

**PANHANDLE CHILD PLACEMENT SERVICES INC.
FOSTER CARE FOSTER PARENT APPLICATION**

1. Personal information.

Name: _____ Age: _____ Date of Birth: _____
Other names used (maiden, marital, etc.) _____
Sex: _____ Male _____ Female
Address: Street _____
City _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____
Drivers license number: _____ Social Security Number _____
Have you lived in any Other State Besides Texas Within The Last Three
Years _____ Yes _____ No.
Race/ethnicity: _____ White _____ Black _____ Hispanic _____ Other: _____
Occupation: _____
Place of Employment: _____

2. Personal information, Spouse.

Name: _____ Age: _____ Date of Birth: _____
Other names used (maiden, marital, etc.) _____
Sex: _____ Male _____ Female
Address: Street _____
City _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____
Drivers license number: _____ Social Security Number _____
Have you lived in any Other State Besides Texas Within The Last Three
Years _____ Yes _____ No.
Race/ethnicity: _____ White _____ Black _____ Hispanic _____ Other
Occupation: _____
Place of Employment: _____

3. References (please give at least three non-relative references):

Name: _____ Address _____
City _____ State _____ Zip _____
Phone _____

Name: _____ Address _____
City _____ State _____ Zip _____
Phone _____

Name: _____ Address _____
City _____ State _____ Zip _____
Phone _____

Name: _____ Address _____
City _____ State _____ Zip _____
Phone _____

4. Marital History.

Marital Status:

___ married ___ never married ___ re- married
divorced ___ separated ___ widowed ___ engaged ___ common law.

Total number of marriage for each applicant. Include date marriage started and ended, reason for ending of marriage:

Single applicant _____

Wife: : _____

Husband: : _____

How long had you known one another prior to your marriage?

In what areas are you most compatible? _____

5. Motivation and Childcare Experience

Why do you want to become a foster parent? _____

If married, are both parties equally interested in fostering? _____

What is your experience working with children? _____

List strengths in working with children: _____

Have you been a foster parent for any other agency? _____ Agency name(s), Dates, Reason for leaving: _____

Can we contact them for evaluation? _____

6. Family and Children.

List age and sex of children living in your home.

Relationship	Name	Age	Birthdate	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List children not living with you: _____

Do any of children have any special needs? _____ If yes, explain

Do any of your children have any behavioral problems? _____ If yes, explain:

List the rules for your children:

+Spouse's gross salary	=	_____
+Other income	=	_____
-Less debt(mortgage, loans, child support, car):	=	_____
TOTAL	=	_____

10. Do you or a family member have difficulty with a disability or an illness?_____ If yes, explain:_____

11. Are there any health problems you or another family member has that poses a risk to placing foster children in your home?_____ If yes, explain_____

12. Have you experienced any of the following significant events in the last 12 months:

___ Divorce ___ Death of a loved one ___ Pregnancy ___ Adoption ___ Injury
 ___ Marriage ___ Major accident ___ Unemployment ___ Suicide of a loved
 one ___ Major surgery ___ Significant illness ___ Birth of a child
 ___ marital or common-law separation.

13. Have you or anyone in your home been physically, sexually, or psychologically abused?_____ If yes, explain:_____

14. Have you or anyone in your home ever been investigated by an agency or police of neglect, physical, or sexual abuse?_____ If yes, explain_____

15. Do you or anyone in your family have a criminal record?_____ If yes, who and what were the circumstances?_____

16. Have you ever written a bad check?_____ If yes, explain:_____

17. Has anyone in your home suffered from alcoholism, depression, anxiety, or any other mental health condition?_____If yes, explain_____

18. Does any one in your home take prescribed medication for a mental illness?_____ What type of medication . _____

19. Other

Do you own or rent where you live?_____

Do you have a car and a valid driver's license in the state of Texas?_____

Do you have auto insurance that covers injury?_____

Would you be willing to transport foster children to court hearings, medical appointments, visitations, and therapy when needed?_____

Would you be willing to pay for day-care and/or after school care if needed?_____

Do you have pets?_____Are they vaccinated?_____

Type of living unit:_____house_____apartment_____mobile home_____

Describe where foster child would sleep:_____

Would he or she be sharing a room with someone?_____

IMPORTANT: On the attached blank sheet of paper please draw your home floor plan with dimensions of each room. Please mark present sleeping arrangements and where foster child(ren) will sleep.