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## Application for Foster Care

(Please print clearly)

<b>FAMILY INFORMATION</b>		
<b>Foster/Adoptive Family Name</b>	<b>Home Telephone Number</b>	
<b>Email Address (es)</b>		
<b>Residence Address</b> (Street, City, State, Zip)		
<b>County</b>	<b>School District</b>	
<b>How many rooms do you have in your home?</b>	<b>Does your home have a pool?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>DEMOGRAPHICS</b>		
	<b>Applicant #1</b>	<b>Applicant #2</b>
Full Name: First, Middle, Last		
Prior Names: Maiden, Previous Married, or Alias		
Gender:		
Cell Phone:		
Date of Birth:		
Social Security Number:		
Driver's License Number:		
Racial or Ethnic Background:		
What languages do you speak?		
Place of Birth: (city, state)		
How Long have you lived in Texas?		
Citizenship: Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	If "No", where is your citizenship?	If "No", where is your citizenship?
Are you a Permanent Resident Alien? If "Yes" How long?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Years                      Months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Years                      Months
Highest educational level completed		
Name of High School and address		
Name of College and address		
Degree or Diploma obtained		

**HEALTH QUESTIONARE**

Do you take medication on a regular basis? If "Yes" please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Medication, dosage, and how often you take it		
Have you had any serious accidents or illnesses within the last year? If "Yes" please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you anticipating surgery in the near future? If yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received psychiatric or counseling services? If "Yes" please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INTEREST: TYPES OF CHILDREN**

Describe the types of children for which you are interested in providing adoption or/and foster care services.

Interest	<input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Both <input type="checkbox"/> Unsure		
Number	Sex <input type="checkbox"/> Boy <input type="checkbox"/> Girl  <input type="checkbox"/> Either	Age Range	Races and Ethnicities (Check those that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other :

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**MOTIVATION**

Please explain briefly why you want to be foster parent or adoptive parents for children:

Empty space for motivation text.

**OTHER HOUSEHOLD MEMBERS**

List the other members of your household

Full Name	Relationship	Sex	Ethnicity	Date of Birth	Social Security
Phone number:					
Phone number:					
Phone number:					

**HISTORY OF RESIDENCY**

List the last 10 years of residency (If more space is needed, use the back of this page)

Street Address	City	State	Zip code	From what dates

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**CHILDREN NOT LIVING WITH YOU**

List the names, addresses and phone numbers of any children not living with you (use the back if more space is needed)

Full Name	Sex	Ethnicity	Date of Birth	Address
Phone number:				
Phone number:				
Phone number:				
Phone number:				

**MARITAL INFORMATION**

**Marital Status:**

Married     Single     Separated     Divorced     Widowed

Date of Marriage	Place of Marriage (City, State, Country)	County

**PREVIOUS MARRIAGES**

Name of Previous Spouse	Date of Marriage (From – To)	How ended	Recording of Divorce (County and State)
Applicant #1		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	
Applicant #1		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	
Applicant #2		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	
Applicant #2		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	

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**EMPLOYMENT**

Applicant # 1	Applicant # 2
<b>Occupation</b>	<b>Occupation</b>
<b>Present Income</b>	<b>Present Income</b>
<b>Employer</b>	<b>Employer</b>
<b>Immediate Supervisor's Name:</b>	<b>Immediate Supervisor's Name:</b>
<b>Employer Address (Street/ P.O. Box, City, State, ZIP)</b>	<b>Employer Address (Street/ P.O. Box, City, State, ZIP)</b>
<b>Work Phone</b>	<b>Work Phone</b>
<b>Can you receive calls at work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Can you receive calls at work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employment Date</b>	<b>Employment Date</b>
<b>Work Schedule</b>	<b>Work Schedule</b>
<b>Days per week:</b> <b>Total Hours Per Week:</b>	<b>Days per week:</b> <b>Total Hours Per Week:</b>

**MONTHLY INCOME AND EXPENSES**

<b>Family Income</b>	<input type="text"/>		
<b>Other sources of income</b>	<input type="text"/>		
<b>Estimated monthly expenses:</b>			
<b>Mortgage/Rent</b>	<input type="text"/>	<b>Vehicle Insurance</b>	<input type="text"/>
<b>Electricity</b>	<input type="text"/>	<b>Legal(att. fees, child support)</b>	<input type="text"/>
<b>Gas and Water</b>	<input type="text"/>	<b>Life/Medical Insurance</b>	<input type="text"/>
<b>Transportation</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>
<b>Food</b>	<input type="text"/>	<b>Pet</b>	<input type="text"/>
<b>Medical</b>	<input type="text"/>	<b>Cable/Internet</b>	<input type="text"/>
<b>Clothing</b>	<input type="text"/>	<b>Day Care</b>	<input type="text"/>
<b>Other expenses (explain)</b>	<input type="text"/>		
<b>Total Expenses</b>	<input type="text"/>	<b>Credit Cards and Loans</b>	<input type="text"/>

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### PRIOR EXPERIENCE/APPLICATIONS

Have you provided or applied to provide foster care before?  Yes  No

If "Yes", what agencies did you work with? (Please provide name, address, and telephone number).

When did you work with that agency?

Have you ever before applied to adopt a child or adopted a child?  Yes  No

If "Yes", what agencies did you work with? (Please provide name, address, and telephone number).

When did you work with that agency?

### PERSONAL ACKNOWLEDGEMENT

	Applicant #1	Applicant #2
Have you ever been convicted of, or are you currently facing charges for, any misdemeanor or felony criminal offense in Texas or any other state? (Traffic offenses that are a Class C Misdemeanor do not have to be reported.) If yes, please explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under indictment for or charged in an official criminal complaint that has been accepted by a district or county attorney in Texas or any other state? If yes, please explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### ABUSE/NEGLECT HISTORY

Have you ever been investigated for abuse or neglect in Texas or any other state? If yes, please explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## REFERENCES

Please list below 6 people to get reference from. 3 of these references must be adult relatives who are familiar with your parenting style/abilities; the other 3 must be non-relatives such as neighbors, school personnel, pastor, and a member of the community. Please let these references know a form will be sent to them for completion and they will need to return it to the corresponding address (people must live in different addresses).

Full Name	Address/email address	Relationship	How long have you known this person
Name:  Phone number:			
Name:  Phone number:			
Name:  Phone number:			
Name:  Phone number:			
Name:  Phone number:			
Name:  Phone number:			

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### RELEASE OF INFORMATION AND CERTIFICATION OF ACCURACY

My signature on this form acknowledges my understanding that Tejano Center for Community Concerns:

- Will conduct criminal history checks;
- Will conduct child abuse and neglect records checks;
- May contact law enforcement agencies, other child welfare agencies, or both; and
- May acquire a certified copy of my driving record (if applicable)

My signature on this form also indicates consent to the release of this information to entities or persons who are authorized and permitted by law to access this information, to the extent that it is necessary to complete the verification to foster process.

My signature also authorizes Tejano Center for Community Concerns-Child Placing Agency to request written or verbal information from the reference list, any adult children no longer living in my/our home, employer, previous counselor/therapist, and other agencies listed in this application.

Lastly, my signature certifies that the information provided on this application is true and correct to the best of my knowledge. I further understand that the inclusion of any false information or the omission of any requested information is cause for denial of the applicant's foster parent application or for subsequent closure of the applicant's foster home.

### SIGNATURES

Applicant Signature:

X

Date Signed:

PRINT Name:

Applicant Signature:

X

Date Signed:

PRINT Name:

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To begin the process of becoming foster parent, you will need to furnish the following documentation:

- Copy of valid driver's license, state issued ID or student ID (all family members 14 or older)
- Copy of social security card (all family members)
- Copy of birth certificate (all family members)
- Copy of green card or certificate of naturalization (if applicable)
- Copy of marriage license (if applicable)
- Divorce decree (if applicable)
- Copy of Child(en) immunization records (if applicable)
- Copy of current pet vaccinations (if applicable)
- Copy of High School Diploma, GED or higher education of each foster parent
- Copy of Auto insurance, home insurance and picture of inspection sticker/vehicle registration on all cars used by the family
- Copy of two consecutive itemized bank statements and/or the copy of the last tax return
- Proof of income for the past 60 days or 2 complete calendar months. Disability, social security, and/or other sources of income such as family support, Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) must be included.
- It is a requirement that both parents (if applicable) attend 35 hours of training. They will be provided in 5 consecutive Saturdays from 8:30am-4:00pm. To get credit for the hours, the 5 sessions must be attended (Case manager will inform you about the start of the training sessions).

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