



Foster/Adopt Parent Application

(Please type or print legibly)

General Information

Family Name: _____ Date: _____

Office: _____

Program Interested In: Foster Adoption Respite
 Treatment Foster Care ICPC Respite for family: _____
 Kinship Primary Medical Needs _____

If Kinship or ICPC, please provide worker's contact information. N/A

DFPS Worker Name: _____ Phone: _____

DFPS Worker Email: _____

How did you hear about Arrow? _____

If you were referred by an Arrow foster parent/family, what is their name? _____

Residential Information

Type of Residence: _____ If "other" selected, please describe: _____

Time at Current Address: _____ #Months _____ #Years _____ Number of Bedrooms: _____

Permanent Address

Street Address: _____ School District: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address (if different from Permanent Address)

Same as Permanent Address

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Family Information

Primary Contact Name: _____ Phone: _____

Marital Status: _____ Email: _____

Number of Dependents (excluding foster and kinship/ICPC placements): _____

Family Size (total people living in the home): _____

Family Income: \$ _____ per Day Hour Week Bi-Weekly Month Year

Are you able to meet your monthly expenses without TDFPS Foster Care reimbursement? Yes No

Applicant(s) Information

(if you are married or cohabitating, both parties must apply):

Applicant 1			Applicant 2				
First Name							
Middle Name							
Last Name							
Other Names Used							
Maiden Name							
Gender at birth							
Gender you identify as							
DOB							
Are you 21+?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Social Security Number							
Ethnicity							
Race							
Tribal Affiliation							
Phone Number							
Email Address							
Primary Language							
Other Languages Spoken							
Highest Level of Education Completed							
Citizenship Status							
Employment Status							
Employer's Name							
Have you ever been divorced?	<input type="checkbox"/> Yes	#times	<input type="checkbox"/> No	<input type="checkbox"/> Yes	#times	<input type="checkbox"/> No	
Have you ever been widowed?	<input type="checkbox"/> Yes	#times	<input type="checkbox"/> No	<input type="checkbox"/> Yes	#times	<input type="checkbox"/> No	
Do you have a valid driver's license?	<input type="checkbox"/> Yes - Texas	<input type="checkbox"/> Yes - Other State	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Texas	<input type="checkbox"/> Yes - Other State	<input type="checkbox"/> No	
Can you pass a criminal and child abuse background check?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you been convicted of a felony?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, when?							
Have you lived outside of Texas within last 5 years?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, where?							

Placement Preferences

(Further discussion may be required based on the needs of your office)

How many children are you willing and able to care for? * Arrow allows homes with a maximum of 6 children. _____

What age range of children are you willing to foster? **Arrow suggests a 5 year age range of preferences. _____

Gender: Male Female Transgender Non-Binary

Race(s): Any Black Hispanic Native American

Asian Caucasian Other: _____

Prior Experience

Have you ever applied or provided foster care or adoption services to child before? Yes - applied Yes - licensed Denied N/A

If yes, what agencies did you work/apply with? _____

When did you work/apply with that agency? _____

Is your home currently approved or licensed with another agency? Yes No N/A

If yes, why do you want to transfer to Arrow? _____

If previously fostered, how many placements/kids have you fostered in your home? _____

Describe your experience(s) with your previous foster kids: _____

Acknowledgements

Applicant families are expected to finish their portion of the application, paperwork, and training phase in 90 days or less. Do you feel you will have trouble completing the application process within 90 days? Yes No

If so, what obstacles do you have? _____

Are you willing to participate and embrace our training method, which is based on a therapeutic, evidence-based training method? Yes No

I hereby declare the information I have provided on this foster/adopt applicant questionnaire 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 applicant.

I authorize Arrow Child & Family Ministries (Arrow) 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.

Applicant 1 Signature

Date

Applicant 2 Signature

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: _____	Phone Number: _____
City, State, Zip: _____	Fax Number: _____

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- 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 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.

<i>Applicant 1 Signature</i>	<i>Date</i>	<i>Applicant 2 Signature</i>	<i>Date</i>
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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 each 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".****

Social Security Number		Drivers License or State Issued ID Number <i>(Please submit a copy)</i>		State	ID Type (DL or ID Card)
First Name		Middle Name		Last Name	
Street Address		City		State	Zip
County	Telephone No. (A/C)		Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Email:		Relationship of person to requestor Adoptive <input type="checkbox"/>			
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:		<input type="checkbox"/> Parent		<input type="checkbox"/> Nurse	<input type="checkbox"/> Babysitter
		<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Other Staff	<input type="checkbox"/> Short Term Child Care Provider
<input type="checkbox"/> Household Member		<input type="checkbox"/> Frequent Visitor		<input type="checkbox"/> Respite Provider	
<input type="checkbox"/> Other					
Date Hired (if applicable):	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native		
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	

Applicant 1 Signature

Date

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Applicant 2 Signature

Date