Have Haven
Child Placing/Adoption Agency

FOSTER PARENT APPLICATION

INITIAL CHECKLIST

Are you at least 21 years old?	___Yes	____No
Do you have a valid Texas Driver's License?	___Yes	____No
Do you agree to a criminal background check?	___Yes	____No
Do you agree to a Tuberculosis screening?	___Yes	____No
Do you have space in your home for a foster child?	___Yes	____No

Who referred you to Have Haven Child Placing Agency? _____
Is the person who referred you, a foster parent with Have Haven ___yes ____no
Name: _____

SECTION I: DEMOGRAPHICS

Applicant's Name 1: (last, first, middle)	Applicant's Name 2: (last, first, middle)
Address (street, city, state, zip, county)	
Home Phone: Work Phone: Cell Phone:	Home Phone: Work Phone: Cell Phone:

Directions to the Home:

PERSONAL INFORMATION

	Mother	Father
Date of Birth		
Place of Birth (city, state)		
Are you a U.S. citizen? If "No," what is your citizenship?		
Social Security Number		
Driver's License Number + State		
How long have you lived in TX?		
Racial or Ethnic Background		
What languages do you speak		
Education Level		

MARITAL INFORMATION

Marital Status:	____ Married ____ Separated	____ Single/Never Married ____ Divorced	____ Single ____ Widowed
Date of Marriage/Divorce:			
Place of Marriage/Divorce (City & State)			

OTHER HOUSEHOLD MEMBERS

List the other members of your household (if more space is needed, use another sheet of paper).

Name	Gender	Relationship	Date of Birth	Identification Numbers	Health
				SS#: DL#:	□ Good □ Fair □ Poor
				SS#: DL#:	□ Good □ Fair □ Poor
				SS#: DL#:	□ Good □ Fair □ Poor
				SS#: DL#:	□ Good □ Fair □ Poor
				SS#: DL#:	□ Good □ Fair □ Poor
				SS#: DL#:	□ Good □ Fair □ Poor

- Comments about your family's abilities or strengths concerning any checked boxes.

_____

_____

CHILDREN LIVING OUTSIDE THE HOUSEHOLD

List the names of any of your or your spouse's children who live outside your household. Include children who are now adults.

Name	Gender	Date of Birth	Address	Phone #	Child of Husband/ Wife or Both?

- Does any household member have a serious illness, disability, chronic problem, or emotional/nervous condition? If yes, describe the nature of the illness, how long, and its' affects toward others. Are they currently receiving medical treatment and/or counseling or is currently under a doctor's care? Please explain.

  _____
  _____
  _____
  _____
  _____
  _____

Household Pets:

Do you have any pets? _____ Yes _____ No if yes, how many? _____
Describe the type of pet(s) you own. _____

EMPLOYMENT:

Please provide the following information about your employment.

Mother	Father
Occupation:	Occupation:
Employer Name:	Employer Name:
Employer Address (Street, City, State, ZIP)	Employer Address (Street, City, State, ZIP)

Employment Dates Start _____ TO End _____	Life Insurance Amt. $	Employment Dates Start_____ TO End _____	Life Insurance Amt. $
Work Schedule (Days per Week)		Work Schedule (Days per Week)	
Work Schedule (Hours)	Total Hours per Week	Work Schedule (Hours)	Total Hours per Week

SECTION II: INCOME & EXPENSES

Please provide the following information about your financial status.

INCOME

Mother's Monthly Income Source □ Employment □ Retirement Benefits □ Other	Monthly Gross $	Monthly Net $
Father's Monthly Income Source □ Employment □ Retirement Benefits □ Other	Monthly Gross $	Monthly Net $
All Other Household Income Sources □ Rental Income □ Alimony □ Child Support □ Dividends	Monthly Gross $	Monthly Net $

TOTAL: $_____

ASSETS

Specify Source □ Stocks □ Bonds □ Savings □ Investments □ Interest Bearing Accounts	Value
Do you own or rent your home? □ Own □ Rent □ Other (explain)	

TOTAL: $_____

EXPENSES

Mortgage/Rent Payments	$	Automobile Insurance	$
Payments for Other Property	$	Life Insurance	$
Automobile Payments	$	Medical & Dental Insurance	$
Gasoline & Auto Maintenance	$	Child Care	$
Telephone & Cell Phone	$	Child Support Payments	$
Groceries & Household Supplies	$	Utilities	$
Medical Care	$	Other Expense	$
Dental Care	$	Other Expense	$
Clothing & Accessories	$	Other Expense	$
Recreation & Entertainment	$	Other Expense	$

TOTAL: $_____

VEHICLES

List all vehicles currently in use to transport children.

How many vehicles do you own? _____

Vehicle 1: make_____ model _____ year_____
color_____ Number of passenger's _____

Vehicle 2: make_____ model _____ year_____
color_____ Number of passenger's _____

Vehicle 3: make_____ model _____ year_____
color_____ Number of passenger's _____

Are child-safety seats or seat belts available in each vehicle listed?
_____

Are all your vehicles insured? yes_ No __ (if no, please explain:
_____

SECTION III: BACKGROUND CHECKS

- Have you or any member of your household ever been convicted of or are currently facing charges for, any criminal offense (include all misdemeanors and felonies excluding traffic offenses)? If "Yes," please provide

  Date of Incident: _____ Charge: _____
  Outcome: _____
  City, State, & County the incident occurred: _____, _____, _____

- Have you or any member of your household ever been investigated for child abuse or neglect? If "Yes," please explain.

  _____
  _____

SECTION IV: TYPES OF CHILDREN

Describe the types of children for which you are interested in fostering.

Gender	□ Boy	□ Girl		□ Both
Number of children				
Age range (0-17)				
Races/Ethnicities	□ Anglo □ Native American	□ Black	□ Hispanic □ Bi-racial	□ Asian □ Other

With which of the following special needs can you work?

□ Adopted Previously	□ Health Disabled	□ Sibling Group
□ ADD/ADHD	□ Hearing Impaired	□ Speech Disabled
□ Alcohol Abuse	□ Infant Alcohol Addiction	□ Other Behavior Problem
□ Assaultive Behavior	□ Infant Drug Addiction	□ None
□ Developmentally Delayed	□ Learning Disabled	
□ Drug Abuse	□ Limited English Proficiency	
□ Emotionally Disturbed	□ Mentally Retarded	
□ Enuresis	□ Military Dependent	
□ Encopresis	□ Sexual Acting Out	
□ Failure to Thrive	□ Sexual Transmitted Diseases	

Are there any group of children that you cannot work with?

_____

_____

_____

SECTION V: QUESTIONS

Do you have previous experience as a foster parent or have applied to be a foster parent previously in Texas or another State? ____Yes ____No; if yes, please provide the following:

Name of Previous Foster Care Agency:

_____

City & State:

_____

Have you ever applied to adopt a child? ____Yes ____No, if yes, please provide the:

Name of Agency: _____
Address of Agency: _____
Agency's Phone: _____

If both parents are currently employed, what child care arrangements do you have in place?

_____

_____

_____

What child care arrangements will you have for children placed in your home?

_____

_____

_____

What school district do you currently live in? What schools will children who are placed with you attend?

_____

_____

_____

When necessary, can you or an approved household member transport the child to doctor visits, school, meetings, counseling sessions, parental visitations, etc.? If "yes," how will you transport them?

_____

_____

_____

Are you willing to submit background checks for all frequent visitors coming into the home? _____ (note a frequent visitor is described as someone that will come to your house more than twice a month).

What social and extracurricular activities are you involved in?

_____

_____

_____

SECTION VI: LIST 4 REFERENCES

List two (2) personal and (2) professional references

Name	Relationship	Home Phone	Daytime Phone

SECTION VII: HOME INFORMATION

Home Floor Plan Description

Part A

Please sketch the floor plan of your home. Indicate the size (square feet) and purpose of each room; specify where each household member sleeps and show the bedroom(s) designated for foster children. **(Or Attach a Floor Plan)**

BEDROOMS ROOM SIZE

#1 ____x_____ **#2:** _____x_____ **#3**: ____x____ **# 4:** ____x_____

Part B

Please write and sketch a description of the Fire Escape Plan and routes to follow outside from each room in your home. Each room must be measured accurately using a measuring tape or measuring instrument.

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