Foster Parent Application Checklist

Enclosed in this packet, you will find all the Arrow forms that need to be completed for your file. In addition to the Arrow forms, you will also need to provide Arrow with supplementary documents that are included in the checklist below. The checklist includes the Arrow forms needed for the complete application packet, supplementary documentation needed for you, required trainings, and documents/tasks you will complete after licensure. These documents should be sent to your Family Home Developer (FHD), _____ (Name), at _____ (Email)@arrow.org.

Application Process

Items that are time sensitive and should be turned in FIRST:

- ☐ Foster/Adopt Parent Application, Arrow will send out Reference letters.
  - ☐ Reference from All Children (12+) Living Outside of the Home, information sent to Arrow
  - ☐ 2 Non-Relative References (ex: neighbors, clergy, school personnel, community members, friends), information sent to Arrow; 3 Non-Relative References (ex: neighbors, clergy, school personnel, community members, friends), information sent to Arrow for Treatment Foster Care homes.
  - ☐ 1 Reference from a Family Member (excluding those living in the home and adult children)
- ☐ Criminal Background Check for all Household Members 14+ (including DPS, FBI, and Central Registry)
- ☐ Out of State Background Check, if resided outside of Texas within previous 5 years
- ☐ Fingerprinting for all Household Members 14+ **Please note your fingerprint request will be closed if you are not fingerprinted within 30 days of email from fingerprinting agency*
- ☐ Copies of Driver's License
- ☐ Copies of Social Security Card
- ☐ Proof of Citizenship or U.S Residency if applicable – Acceptable documents: U.S. Birth Certificate, Form N-550 Certificate of Naturalization, Form N-560 Certificate of Citizenship, Form FS-240 Report of Birth Abroad of United States Citizen, a valid, unexpired U.S. Passport, Permanent Resident Card UCSIS Form I-551 (Green Card)
- ☐ Consent to Release Information, if applicable

Arrow Forms

- ☐ Floor Plan/Evacuation Route
- ☐ Recreational Plan
- ☐ Pet Inventory and Vaccination Records
- ☐ Weapons Inventory
- ☐ Disaster and Emergency Plan
- ☐ Photos of Home (4 photos of your home; front, side one, side two, and back. All outside areas of your home showing buildings, driveways, fences, storage areas, gardens, recreational areas, pools, ponds, or other bodies of water if applicable)
- ☐ Family Photo
- ☐ Adult Medical Form (Health Assessment), one for each parent **Needs to be completed and signed by healthcare provider*
- ☐ Budget Form
- ☐ Autobiography, for each parent
- ☐ Care Provider Checklist, if applicable for office

Supplementary Documentation

- ☐ Proof of Income for the Past 60 days (Pay stubs are preferred, but office may accept income verification letter from bank, etc.)
- ☐ Verification of Financial Status (**EITHER** 2 consecutive itemized bank statements **OR** the previous year's tax return)
- ☐ Verification of Highest Level of Education (GED, Diploma, transcripts, etc.)
- ☐ Copy of Marriage License/Divorce Decree/Death Certificate
- ☐ Proof of Auto Insurance

☐ Proof of Current Auto Registration

☐ DPS Driving Record (Type AR), one for each parent. Order by going to https://www.dps.texas.gov/DriverLicense/driverrecords.htm
Read How to Order instructions and click Order Now

☐ Disclosure of Family Violence Form

☐ Agency run check of calls made to law enforcement from the home in the past 24 months

☐ Health Inspection (completed by county, city, or Arrow staff)

☐ Fire Inspection (completed by county or Arrow staff) **PMN homes are required to have fire inspection by county*

☐ 5-pound fire extinguishers for each level of the home; must be inspected and tagged OR replaced annually; receipt of purchase or tag must be attached to the fire extinguisher

☐ Gas Inspection, if applicable

Required Trainings

☐ Pre-Service Training 1-7 (in person with Arrow)

☐ Adoption Training (in person or online via webinar if applicable)

☐ BCMT (in person with Arrow)

☐ Medication Administration (in person with Arrow)

☐ CPR and First Aid (adult, child, and infant) * *If taking outside of Arrow, course must be approved by FHD prior to attendance. Please ensure the CPR class includes First Aid, if not, a separate First Aid class will be required.*

☐ Normalcy (online, DFPS training)

☐ Reporting Abuse and Neglect Training (online, DFPS training)

☐ Medical Consenter (online, DFPS training)

☐ Psychotropic Medication Training (online, DFPS training)

☐ Trauma Informed Care (DFPS online)

☐ Reporting Sexual Abuse Training (online, DFPS training)

☐ Cultural Competency Training (Arrow online)

☐ Emergency/Disaster Planning (Arrow online)

☐ Human Trafficking 101 (Arrow online)

☐ Cybersecurity (Arrow online)

☐ Transportation Training, if applicable (Arrow online)

☐ Peer to Peer Abuse (online webinar, OCOK training)

☐ TBRI Training (Treatment Foster Care and Restoration Foster Care only, in person with Arrow)

☐ PMN Treatment Training (PMN families only)

Items Completed at/after Licensure, if applicable

☐ TB Test for all household members age 12 months or older must be completed within 30 days of licensure, your FHD will instruct you when to schedule)

☐ Signed Documents Related to Licensing:

- ☐ Foster Parent Agreement
- ☐ Foster Parent Agreement Addendum
- ☐ Confidentiality Statement
- ☐ Discipline Agreement
- ☐ Acknowledgement Agreement
- ☐ Foster Parent and CPA Rights and Responsibilities

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	
U.S. Citizen:	☐ **Yes** ☐ **No**
Legal Resident:	☐ **Yes** ☐ **No**
Military Information	☐ ***Never been in the Military***
Branch(es) of Service:	
Date of Service:	**Start:** **End:**
Discharged?	☐ **Yes** ☐ **No**
Type of Discharge:	
(attached DD214)	
Health Information	
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:	
Date of Last Physical:	
Date of Latest TB Test:	*(attach copy of TB results – if apply)*
Marital History	
Current Status:	☐ Married ☐ Single ☐ Separated ☐ In relationship ☐ Divorced ☐Widowed
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**
Previous Marriages *(complete only if applies)*	
Name of Previous Spouse:	
Date of Marriage:	From: _____ To:_____
How ended:	Death Divorce
County, State:	
(attach copy of Divorce or Death certificate)	
Name of Previous Spouse:	
Date of Marriage:	From: _____ To:_____
How ended:	☐ Death ☐ Divorce
County, State of divorce:	
(attach copy of Divorce or Death certificate)	
Name of Previous Spouse:	
Date of Marriage:	From: _____ To:_____
How ended:	☐ Death ☐ Divorce
County, State of divorce:	
(attach copy of Divorce or Death certificate)	

Citizenship	
U.S. Citizen:	☐ **Yes** ☐ **No**
Legal Resident:	☐ **Yes** ☐ **No**
Military Information	☐ ***Never been in the Military***
Branch(es) of Service:	
Date of Service:	**Start:** **End:**
Discharged?	☐ **Yes** ☐ **No**
Type of Discharge:	
(attached DD214)	
Health Information	
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:	
Last Physical:	
Latest TB Test:	*(attach copy of TB results – if apply)*
Marital History	
Current Status:	☐ Married ☐ Single ☐ Separated ☐ In relationship ☐ Divorced ☐Widowed
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**
Previous Marriages *(complete only if applies)*	
Name of Previous Spouse:	
Date of Marriage:	From: _____ To:_____
How ended:	Death Divorce
County, State :	
(attach copy of Divorce or Death certificate)	
Name of Previous Spouse:	
Date of Marriage:	From: _____ To:_____
How ended:	☐ Death ☐ Divorce
County, State of divorce:	
(attach copy of Divorce or Death certificate)	
Name of Previous Spouse:	
Date of Marriage:	From: _____ To:_____
How ended:	☐ Death ☐ Divorce
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, employ-ment, family size or place of residence within the next year?	☐ Yes ☐ No Do you expect any change in marital status, employ-ment, 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 colspan="2">Social Security Number</td><td colspan="3">Drivers License or State Issued ID Number
(Please submit a copy)</td><td>State</td><td colspan="2">ID Type (DL or ID Card)</td></tr>
<tr><td colspan="2">First Name</td><td colspan="2">Middle Name</td><td colspan="3">Last Name</td></tr>
<tr><td colspan="2">Street Address</td><td colspan="2">City</td><td>State</td><td colspan="2">Zip</td></tr>
<tr><td>County</td><td>Telephone No. (A/C)</td><td colspan="3">Date of Birth</td><td colspan="2">Sex
☐ M ☐ F</td></tr>
<tr><td colspan="2">Email:</td><td colspan="5" rowspan="2">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 colspan="2">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></tr>
<tr><td>Date Hired (if applicable):</td><td>Ethnicity
☐ Hispanic ☐ Other</td><td colspan="5">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 colspan="2">Middle Name</td><td colspan="3">Last Name</td></tr>
</table>

_____ _____

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.

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Social Security Number	Drivers License or State Issued ID Number **(Please submit a copy)**	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 ☐ M ☐ F

Email:	Relationship of person to requestor
	☐ Adoptive Parent ☐ Nurse ☐ Babysitter
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:	☐ Foster Parent ☐ Other Staff ☐ Short Term Child Care Provider
	☐ Household Member ☐ Frequent Visitor ☐ Respite Provider
	☐ Other _____

Date Hired (if applicable):	Ethnicity ☐ Hispanic ☐ Other	Race ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native

Other names used (married, maiden, etc.) First Name	Middle Name	Last Name

_____ _____

Signature Date

Photos of Foster Family's Property

_____
(Family Name)

Please provide three photos of your home. The front, side, and back. All outside areas of your home showing buildings, driveways, fences, storage areas, gardens, recreation areas, pools, ponds, or other bodies of water if applicable. You may submit photos by mail, email or drop off at the office. Contact your Family Home Developer if you have any questions.

FHD Name:
FHD Email: @arrow.org
FHD Phone:

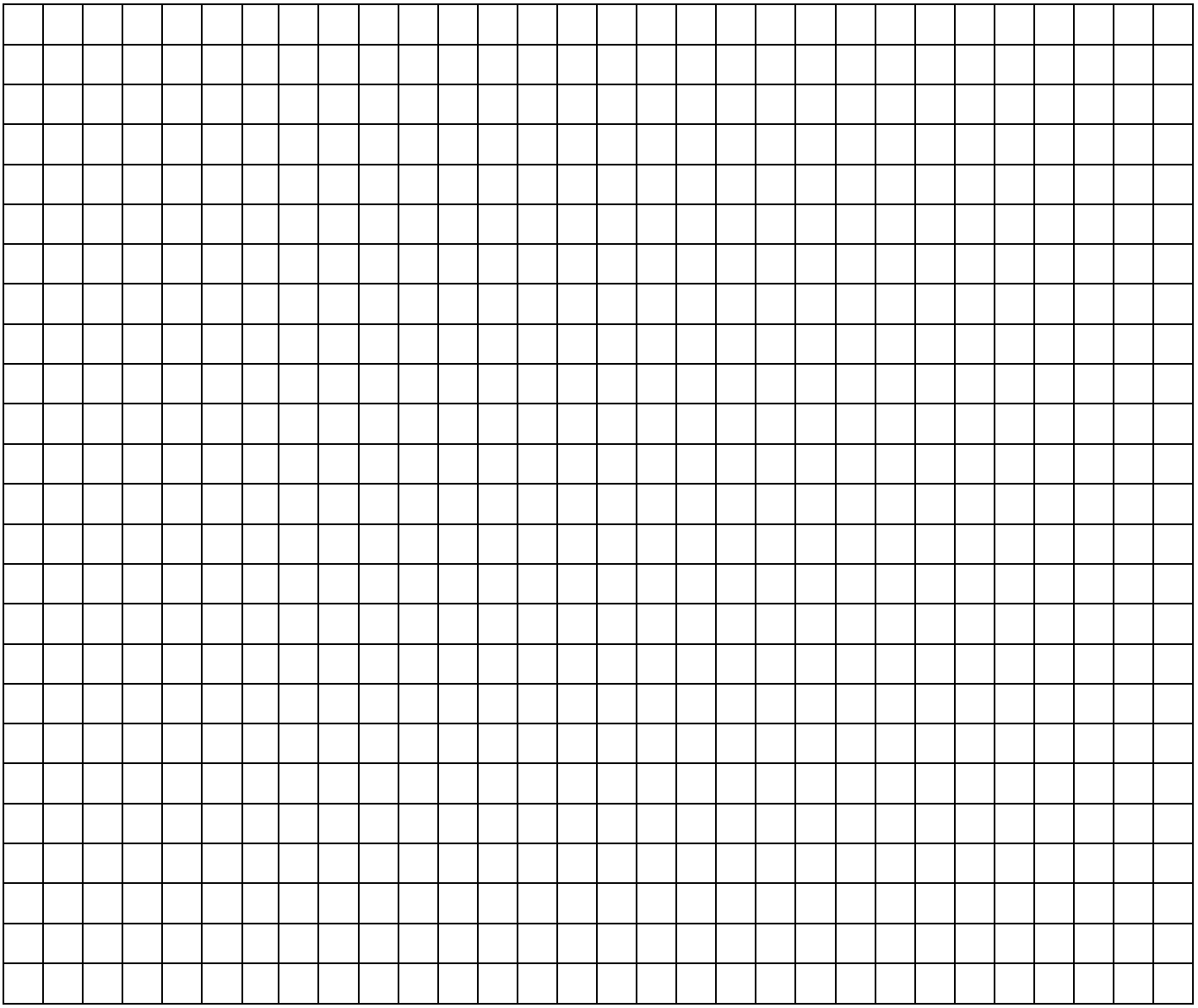
Floor Plan of Foster Family's Home

_____

(Foster Family)

Each home must have a working smoke detector in hallways or open areas outside sleeping rooms and on each level of a home with multiple levels. Depending on the size and layout of the home, additional smoke detectors may be required based on manufacturer's or fire inspector's instructions. Each home must have a fire extinguisher in the kitchen and on each level of the home.

Please sketch the floor plan of your home. Show the dimensions and purpose of each room and indicate the bedroom where the foster/adopt child(ren) will reside. Indicate where each smoke detector and fire extinguisher is located. Also indicate the fire escape route for your home.



(S) **= Smoke Detector**

[F] **= Fire Extinguisher**

Outdoor Recreation Plan

Do you have a swimming pool or hot tub?	☐ Yes, Above-ground ☐Yes, In-ground ☐ No Pool
Is there a fence around the pool or hot tube (not including the backyard fence?	☐ Yes ☐ No ☐ N/A
Is there a locking gate on the fence?	☐ Yes ☐ No ☐ N/A
Is the drain in good repair and only removable with tools?	☐ Yes ☐ No ☐ N/A
What is the square footage of the pool?	
What is the square footage of the hot tub?	
Are both parents able to swim and carry out water rescue?	☐ Yes ☐ No
Does either parent have water safety or lifeguard certification?	☐ Yes ☐ No
Do you have a trampoline? **There may be state regulations regarding foster children and the use of trampolines*	☐ Yes ☐ No
Is there climbing equipment, swings, or slides on your property?	☐ Yes ☐ No
If yes, is the equipment in good condition and installed over grass, sand, or other soft material?	☐ Yes ☐ No

Are there other bodies of water on your property or adjacent to your property? ☐ Yes ☐ No

If yes, please explain:_____

_____

If you have a pool and/or hot tub, please answer:

What are the rules when in use? :_____

_____

_____

What are the rules when not in use?_____

_____

_____

What are the safety precautions when not in use?_____

_____

_____

What life saving devices and how many of each do you have in the pool area? _____

_____

If you have a trampoline, how will you ensure safety when children use the trampoline? _____

_____

_____

I understand that it is my responsibility to adhere to water safety and trampoline requirements at my residence. Water safety and trampoline rules may be found in Texas' Minimum Standards, https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/minimum-standards.

_____ _____

Applicant/Foster Parent Signature Date

_____ _____

Applicant/Foster Parent Signature Date

Budget Form

Applicant Name(s): _____

Income	Employment	Gross Monthly	Net Monthly
Applicant # 1			
Applicant # 2			
Other Sources of Income*: (Explain)*			
Total Income Per Month			

Attach 2 recent pay stubs or bank statements and/or W-2

Expenses	Monthly	Total Owed
Home Mortgage		
Rent		
Other Property (mortgage or rent)		
Vehicles		
Gasoline and Maintenance		
Utilities and Telephone		
Groceries		
Medical and Dental		
Clothing		
Recreation and Entertainment		
Life Insurance (Please indicate if deducted from payroll)		
Medical Insurance (please indicate if deducted from payroll)		
Auto Insurance		
Daycare		
Pet Expenses		
Legal Expenses		
Miscellaneous *(i.e. Church)* (*specify)*		
Charge Accounts (*specify)*		

Other Debts *(i.e. Student Loans)* (*specify)*		
Total Expenses		

Assets	Value	Comments
Home		
Other Property		
Vehicles		
Savings Account		
Retirement		
Other Savings/Assets *(specify)*		
Total Assets		

Total Monthly Net Income	Total Monthly Expenses	Total Assets

Please describe in as much detail as possible how you plan to cover financial emergencies?

INSURANCE

1. **Medical Coverage: Do you have medical insurance?** ☐ **Yes** ☐ **No**

Applicant # 1 Carrier: _____

Applicant # 2 Carrier: _____

Children's Carrier: _____

A. Will you be adding your adoptive child to your personal Medical Insurance? ☐ **Yes** ☐ **No**

What carrier will cover the new child (adoption only)?

_____

B. Will Coverage extend to the child at the time of adoptive placement? ☐ **Yes** ☐ **No**

C. Will insurance cover pre-existing conditions? ☐ **Yes** ☐ **No**

If you answered NO to any of these questions, please explain the following:

How do you plan to cover medical expense?

Please explain your medical emergency plan in detail:

Foster/Adoptive placements may change the benefits you are currently receiving from the state. Have you checked how your benefits might change?

2. **Life Insurance Coverage: Do you have Life Insurance?** ☐**Yes** ☐**No**

Applicant # 1 Carrier: _____

Applicant # 2 Carrier: _____

Children's Carrier: _____

_____ _____

Applicant 1 Signature Date

_____ _____

Applicant 2 Signature Date

Pet Policy & Verification

_____
(Foster Family)

Foster homes must keep Arrow informed of the pets that live in the home. This also includes letting the agency know if pets are no longer in the home for whatever reason.

The *Minimum State Standards* state: To protect the health of the children, animals must be vaccinated and treated as recommended by a licensed veterinarian. **Documentation of vaccinations and treatment must be on file in the agency home.** Additionally, any stray animals must be vaccinated or removed from your home or property.

Please list pets and dates of most recent rabies vaccinations. This is an annual requirement.
Non-compliances must be corrected and verified within 7 days

Name of Pet	Type of Pet	Date & Type of Vaccination

☐ This foster home does not have pets at this time. If the home were to add a pet, I will notify my Arrow office within 24-hours of this addition and obtain and/or provide proof of the vaccinations as soon as possible.

_____ _____
Applicant/Foster Parent Signature Date

Weapons Inventory

_____
(Foster Family)

Weapons and ammunition must be locked and stored away from foster children. Weapons and ammunition may be locked in same area if weapons have a trigger lock. Please refer to the foster parent handbook for the complete weapons policy.

List of Weapons	Describe Storage of Weapons	Describe Storage of Ammunition

☐ **There are no weapons of any kind nor any ammunition stored anywhere in my home or on my property.**

This is a complete listing of all the weapons currently in my home/on my property. I understand that I should notify an Arrow Representative of any additional weapons acquired or stored on the premises of my home in the future. I also understand I must review the safety issue of weapons and conduct an inventory of weapons with any respite provider I use with foster children.

_____ _____

Applicant or Foster Parent Signature Date

Form J-800-2954
Revised July 2016

FAMILY VIOLENCE CALLS DISCLOSURE FORM

Purpose: Use this form to document law enforcement service calls involving family violence at the prospective foster parents' addresses.

Directions: To complete this form, the foster home applicant(s) must list each incident of law enforcement responding to a report of family violence at their place of residence in the 24 months preceding the application to become a foster home. Please include the location, the date, and a description of each incident. If law enforcement did not respond to any reports of family violence at the home, write NONE in the Description of Incident section.

This form must be completed and reviewed during the home study process for each prospective foster home and filed in the foster home record.

DISCLOSURE				
Name of Child Placing Agency: Arrow Child & Family Ministries				
Name of Prospective Foster Home:			Date of Family Violence Incident:	
Current Home Address:	City:	State:	Zip Code:	Telephone No. (A/C):
Home Address Where the Violence Occurred:	City:	State:	Zip Code:	Telephone No. (A/C):

Description of Incident -- Please describe the family violence, including why a report to law enforcement was made, who was involved, names and ages of all children in the home at the time of the call, and the name of anyone who was arrested. Please attach a separate sheet of paper if more space is needed.

DISCLOSURE

Name of Child Placing Agency:				
Name of Prospective Foster Home:			Date of Family Violence Incident:	
Current Home Address:	City:	State:	Zip Code:	Telephone No. (A/C):
Home Address Where the Violence Occurred:	City:	State:	Zip Code:	Telephone No. (A/C):

Description of Incident -- Please describe the family violence, including why a report to law enforcement was made, who was involved, names and ages of all children in the home at the time of the call, and the name of anyone who was arrested. Please attach a separate sheet of paper if more space is needed.

SIGNATURES

The information given is true and complete to the best of my knowledge. My failure or refusal to provide the requested information or sign this form constitutes good cause not to verify my home.

Prospective Foster Parent: X	Date Signed:
Prospective Foster Parent: X	Date Signed:

CPA USE ONLY		
Name of CPA Staff who Reviewed:		Local Law Enforcement Check Required:
Date Reviewed:	Local Family Violence Check Completed:	If a Local Check was Completed, Date Shared with Licensing:

Disaster and Emergency Form

Name of Family: _____

1. Identify where you would go in case of an emergency evacuation of your home.
   Type of place: (i.e. relative/friend, shelter, hotel) _____
   Contact name: _____
   Full address (including zip code and country):
   _____
   Phone Number: _____

2. Identify where you would go in case of an emergency evacuation of your entire city.
3.
   Type of place: (i.e. relative/friend, shelter, hotel) _____
   Contact name: _____
   Full address (including zip code and country):
   _____
   Phone Number: _____

4. What are two emergency phone numbers where you could be reached (not including your own):
   Phone Number 1: _____
   Phone Number 2: _____

I/We understand that as a foster family I/we are required to follow local and state evacuation procedures.

I/We understand that in any emergency situation, I/we must maintain appropriate supervision of all children at all times.

I/We will utilize all resources for emergency assistance including local law enforcement and/or EMS as needed.

_____ _____

Applicant 1 Signature Date

_____ _____

Applicant 2 Signature Date

Adult Medical Form

Patient Information:		
Full Name:		**Phone:** ( ) -
Address:		
City:	**State:**	**Zip:**
Doctor Information:		
Name:		**Phone:** ( ) -
Address:		
City:	**State:**	**Zip:**

Patient Age: _____ years Patient Height: _____ft. _____in. Patient Weight: _____ lbs.

Blood Pressure Reading: _____
Date of most recent medical examination: _____

General Physical Health at time of Exam: _____

_____

General Emotional Health at time of Exam: _____

_____

Has patient ever been hospitalized for mental health condition or diagnosis? ☐ YES ☐ NO

If yes, please explain: _____

_____

Length of time this patient has been treated by you? _____

Does the patient have trouble sleeping?	☐ YES	☐ NO
Does the patient tire easily?	☐ YES	☐ NO
Does this patient have frequent headaches?	☐ YES	☐ NO

Has this patient ever had:

Allergies (asthma, eczema, etc.)	☐ YES	☐ NO
Surgery	☐ YES	☐ NO
Physical Handicap	☐ YES	☐ NO
Psychiatric Treatment	☐ YES	☐ NO
Medical Discharge from Service	☐ YES	☐ NO

Has this patient ever been treated for:

Diabetes	☐ YES	☐ NO
Cancer	☐ YES	☐ NO
Tuberculosis	☐ YES	☐ NO
Heart Condition	☐ YES	☐ NO
Arthritis	☐ YES	☐ NO
Ulcers	☐ YES	☐ NO
Alcoholism	☐ YES	☐ NO
Addiction concerns	☐ YES	☐ NO

If any question has been marked "YES", please use the space below to elaborate: _____

_____

_____

_____

Is this patient currently free of any communicable diseases? ☐ YES ☐ NO

Is this patient suffering from any disease or physical or emotional handicaps that would make it impossible for him/her to give adequate care to a child? ☐ YES ☐ NO

If yes, explain: _____

_____

Please explain any positive findings in your examination not already covered. _____

_____

_____

_____

Do you consider, in view of the knowledge you have of this patient, his/her prognosis for future health, home situation and marital adjustments, that he/she is physically, mentally and emotionally competent to undertake the care and training of a foster child? _____

_____

_____

_____

Other comments: _____

_____

_____

_____ _____

Physician's Signature Date

Adult Medical Form

Patient Information:		
Full Name:		**Phone:** ( ) -
Address:		
City:	**State:**	**Zip:**
Doctor Information:		
Name:		**Phone:** ( ) -
Address:		
City:	**State:**	**Zip:**

Patient Age: _____ years Patient Height: _____ft. _____in. Patient Weight: _____ lbs.

Blood Pressure Reading: _____
Date of most recent medical examination: _____

General Physical Health at time of Exam: _____

_____

General Emotional Health at time of Exam: _____

_____

Has patient ever been hospitalized for mental health condition or diagnosis? ☐ YES ☐ NO

If yes, please explain: _____

_____

Length of time this patient has been treated by you? _____

Does the patient have trouble sleeping?	☐ YES	☐ NO
Does the patient tire easily?	☐ YES	☐ NO
Does this patient have frequent headaches?	☐ YES	☐ NO

Has this patient ever had:

Allergies (asthma, eczema, etc.)	☐ YES	☐ NO
Surgery	☐ YES	☐ NO
Physical Handicap	☐ YES	☐ NO
Psychiatric Treatment	☐ YES	☐ NO
Medical Discharge from Service	☐ YES	☐ NO

Has this patient ever been treated for:

Diabetes	☐ YES	☐ NO
Cancer	☐ YES	☐ NO
Tuberculosis	☐ YES	☐ NO
Heart Condition	☐ YES	☐ NO
Arthritis	☐ YES	☐ NO
Ulcers	☐ YES	☐ NO
Alcoholism	☐ YES	☐ NO
Addiction concerns	☐ YES	☐ NO

If any question has been marked "YES", please use the space below to elaborate: _____

_____

_____

_____

Is this patient currently free of any communicable diseases? ☐ YES ☐ NO

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_____

Please explain any positive findings in your examination not already covered. _____

_____

_____

_____

Do you consider, in view of the knowledge you have of this patient, his/her prognosis for future health, home situation and marital adjustments, that he/she is physically, mentally and emotionally competent to undertake the care and training of a foster child? _____

_____

_____

_____

Other comments: _____

_____

_____

_____ _____

Physician's Signature Date

Applicant Autobiography

Arrow Child and Family Ministries would like to get to know you better. We ask that you complete the following questions. This information allows us to gain insight into your family history and the decisions that have brought you to our agency. This information will be included in your home study.

Each applicant must complete this form. You can submit this in writing or via email. Home Study interview cannot be scheduled until we receive this completed document.

PERSONAL INFORMATION:

1. Applicant's Name:

2. Are you a citizen of the United States?

3. If no, please describe your citizenship status and provide documentation.

4. What high school and/or college did you attend?

5. Do you have any continuing education classes or vocational training?

6. Do you belong to any clubs, groups, associations or organizations?

7. What is the name of the company you work for and your job title?

8. Describe your job duties and responsibilities.

9. How long have you worked in this current position?

10. Do you enjoy your work?

11. What is your daily schedule? Do you have any flexibility in your schedule? For example, if necessary, can you leave work to take a child to doctor/therapy appointments, school meetings, biological family/sibling visits?

12. Give three words that describe you and your personality.

13. What are your life goals?

14. What would you consider your greatest accomplishment?

15. Do you have any regrets?

16. Do you take any medications daily?

17. If so, please list the medications and the dosage you take?

Medication Name	**Dosage**	**Why is medication prescribed?**

18. How did you hear about Arrow?

19. What is your greatest fear about fostering/adopting children?

20. Where do you attend church?

21. Are you willing to participate in and embrace our parent training, which is Biblically based and is designed from a Christian worldview?

22. Please compose a brief statement of your religious faith.

INFORMATION ABOUT FAMILY OF ORIGIN:

1. Complete the following with information about your parents and step-parents.

Name (Parents & Step-Parents)	Age	Residence	Marital Status	Name of Child & age	Frequency and type of contact

2. Describe your father's personality.

3. Describe your mother's personality.

4. How long have your parents been married?

5. Describe your parents' marriage.

6. What was the role of each of your parents in the family unit?

7. What did you like best about your father?

8. What did you like best about your mother?

9. How did your parents communicate with each other and their children?

10. If you could change anything about your father, what would it be?

11. If you could change anything about your mother, what would it be?

12. Describe how you were disciplined as a child and teenager.

13. Who enforced discipline in your home?

14. If your parents divorced, why did they divorce? Did your father remarry? Did your mother remarry?

15. If your parents remarried, did you have a relationship with your step-parent? Please describe this relationship.

16. Complete the following information regarding your siblings, half-siblings, and step-siblings.

Name	Age	Residence	Marital Status	Name of Child & age	Frequency and type of contact

17. Describe your relationship with your siblings during childhood.

18. Describe something unique or unusual about your childhood home.

19. Describe your support system (family, friends, church, neighbors, and extended family).

20. Who would you call to help watch your children in the event of an emergency, include name and relationship?
**Please note that individuals will need to complete a background check and babysitter requirements.*

21. What is their role in helping and supporting your family?

22. What are your extended family's feelings about your providing foster/adoptive care?

23. What types of questions or concerns have they had as you have gone through this process?

CHILDHOOD AND TEEN YEARS:

1. Where were you born?

2. Where did you grow up?

3. Please share some of your happiest childhood memories.

4. Describe some of your hardest times as a child or adolescent? (For eg: marital strife in family, illness, mental health issue, family divorces, abuse, deaths, moves)

5. Describe your school experience. (Include grades, extracurricular activities, relationships with teachers and friends, ect.)

6. Did you have household chores or were you expected to work as a child/adolescent?

7. As a child what did your family do for fun and entertainment? Describe your family activities.

8. What were your interests as a child?

9. How old were you when you left home? Why did you leave? How did your family feel about you moving away?

10. Was anyone in your family, including you, abused emotionally, physically, or sexually? If so, please explain the abuse and how did you cope.

11. Overall, how do you feel about your childhood and adolescent years?

MARITAL RELATIONSHIP:

1. How did you meet your spouse?

2. What attracted you to your spouse?

3. How long did you and your spouse date before marrying?

4. When and where did you marry? (Include the name of the city, state, and county where you married.)

5. Who was present at your wedding?

6. Describe your marriage.

7. Have you and your spouse/partner ever had a period of separation during your relationship/marriage?

8. What was the reason(s) for the separation?

9. Where the multiple periods of separation?

10. When and for how long was each period of separation?

11. What ended the period(s) of separation?

12. How has your relationship grown and changed since that time?

13. Have you or your partner ever been involved in an emotional or physical extramarital relationship during your relationship/marriage?

14. Who was involved in the extramarital relationship?

15. If yes, when did the relationship occur and how long did it last?

16. If yes, is your partner aware of the relationship?

17. If yes, what actions were taken to maintain your marriage? (i.e. Did you attend counseling?)

18. If yes, do you believe you and your partner have a healthy marriage after overcoming the relationship?

19. Do you and your spouse have any contact with the individual involved in the relationship?

20. Describe the division of labor in your household.

21. How do you and your spouse communicate?

22. How are financial decisions made in your home?

23. What has led you as a couple to decide to foster and/or adopt?

24. What are your hopes in fostering and/or adopting?

25. What are your fears in fostering and/or adopting?

IF SINGLE:

1. Are you currently in a relationship?

2. Please describe this relationship.

HOME ENVIRONMENT: ***(The following questions must be completed by one applicant only.)***

1. Describe your neighborhood, including the average income level, age of residents, and racial makeup.

2. What Independent School District are you in?

3. Are there parks or places for children to play in your neighborhood?

4. Is there adequate room to play both inside and outside your home?

5. Describe your relationship with your neighbors.

6. How long have you lived in your home?

7. Do your neighbors know that you are planning on fostering/adopting?

8. What are your neighbors' feelings about you fostering/adopting?

Applicant Autobiography

Arrow Child and Family Ministries would like to get to know you better. We ask that you complete the following questions. This information allows us to gain insight into your family history and the decisions that have brought you to our agency. This information will be included in your home study.

Each applicant must complete this form. You can submit this in writing or via email. Home Study interview cannot be scheduled until we receive this completed document.

PERSONAL INFORMATION:

1. Applicant's Name:

2. Are you a citizen of the United States?

3. If no, please describe your citizenship status and provide documentation.

4. What high school and/or college did you attend?

5. Do you have any continuing education classes or vocational training?

6. Do you belong to any clubs, groups, associations or organizations?

7. What is the name of the company you work for and your job title?

8. Describe your job duties and responsibilities.

9. How long have you worked in this current position?

10. Do you enjoy your work?

11. What is your daily schedule? Do you have any flexibility in your schedule? For example, if necessary, can you leave work to take a child to doctor/therapy appointments, school meetings, biological family/sibling visits?

12. Give three words that describe you and your personality.

13. What are your life goals?

14. What would you consider your greatest accomplishment?

15. Do you have any regrets?

16. Do you take any medications daily?

17. If so, please list the medications and the dosage you take?

Medication Name	**Dosage**	**Why is medication prescribed?**

18. How did you hear about Arrow?

19. What is your greatest fear about fostering/adopting children?

20. Where do you attend church?

21. Are you willing to participate in and embrace our parent training, which is Biblically based and is designed from a Christian worldview?

22. Please compose a brief statement of your religious faith.

INFORMATION ABOUT FAMILY OF ORIGIN:

1. Complete the following with information about your parents and step-parents.

Name (Parents & Step-Parents)	Age	Residence	Marital Status	Name of Child & age	Frequency and type of contact

2. Describe your father's personality.

3. Describe your mother's personality.

4. How long have your parents been married?

5. Describe your parents' marriage.

6. What was the role of each of your parents in the family unit?

7. What did you like best about your father?

8. What did you like best about your mother?

9. How did your parents communicate with each other and their children?

10. If you could change anything about your father, what would it be?

11. If you could change anything about your mother, what would it be?

12. Describe how you were disciplined as a child and teenager.

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