

Applicant's Full Name _____

Social Security #: _____

Education (Highest grade completed): _____

Veteran's status: _____

Criminal Background Check:

Have you ever been convicted of a felony criminal offense? _____ **Yes** _____ **No**

Have you ever been convicted of a misdemeanor criminal offense? _____ **Yes** _____ **No**

Are you presently under investigation or indictment of a felony or misdemeanor criminal offense? _____ **Yes** _____ **No**

Employment and Income:

Employer: _____

Address: _____

Phone Number: _____

Work Hours: _____

Immediate Supervisor: _____

Beginning Date: _____

Monthly Salary: _____

Permission to Contact Employer? _____ **Yes** _____ **No**

Co-Applicant's Full Name _____

Social Security #: _____

Education (Highest grade completed): _____

Veteran's status: _____

Criminal Background Check:

Have you ever been convicted of a felony criminal offense? _____ **Yes** _____ **No**

Have you ever been convicted of a misdemeanor criminal offense? _____ **Yes** _____ **No**

Are you presently under investigation or indictment of a felony or misdemeanor criminal offense? _____ **Yes** _____ **No**

Employment and Income:

Employer: _____

Address: _____

Phone Number: _____

Work Hours: _____

Immediate Supervisor: _____

Beginning Date: _____

Monthly Salary: _____

Permission to Contact Employer? **Yes** **No**

Family Income:

Gross/Net consisting of monies received from:

Employment: \$ _____
Property Rental: \$ _____
Disability: \$ _____
Social Security \$ _____
Public Assistance: \$ _____

Pensions: \$ _____
Other: \$ _____
Other: \$ _____

Total Family Income: \$ _____

Outstanding Loans or Debts	Amount	Present Balance	Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children Currently Living in Home:

(If child is 14 years old or older a Criminal Background Check must be performed by CFN)

Name	Birth date	Sex	School Grade Completed

Others in Home:

Name	Birth date	Relationship

Have you ever been a foster parent with another agency? _____ Yes _____ No

If answer is Yes: What agency? Where? For how long? Reason for leaving?

Is your home currently licensed, regulated, approved or operated by any other agency? _____ Yes _____ No If Yes, What Agency?

Have you ever been denied an initial or a renewal foster care license?

_____ Yes _____ No

If yes, give reason(s) for denial: _____

Please give the names, addresses and telephone numbers of four persons who may be used as references (employment or character) (Please write in completed addresses and phone numbers):

1. _____
Name

Address

City, State, Zip

Telephone Number

2. _____
Name

Address

City, State, Zip

Telephone Number

3. _____
Name

Address

City, State, Zip

Telephone Number

4. _____
Name

Address

City, State, Zip

Telephone Number

1.)

We also need to contact your children who do not currently live in your home:

1. _____
Name

Address

City, State, Zip

Telephone Number

2. _____
Name

Address

City, State, Zip

Telephone Number

3. _____
Name

Address

City, State, Zip

Telephone Number

4. _____
Name

Address

City, State, Zip

Telephone Number

Please provide a sketch of the floor plan of your facility. Please include the dimensions of the bedrooms and their current and planned residents and attach to this application.

Declaration:

I hereby declare the information provided by me in this Application for Foster Parent is true, correct and complete to the best of my knowledge. I understand that, if approved, any statement or omission of fact(s) on the Application shall be considered cause for disapproval. I have not been convicted within the preceding ten (10) years of any offenses listed in Appendix X1, P71, DHR 4-81, "Criminal Offenses from the Texas Penal Code," of the Minimum Standards Manual of TDHS. I list here any felony or misdemeanor convictions within the preceding ten (10) years and any pending criminal charges.

Applicant's Signature

Date Signed

Co-Applicant's Signature

Date Signed

AUTHORIZATION:

I Authorize Caring Family Network to check references as listed on this Foster Home Application and to obtain an investigative report containing information obtained through personal interviews (via mail and telephone) with former employer(s), and local (applicable) agencies, including but not limited to law enforcement agencies and Department of Protective and Regulatory Services (and other state children’s service systems), for the purpose of determining my/our suitability as foster parents. I understand this information will be used only for this (above) purpose and that information solicited will be unlimited.

This consent may be revoked by notifying CFN. It may also be revoked by specifying a date, time, event or condition upon which your consent will expire (if so, please specify):

Applicant Signature

Date of Application

Co-Applicant Signature

Date of Application

CFN Signature

Date of Application