***New Horizons Child Placing Agency***

**Application for Foster or Adoptive Family**

**PLEASE COMPLETE ALL SECTIONS**

Completion of this form is not an obligation to participate in this program

or guaranteed acceptance by New Horizons.

Thank you for your interest!

I am/We are interested in: Fostering [ ]  Foster to Adopt [ ]  Adoption [ ]

NAME: (First, Middle, Last)

(Caregiver #1):

(Caregiver #2):

Physical address (street, city, zip, county):

Directions to your home (from closest major intersection):

Best Phone Number to reach you:       Email Address:

If married, how long?       Church affiliation (if applicable):

Number of Children living in household:

|  |  |  |
| --- | --- | --- |
|  | Caregiver #1 | Caregiver #2 |
| Date of Birth |       |       |
| Place of Birth |       |       |
| Racial/Ethnic Background |       |       |
| U.S. Citizen | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Languages Spoken |       |       |
| Cell & Work Phone  |       |       |
| Email |       |       |

**OTHER HOUSEHOLD MEMBERS** (include children):

|  |  |  |
| --- | --- | --- |
| Name | Birth Date & Age | Relationship |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |        |

|  |  |  |
| --- | --- | --- |
| **HEALTH** | Caregiver #1 | Caregiver #2 |
| Frequency of alcohol use | * [ ]  Never [ ] Daily [ ]  Weekly [ ] Monthly
 | [ ]  Never [ ] Daily [ ]  Weekly [ ]  Monthly  |
| Frequency of cigarette use | [ ]  Never [ ] Daily [ ]  Weekly [ ]  Monthly  | [ ]  Never [ ] Daily [ ]  Weekly [ ]  Monthly  |
| Any disabilities or health impairments which may affect fostering/adoption? |       |       |
| Medications & prescribed reason: |       |       |

|  |  |  |
| --- | --- | --- |
| **EDUCATION** | Caregiver #1 | Caregiver #2 |
| GED/HS diploma date |       |       |
| High School Attended |       |       |
| College Attended  |       |       |
| Graduated | [ ] Yes [ ] No | [ ] Yes [ ] No |
| If yes, please list degree(s) |       |       |

Please list any special training or experience in child care:

**EMPLOYMENT -** List caregiver #1’s employment for the past 5 years, beginning with present employment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYER | OCCUPATION | DATES | WAGES | REASON FOR LEAVING |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

What days of the week do you work?

How many hours a week do you work?

**EMPLOYMENT –** List caregiver #2’s employment for the past 5 years, beginning with present employment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYER | OCCUPATION | DATES | WAGES | REASON FOR LEAVING |
|       |       |       |       |       |
|       |        |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

What days of the week do you work?

How many hours a week do you work?

Average annual income of family (include child support or any other income):

Average monthly income:       Average monthly expenses:

Remarks regarding your financial situation:

Share briefly why you would like to be foster/adoptive parents:

Please indicate what number and type of children you feel qualified to work with.

Maximum # of children willing to accept: [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6

Minimum age: [ ]  Infant [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9

 [ ]  10 [ ]  11 [ ]  12 [ ]  13 [ ]  14 [ ]  15 [ ]  16 [ ] 17 [ ]  18

Maximum age: : [ ]  Infant [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9

 [ ]  10 [ ]  11 [ ]  12 [ ]  13 [ ]  14 [ ]  15 [ ]  16 [ ] 17 [ ]  18

Gender: [ ]  Male [ ]  Female [ ]  Both

Race/Ethnicity (mark all that apply): [ ]  African American [ ]  Caucasian

 [ ]  2 or more races [ ]  Asian [ ]  Native American [ ]  Hispanic or Latino

Are there any circumstances concerning your family that we should know relative to bringing foster children into your home? (Please provide unique opportunities or challenges. For example: live on a farm, have large home, reared girls/boys, children will share a room, etc.)

If you have children, share how you handle discipline in your home.

What does your family do for recreation?

What would be the sleeping arrangements for foster children?

Approximate square footage of your home:

Describe inside and outside play areas (such as fenced-in backyard, etc.)

Please list any animals and the specific breed (if applicable) that reside in the home or on the property.

Names of schools in your district:

|  |  |
| --- | --- |
| Elementary |       |
| Junior High |       |
| High School |       |

Childcare and School

If both caregivers are currently employed, what childcare arrangements do you now have in place?

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

Transportation

When necessary, can you or someone in the household be available to take children to counseling sessions, doctor visits, school meetings, family visitation (if appropriate), etc., on a regular basis? [ ] Yes [ ] No

If yes, will you transport children in your own vehicle? [ ] Yes [ ] No

If so, please provide make/model of your vehicle(s).

If you are unable to provide transportation, what will be the plan to transport foster children to activities and appointments?

How many people will your vehicle safely transport?

Please complete the following information on children who are no longer living in your home, or any children you have reared who are not presently in the home:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Address | Phone Number |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

**REFERENCES**:

Please list 3 persons not related to you who are well acquainted with your family life:

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Phone Number |
|       |       |       |
|       |       |       |
|       |       |       |

Please list 3 persons related to you who are well acquainted with your family life:

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Phone Number |
|       |       |       |
|       |       |       |
|       |       |       |

Have you ever kept children for the Texas Department of Family and Protective Services (TDFPS) or any other child-placing agency? [ ] Yes [ ] No

If yes, with whom?

Are you currently licensed by TDFPS or another child-placing agency?

[ ] Yes [ ] No If yes, with whom?

Any additional comments regarding previous experience:

Has anyone in the household been convicted within the preceding 10 years of any felony classified as an offense against a person or family, or of public indecency, or of a violation of the Texas Controlled Substance Act, or of any misdemeanor classified as an offense against a person or family? [ ] Yes [ ] No

If yes, please describe conviction including date of offense:

Does anyone in the household have a criminal history that would appear on a background check? [ ] Yes [ ] No

If yes, please explain:

Has anyone in the household ever been accused or substantiated as a perpetrator of child abuse/neglect? [ ] Yes [ ] No

If yes, please explain:

Any additional charges that may appear on DFPS, DPS, or FBI background check reports?

**CONSENT:**

I,       (caregiver #1) and       (caregiver #2), give my/our permission for New Horizons to run a criminal history and child abuse/neglect background check with any state, local, or other authorities.

We authorize New Horizons Child Placing Agency to use the above information in making a study of our home.

Caregiver #1 Signature:       Date:

Caregiver #2 Signature:       Date:

Date submitted to New Horizons Child Placing Agency:

How did you learn about New Horizons?