

AZLEWAY CHILDREN'S SERVICES PROSPECTIVE FOSTER/ADOPTIVE PARENT APPLICATION

Please complete ALL information as requested. Do not use initials or abbreviations. Do not leave blank spaces. Incomplete entries or omissions will delay processing of your application. Please type or print legibly.

Father

Name: _____
Last Name
(Maiden Name)
First
Middle

Social Security #: _____ Date of Birth: _____

Mother

Name: _____
Last Name
(Maiden Name)
First
Middle

Social Security #: _____ Date of Birth: _____

Complete Address and Phone Numbers

Address: _____

City: _____, Texas Zip Code: _____ County: _____ Years at this address: _____

Phone: Home (____) _____ **Email:** _____

Work Phone: His (____) _____ Hers (____) _____

Cell Phone: His (____) _____ Hers (____) _____

Directions to home from Azleway's office (use additional page if needed):

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

Street Address	City, State	Zip Code	County	Dates (month/year)

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

Street Address	City, State	Zip Code	County	Dates (month/year)

Citizenship

	Father	Mother
Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", where is your citizenship?		
Are you a permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how long?		

Language

Father: What language do you speak: _____

Mother: What language do you speak: _____

Transportation

Vehicles used to transport foster/adopt children must be maintained in safe operating conditions at all times, and inspected and registered according to federal, state and local laws. Please list all vehicles that might be involved in transportation of foster/adopt children:

Year	Make	Model	# of seatbelts	Inspections Expires	Registration Expires	Condition of Vehicle

Transporting children placed in your home to and from appointments is an important task for foster/adoptive parents. Will you agree to transport children to appointments (i.e. counseling sessions, doctor visits, school meetings and visits with parents (if applicable), etc.) Yes No

Auto Insurance Information

All families are required to maintain liability insurance coverage on all vehicles used to transport foster children

Do you have liability insurance and personal injury protection insurance coverage on all your vehicles(s) you will be using to transport foster/adopt children? Yes No

If you currently have liability insurance coverage, please provide verification and the following information:

Name of your auto insurance company: _____

Auto Insurance Policy Number: _____

(Please provide current photocopies of each applicant’s driver’s license and proof of auto insurance)

CHILDCARE AND SCHOOL:

If both parents are employed outside the home, what are your current childcare arrangements?

What childcare arrangements will you make for children placed in your home? _____

What schools will the children placed with you attend: _____

Father's Employment History (Please show all employment for the last FIVE years):

Present Employment: _____

Address: _____

Telephone: _____ Position: _____

Salary or Wage: _____ Dates of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Does your employer provide health insurance: Yes No If yes, what company: _____

Does your employer provide life insurance: Yes No

Previous Employment: _____

Address: _____

Telephone: _____ Position: _____

Salary or Wage: _____ Dates of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Reason for Leaving: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position: _____

Salary or Wage: _____ Dates of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Reason for Leaving: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position: _____

Salary or Wage: _____ Dates of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Reason for Leaving: _____

Mother's Employment History (Please show all employment for the last FIVE years):

Present Employment: _____

Address: _____

Telephone: _____ Position: _____

Salary or Wage: _____ Dates of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Does your employer provide health insurance: Yes No If yes, what company: _____

Does your employer provide life insurance: Yes No

Previous Employment: _____

Address: _____

Telephone: _____ Position: _____

Salary or Wage: _____ Dates of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Reason for Leaving: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position: _____

Salary or Wage: _____ Dates of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Reason for Leaving: _____

Previous Employment: _____

Address: _____

Telephone: _____ Position: _____

Salary or Wage: _____ Dates of Employment: _____

Work Hours: _____ Supervisor's Name: _____

Reason for Leaving: _____

BUDGET (If you are a current foster parent DO NOT count the foster care reimbursement in your monthly income and DO NOT count foster children expenses in your monthly expenses.)

MONTHLY INCOME:

The family's TOTAL reported MONTHLY INCOME is \$ _____ gross/net consisting of monies received from:

	Gross	Net		
Husband's Income	\$	\$	Social Security	\$
Wife's Income	\$	\$	Public Assistance	\$
Retirement Pension	\$		Disability	\$
Rental Property	\$		Child support	\$
Alimony	\$		Other	\$

MONTHLY EXPENSES:

House/Rent Payment (Insurance if separate from payment)	\$	Groceries	\$
Payments for other property (Insurance if separate from payment)	\$	Clothing	\$
Car Payments & Insurance	\$	Life & Medical Insurance (non-payroll deducted)	\$
Gas & Car Maintenance	\$	Church (tithes & offerings)	\$
Medical & Dental Care	\$	Recreation & Entertainment	\$
Utilities & Phone	\$	Miscellaneous (lunches, personal, etc)	\$
Pets	\$	Legal (i.e. attorney fees)	\$
Child Support (if not deducted pre-tax)	\$		

OUTSTANDING LOANS OR DEBTS (credit cards, loans, etc.):

	\$		\$
	\$		\$

TOTAL MONTHLY DEBT IS \$ _____

TOTAL LEFT OVER AT END OF MONTH IS \$ _____

ASSETS:

ASSET	VALUE	OTHER	
Home	\$		
Other property			
Cars			
Savings			
Other (specify)			

Medical Coverage

Father's Carrier: _____

Mother's Carrier: _____

Other Applicant's Carrier: _____

Children's Carrier: _____

1. What carrier will cover a new child (adoption only)? _____
2. Will coverage extend to the child at the time of adoptive placement? Yes No
3. Will insurance cover pre-existing conditions? Yes No

Life Insurance:

Father's Carrier: _____

Mother's Carrier: _____

Other Applicant's Carrier: _____

Children's Carrier: _____

Marital History

Father's Marital History

Current Marital Status: Married Single Divorced Widowed (*if divorced or widowed, fill out previous marriage information*)

If married, date of marriage: _____

Place of marriage: _____
City State County

If you are married, both you and your spouse must apply together. You must attach a copy of your marriage license or declaration of marriage.

Father's Previous Marriages (*use additional pages if needed*)

Name of previous spouse: _____

Date of Marriage: From: _____ To: _____

How ended: Death Divorce **Attach a copy of divorce decree or death certificate**

If divorced, where was divorce recorded? (County, State): _____

Father's Previous Marriages (*use additional pages if needed*)

Name of previous spouse: _____

Date of Marriage: From: _____ To: _____

How ended: Death Divorce **Attach a copy of divorce decree or death certificate**

If divorced, where was divorce recorded? (County, State): _____

Father's Previous Marriages (*use additional pages if needed*)

Name of previous spouse: _____

Date of Marriage: From: _____ To: _____

How ended: Death Divorce **Attach a copy of divorce decree or death certificate**

If divorced, where was divorce recorded? (County, State): _____

Personality

Father's Personality

Describe your personality: _____

How do you like to spend your leisure time? _____

List specific hobbies and areas of interest: _____

Mother's Personality

Describe your personality: _____

How do you like to spend your leisure time? _____

List specific hobbies and areas of interest: _____

Father's Physical/Mental Health Information

Yes No Are you now receiving or have you ever received treatment for chemical dependency?

Yes No Have you ever been hospitalized for an emotional or mental illness?

Yes No Are you know receiving or have you ever received psychiatric treatment?

Yes No Are you currently taking any prescriptions for anxiety or depression?

If Yes, please list: _____

Yes No Do you have or have you had any significant acute or chronic medical conditions, operations and/or disabilities that could affect your ability to parent foster/adopt children?

Yes No Are you currently taking any other prescriptions that are not listed above?

If Yes, please list: _____

Yes No Have any of your children ever been placed in a treatment facility for emotional or mental disturbance?

Yes No Do you expect any change in marital status, employment, family size or place of residence within the next year?

Please explain your "YES" answers: _____

List any life changing events (losses/changes) you have had in the last year (bankruptcy, death in family, divorce, etc): _____

Mother's Physical/Mental Health Information

Yes No Are you now receiving or have you ever received treatment for chemical dependency?

Yes No Have you ever been hospitalized for an emotional or mental illness?

Yes No Are you know receiving or have you ever received psychiatric treatment?

Yes No Are you currently taking any prescriptions for anxiety or depression?
If Yes, please list: _____

Yes No Do you have or have you had any significant acute or chronic medical conditions, operations and/or disabilities that could affect your ability to parent foster/adopt children?

Yes No Are you currently taking any other prescriptions that are not listed above?
If Yes, please list: _____

Yes No Have any of your children ever been placed in a treatment facility for emotional or mental disturbance?

Yes No Do you expect any change in marital status, employment, family size or place of residence within the next year?

Please explain your "YES" answers: _____

List any life changing events (losses/changes) you have had in the last year (bankruptcy, death in family, divorce, etc): _____

Household Information

Please provide the following information on every other member of your household besides you and/or your spouse. Please note that we will be running a criminal background check on every person in your home 14 years of age and older.

Name	Sex	Relationship	DOB	Identification Numbers
				Social Security Number: _____ Driver's License Number: _____
				Social Security Number: _____ Driver's License Number: _____
				Social Security Number: _____ Driver's License Number: _____
				Social Security Number: _____ Driver's License Number: _____
				Social Security Number: _____ Driver's License Number: _____

Has anyone listed above ever been diagnosed with a serious illness, disability, chronic problem or emotional or nervous condition? Yes No

If "Yes", please explain who has the condition, describe the condition and how it affects the individual. Please provide details related to any medical treatment or counseling this individual has received. This information should include the name, address and phone number of the person treating the condition, as well as the dates of service (Use additional paper, if needed).

Education (please provide verification of the highest level of education achieved)

Father's Education History

Did you graduate from high school? Yes No

If Yes, give **date and place of graduation** (include name of school and the city and state where school is located): _____

If not, do you have your GED? Yes No (Provide a copy)

Do you have a college degree: Yes No If Yes, _____

If Yes, give **date and place of graduation** (include name of school and the city and state where school is located): _____

Please list field of study: _____

If you attended college, but did not obtain a degree, how many credit hours of college do you have:

List any other Professional Licenses or Certifications: _____

Special Training or Expertise: _____

Foreign Languages: _____ Spoken Written

Mother's Education History

Did you graduate from high school? Yes No

If Yes, give **date and place of graduation** (include name of school and the city and state where school is located): _____

If not, do you have your GED? Yes No (Provide a copy)

Do you have a college degree: Yes No

If yes, degrees earned: Associate Bachelor Masters Doctorate

If Yes, give **date and place of graduation** (include name of school and the city and state where school is located): _____

Please list field of study: _____

If you attended college, but did not obtain a degree, how many credit hours of college do you have:

List any other Professional Licenses or Certifications: _____

Special Training or Expertise: _____

Foreign Languages: _____ Spoken Written

Military Services

Father

Branch(es) of Service: _____ Years of Service: _____

Highest Rank/Rate Attained: _____

Type of Discharge(s): _____ Years(s): _____

Mother

Branch(es) of Service: _____ Years of Service: _____

Highest Rank/Rate Attained: _____

Type of Discharge(s): _____ Years(s): _____

Religious Background

Azleway Children’s Services is a faith based agency. Please provide the following information:

Father – What is your religious preference/affiliation? _____

Mother – What is your religious preference /affiliation? _____

Where do you and your family attend church (name and address)? _____

How often do you attend? _____

Why do you attend church there? _____

Briefly explain you and your spouse’s spiritual motivation for foster/adopt parenting: _____

Do either applicant prefer to work with children of any particular religious background? Yes No

Explain: _____

Foster Parent and/or Adoptive Parenting History:

Have you or your spouse ever applied to another child placing agency to provide foster care or adoption? Yes No

If "Yes", please list all agencies to which you have applied starting with the most recent:

Agency #1

Date of Application: _____

Name, Address and phone number of Agency: _____

What disposition was made of your application? _____

Agency #2

Date of Application: _____

Name, Address and phone number of Agency: _____

What disposition was made of your application? _____

How did you learn of Azleway Children's Services? (if you heard about us from a friend, please list that person's name so we may thank them): _____

Have you or your spouse ever been a foster parent? Yes No

Have you or your spouse ever been house parents? Yes No

If "Yes", please list the names of the organizations: _____

Describe your experience: _____

In the past, has a home study ever been conducted on your family for any reason? Yes No

If you answered "Yes", please provide Azleway with the name, address and phone number of the agency who completed the home study: _____

If you answered "Yes" to the preceding questions, may Azleway contact the agency with which you were involved? Yes No

Children Preference:

Number of children: _____ Boys Girls Age Range: From: _____ To: _____

Race/Ethnicities (check all that apply):

- Anglo Asian
- African American Hispanic
- Native American Other: _____

Using your family’s abilities and strengths, which children are you most qualified and able to help based on the list of special needs listed below?

- | | | |
|--|--|--|
| <input type="checkbox"/> Adopted Previously | <input type="checkbox"/> History of Fire Setting | <input type="checkbox"/> HIV Positive/AIDS |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Assaultive Behavior | <input type="checkbox"/> Enuresis/Encopresis |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Gang Activity/Affiliation | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Sexual Acting Out | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Self Abuse | <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Mobility Impaired |
| <input type="checkbox"/> Infant Alcohol Addition | <input type="checkbox"/> Runaway | <input type="checkbox"/> Speech Disabled |
| <input type="checkbox"/> Infant Drug Addition | <input type="checkbox"/> Sexually Transmitted Diseases | <input type="checkbox"/> Mentally Challenged |
| <input type="checkbox"/> History of Animal Cruelty | <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Emotionally Delayed | <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Sibling Group | <input type="checkbox"/> Conduct Disorder | <input type="checkbox"/> Oppositional |
| <input type="checkbox"/> Other physical Impairment | <input type="checkbox"/> Limited English Proficiency | |

If you have indicated that your family will be help children with one or more of the problems or conditions noted above, please explain how your family’s abilities and strengths will assist you in this endeavor. You should also discuss any past experience your family has had that will help you serve special needs children (use additional paper if needed). _____

Other information that could be helpful in matching youth to your family: _____

Motivation:

Why do you want to be a foster parent? _____

Why do you want to adopt? _____

How long have you considered becoming a foster/adoptive parent? _____

Why do you feel this is the right time for you to become a foster/adoptive parent? _____

Why have you decided you would like to become a foster/adoptive parent for Azleway Children's Services (if you are already a foster/adoptive parent for another agency, please explain why you are interested in transferring to for Azleway Children's Services at this time)? _____

Personal References

List six references (adult children do not count as family members) that have known you for more than two years, have visited your home and can be contacted by Azleway Children’s Services. Local references are preferred. Please try to vary the nature of your preferences including those from spiritual, business or employment relationships, as well as social relationships (***Provide a complete mailing address***):

	Name	Relationship	Address (street, city, state & zip)	Phone number	Email
Family Member					
Family Member					
Reference of Your Choice (non-family member)					
Reference of Your Choice (non-family member)					
Reference of Your Choice (non-family member)					
Reference of Your Choice (non-family member)					

Criminal Background Checks:

In accordance with Azleway and Texas Department of Protective and Regulatory Services licensing standards, a criminal background check is conducted with on all foster/adopt parent applicants to determine whether any offenses have been committed which might adversely affect foster/adopt parenting eligibility. **This policy applies to any resident of the foster home age 14 years old or older (excluding foster children).** Azleway staff must visually verify the valid ID or Social Security Card (*please provide a copy of your driver’s license and social security card*). To comply with this policy, please furnish the following information (*use additional sheets if necessary*).

Azleway staff may also check driving records for all household members with a driver’s licenses. Foster/adopt parents will also have to submit for a Federal Bureau of Investigations background check.

Yes No Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child molestation or child neglect? If “Yes”, please explain:

Yes No Have you been convicted or charged, 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 or any member of your household ever been arrested, charged, indicted or convicted of any criminal offense? This includes all offenses occurring in any location (city, county/parish and state). It also includes offenses that you think have been expunged from your record, and it includes information regarding deferred adjudications.

If “Yes” to the last three questions, please complete the information below:

Name	Date	Offense	Location (city, county/parish, state)	Resolution (jail, probation, etc.)

Yes No Have you or any member of your household ever been investigated for child abuse or neglect?

Yes No Have any of your children ever been placed in foster/adopt care?

If "Yes" to these question, please complete the information below:

Alleged Perpetrator(s)	Alleged Victim(s)	Date(s)	Location	Disposition

Father

Full Name: _____

Other names used: _____

Address: _____

Phone Numbers: _____

Social Security Number: _____ TX DL Number (attach a copy of TDL): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please list all city/states you have lived in: _____

Mother

Full Name: _____

Other names used: _____

Address: _____

Phone Numbers: _____

Social Security Number: _____ TX DL Number (attach a copy of TDL): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please list all city/states you have lived in: _____

Other Residents (14 years or older)

Full Name: _____

Other names used: _____

Address: _____

Phone Numbers: _____

Social Security Number: _____ TX DL Number (attach a copy of TDL): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please list all city/states you have lived in: _____

Signature of other resident

Date

Other Residents (14 years or older)

Full Name: _____

Other names used: _____

Address: _____

Phone Numbers: _____

Social Security Number: _____ TX DL Number (attach a copy of TDL): _____

Birth Date: _____ Birth Place: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please list all city/states you have lived in: _____

Signature of other resident

Date

I hereby apply to become an agency foster parent for Azleway Children's Services. I agree to abide by all of the agency's program requirements. This includes abiding by the agency's discipline policy, which prohibits the use of physical discipline of children served by the agency; abiding by all other policies & procedures governing the operation of Azleway Children's Services; and the Minimum Standards for Child Placing Agencies in the State of Texas, as well as any other regulatory authority that has jurisdiction over the agency or its foster homes.

I understand that during the application process that Azleway Children's Services will conduct criminal history checks and child abuse and neglect checks for applicants through the Residential Child Care Licensing Division of the Texas Department of Family and Protective Services. I also understand that the agency may require a certified copy of my driving record from the Texas Department of Public Safety.

I certify that all information (verbal or written) that I have provided to Azleway Children's Services contains no willful misrepresentations or falsification and that it is true and complete to the best of my knowledge and belief. I understand that Azleway Children's Services will contact references, and may contact other individuals or agencies in order to complete its evaluations and verify any and all information provided to the agency. I understand that any willful misrepresentation is cause for immediate denial of my application.

My signature below serves as a written request to become a foster parent for Azleway Children's Services. I understand that my signature also authorizes Azleway Children's Services to conduct criminal history checks, and to obtain a certified copy of my driving record. My signature also authorizes Azleway Children's Services to contact references and other individuals or agencies that the agency considers necessary in order to complete their evaluation and to verify the information provided to them.

Prospective Foster/Adoptive Father

Date

Prospective Foster/Adoptive Mother

Date