*
☐ All Yr. ☐ 6+ mo. yr ☐ - 6 mo. yr	☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other		Birth Place:	☐ Male ☐ Female		

Any serious illness, handicap, chronic problem, or nervous condition/s: ☐ Yes ☐ No *(If yes, please describe treatment and/or counseling, give dates)*

NAME	Last:			First:		Middle:	
# of months you live in the home?	Relationship	Related to:	Age	DOB	Sex	SocSecNo.	Email *(if have one)*
☐ All Yr. ☐ 6+ mo. yr ☐ - 6 mo. yr	☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other		Birth Place:	☐ Male ☐ Female		

Any serious illness, handicap, chronic problem, or nervous condition/s: ☐ Yes ☐ No *(If yes, please describe treatment and/or counseling, give dates)*

NAME	Last:			First:		Middle:	
# of months you live in the home?	Relationship	Related to:	Age	DOB	Sex	SocSecNo.	Email *(if have one)*
☐ All Yr. ☐ 6+ mo. yr ☐ - 6 mo. yr	☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other		Birth Place:	☐ Male ☐ Female		

Any serious illness, handicap, chronic problem, or nervous condition/s: ☐ Yes ☐ No *(If yes, please describe treatment and/or counseling, give dates)*

(Please use an additional page if there are more Household Members in your home than spaces on this form)

OTHER CHILDREN LIVING OUTSIDE OF HOUSEHOLD INFORMATION

Provide names of any children you or your spouse have that live outside of your household. Include grown children.

(NOTE: Arrow is required to obtain references from all of your children living outside of your household.)

NAME	Last:				First:	Middle:
Relationship	Related to:	Sex	DOB	Age	Street Address City/State/Zip	Phone No. & Email
☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other	☐ Male ☐ Female			____________________________________	Phone #:________________________ Email:
NAME	Last:				First:	Middle:
Relationship	Related to:	Sex	DOB	Age	Street Address City/State/Zip	Phone No. & Email
☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other	☐ Male ☐ Female			____________________________________	Phone #:________________________ Email:
NAME	Last:				First:	Middle:
Relationship	Related to:	Sex	DOB	Age	Street Address City/State/Zip	Phone No. & Email
☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other	☐ Male ☐ Female			____________________________________	Phone #:________________________ Email:
NAME	Last:				First:	Middle:
Relationship	Related to:	Sex	DOB	Age	Street Address City/State/Zip	Phone No. & Email
☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other	☐ Male ☐ Female			____________________________________	Phone #:________________________ Email:
NAME	Last:				First:	Middle:
Relationship	Related to:	Sex	DOB	Age	Street Address City/State/Zip	Phone No. & Email
☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other	☐ Male ☐ Female			____________________________________	Phone #:________________________ Email:
NAME	Last:				First:	Middle:
Relationship	Related to:	Sex	DOB	Age	Street Address City/State/Zip	Phone No. & Email
☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other	☐ Male ☐ Female			____________________________________	Phone #:________________________ Email:
NAME	Last:				First:	Middle:
Relationship	Related to:	Sex	DOB	Age	Street Address City/State/Zip	Phone No. & Email
☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other	☐ Male ☐ Female			____________________________________	Phone #:________________________ Email:
NAME	Last:				First:	Middle:
Relationship	Related to:	Sex	DOB	Age	Street Address City/State/Zip	Phone No. & Email
☐ Son ☐ Daughter ☐ Other:	☐ Both ☐ Dad ☐ Mom ☐ Other	☐ Male ☐ Female			____________________________________	Phone #:________________________ Email:

☐ Yes ☐ No **Have you discussed foster/adopt parenting with your family members?**

☐ Yes ☐ No **Are they supportive of your decision?**

(Please use an additional page if there are more Household Members in your home than spaces on this form)

PERSONAL REFERENCES

Please list four persons or couples, not related to you, who have known you well enough for at least two years. These references must be able to accurately inform us of your moral character as well as life style. Local references are preferred, but if none are available out of town references will be accepted. Please try to vary the nature of your references, including those from spiritual, business, or employment relationships, as well as social relationships. Additionally, please list one relative that can provide a reference for you. ***Please provide the information requested below:***

NAME	Last:	First:	Middle:
Relationship	**Street Address City/State/Zip**	**Phone Numbers**	**# of Years Known and Email**
☐ Friend ☐ Spiritual ☐ Other:	______________________	Home:______________ Cell: ______________ Work:______________	# of Years Known: __________ Email:

NAME	Last:	First:	Middle:
Relationship	**Street Address City/State/Zip**	**Phone Numbers**	**# of Years Known and Email**
☐ Friend ☐ Spiritual ☐ Other:	______________________	Home:______________ Cell: ______________ Work:______________	# of Years Known: __________ Email:

NAME	Last:	First:	Middle:
Relationship	**Street Address City/State/Zip**	**Phone Numbers**	**# of Years Known and Email**
☐ Friend ☐ Spiritual ☐ Other:	______________________	Home:______________ Cell: ______________ Work:______________	# of Years Known: __________ Email:

NAME	Last:	First:	Middle:
Relationship	**Street Address City/State/Zip**	**Phone Numbers**	**# of Years Known and Email**
☐ Friend ☐ Spiritual ☐ Other:	______________________	Home:______________ Cell: ______________ Work:______________	# of Years Known: __________ Email:

NEAREST LIVING RELATIVE – NOT LIVING WITH YOU

NAME	Last:	First:	Middle:
Relationship	**Street Address City/State/Zip**	**Phone Numbers**	**# of Years Known and Email**
	______________________	Home:______________ Cell: ______________ Work:______________	# of Years Known: __________ Email:

Note: A reference form will be sent to each person listed to complete and return to our office

HOME & COMMUNITY

Type of residence: ☐ Single Family Dwelling ☐ Duplex ☐ Triplex ☐Apartment ☐ Mobile Home ☐ Single Story Home ☐ Multi-level Home

☐ Home owned/Purchasing ☐ Renting **Square footage:** _____ **Length of time in residence:** _____ ☐ yrs. ☐ mo.

Applicant(s) planning on moving? ☐ Yes ☐ No **If yes, when?** **Year built** _____

# of Bedrooms:_____
# of Bathrooms:_____

Check any of the amenities listed below that you may have at you residence:
☐ Pool ☐ Hot Tub ☐ Fireplace ☐ Fenced yard ☐ Covered Patio ☐ Woodstove ☐ Stairs

☐ Yes ☐ No **Any other bodies of water located on property (pond/creek/lake)? If yes, explain:** _____

☐ Yes ☐ No **Are they fenced? If yes, explain:** _____

Special highlights of the home or property:

Briefly describe the neighborhood (class of families, children, parks, shopping areas, doctor offices, etc.: _____

Local Schools: *(School Name, City, State)*

Elementary	Middle/Jr. High	High School

Hospital/s: *(nearest your residence)*_____

☐ Yes ☐ No **Alcoholic beverages in home? If yes, are they stored in an unlocked refrigerator or out in the open?** ☐ Yes ☐ No

☐ Yes ☐ No **Tobacco Products – does anyone in your home or on your property use tobacco? If yes, Name:**

☐ Yes ☐ No **Medical Marijuana – does anyone in your home or on your property use medical marijuana? If yes, Name:**

APPLICANT(S) VEHICLES

***Please attach a copy of the following for all drivers:** ☐ Driver's License ☐ Insurance cards for each vehicle used to transport kids ☐ State Registration

VEHICLE #1

Drivers covered by insurance for this car: ☐ Applicant #1 ☐ Applicant #2 ☐ Other driver/s:

☐ Yes ☐ No **Will children be transported in this car? Number of seats available for children** *(excluding front seat):*

Make:	Model:	Year:
Insurance carrier:	**Policy Period: Starts:**	**Ends:**
Date State Inspection Expires: *(NA to TX or CA applicants)*	**Date State Registration Expires:**	

Condition of car: Exterior: ☐ Good ☐ Poor **Interior:** ☐ Good ☐ Poor **Tires:** ☐ Good ☐ Worn ☐ Poor **Dents:** ☐ Yes ☐ No

Other condition issues:

VEHICLE #2

Drivers covered by insurance for this car: ☐ Applicant #1 ☐ Applicant #2 ☐ Other driver/s:

☐ Yes ☐ No **Will children be transported in this car? Number of seats available for children** *(excluding front seat):*

Make:	Model:	Year:
Insurance carrier:	**Policy Period: Starts:**	**Ends:**
Date State Inspection Expires: *(NA to TX or CA applicants)*	**Date State Registration Expires:**	

Condition of car: Exterior: ☐ Good ☐ Poor **Interior:** ☐ Good ☐ Poor **Tires:** ☐ Good ☐ Worn ☐ Poor **Dents:** ☐ Yes ☐ No

Other condition issues:

VEHICLE #3

Drivers covered by insurance for this car: ☐ Applicant #1 ☐ Applicant #2 ☐ Other driver/s:

☐ Yes ☐ No **Will children be transported in this car? Number of seats available for children** *(excluding front seat):*

Make:	Model:	Year:
Insurance carrier:	**Policy Period: Starts:**	**Ends:**
Date State Inspection Expires: *(NA to TX or CA applicants)*	**Date State Registration Expires:**	

Condition of car: Exterior: ☐ Good ☐ Poor **Interior:** ☐ Good ☐ Poor **Tires:** ☐ Good ☐ Worn ☐ Poor **Dents:** ☐ Yes ☐ No

Other condition issues:

PREVIOUS FOSTER /ADOPT HISTORY

(Complete this section only if you have previously been a Foster or Adoptive Home)

☐ Yes ☐ No Have you ever applied to another source for a child (foster care or adoption)? If yes, complete below:	☐ Yes ☐ No Have you ever applied to another source for a child (foster care or adoption)? If yes, complete below:
Source: _____ Date/Year:_____	Source: _____ Date/Year:_____
Address: _____ Phone #:	Address: _____ Phone #:
City/State/Zip	City/State/Zip
What disposition was made of your application?	What disposition was made of your application?
☐ Yes ☐ No Have you ever been a foster parent?	☐ Yes ☐ No Have you ever been a foster parent?
☐ Yes ☐ No Have you ever been a house parent?	☐ Yes ☐ No Have you ever been a house parent?
If yes, list date(s) of participation and name(s) of organizations(s):	If yes, list name(s) of organizations(s):
Date: Organization:	Date: Organization:
Date: Organization:	Date: Organization:
Date: Organization:	Date: Organization:
Date: Organization:	Date: Organization:

Number of previous placements you have taken into your home:
Describe your experience/s:

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 _____ Fax Number: _____
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 herby authorize, as a condition of and in consideration of becoming a foster/adoptive parent with ARROW TREATMENT FOSTER CARE, the release of any information from the above agencies regarding my (our) character, past conduct, foster or adoptive experiences and other related matters.

_____ _____
Applicant 1 Signature Date

_____ _____
Applicant 2 Signature Date

Criminal Record Check

In accordance with Arrow Child & Family Ministries policy and Texas Department of Family & Protective Services licensing standards DPS, CPS & FBI background checks are required for any individual who resides in a foster/adoptive family's home and is age 14 and over, or anyone who will be providing care for a foster child. (FBI background checks require the individual to be fingerprinted, at a cost of approximately $40 per person.) DPS & CPS background checks are also required for individuals who are frequent visitors to a foster/adoptive home. By signing below you are giving Arrow Child & Family Ministries permission to conduct these background checks, to determine whether any offenses have been committed which may adversely affect your contact with foster children.

****A form should be completed for <u>each</u> foster/adoptive parent applicant, as well as all household members age 14 and over, and turned in to Arrow staff (with a copy of the individual's Driver's License or State ID, if applicable) as soon as possible. The form must be filled out completely. Nothing should be left blank. If something does not apply to you, simply put "N/A".****

<table>
<tr><td>Social Security Number</td><td colspan="2">Drivers License or State Issued ID Number
(Please submit a copy)</td><td>State</td><td>ID Type (DL or ID Card)</td></tr>
<tr><td>First Name</td><td>Middle Name</td><td colspan="3">Last Name</td></tr>
<tr><td>Street Address</td><td>City</td><td>State</td><td colspan="2">Zip</td></tr>
<tr><td>County</td><td>Telephone No. (A/C)</td><td colspan="2">Date of Birth</td><td>Sex
☐ M ☐ F</td></tr>
<tr><td colspan="2">Email:

List all other cities in TX where there has been residency. If you lived outside TX in the previous 5 years you must also list the previous address(es) outside of TX, including the county:</td><td colspan="3">Relationship of person to requestor
☐ Adoptive Parent ☐ Nurse ☐ Babysitter
☐ Foster Parent ☐ Other Staff ☐ Short Term Child Care Provider
☐ Household Member ☐ Frequent Visitor ☐ Respite Provider
☐ Other _____</td></tr>
<tr><td>Date Hired (if applicable):</td><td>Ethnicity
☐ Hispanic ☐ Other</td><td colspan="3">Race ☐ White ☐ Asian/Pacific Islander
☐ Black ☐ American Indian/Alaskan Native</td></tr>
<tr><td colspan="2">Other names used (married, maiden, etc.)
First Name</td><td>Middle Name</td><td colspan="2">Last Name</td></tr>
</table>

_____ _____

Signature Date