



Foster or Adoptive Parent Application

Instructions: Complete *all* sections of the application. If you have any questions about how to complete the application, please call us. For sections of the application that do not apply to your family, simply mark N/A.

Please Print All Information

I/We are interested in:	<input type="checkbox"/> Foster Care <input type="checkbox"/> Foster to Adopt <input type="checkbox"/> Adoption <input type="checkbox"/> Kinship
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Foster Care and **Foster to Adopt** are for families to provide temporary care for ages 0-17 until the child(ren) are reunified with their birth family. **Matched Adoption** families must be willing to fill the need of the children legally free for adoption - usually children age 6+ and siblings sets/groups. **Kinship** families care for children they are related to or whom they know well and have had CPS approved them for a kinship placement.

Applicant's Name, Address, and Contact Information	Applicant 1 Full Name:		Date of Birth:		
	Applicant 2 Full Name:		Date of Birth:		
	Street Address:				
	City:		Zip:		County:
	Length of time at Current Residence:		Type of Housing: Home <input type="checkbox"/> Apartment <input type="checkbox"/>		
	Cell (Applicant 1):		Cell (Applicant 2):		
	Work (Applicant 1):		Work (Applicant 2):		
	E-mail Address (Applicant 1):				
	E-mail Address (Applicant 2):				
How did you hear about ACH Child and Family Services?					
Tell us about your motivation for wanting to become a foster or adoptive parent:					
If you are a Kinship placement - Name and Contact Information for CPS Worker	CPS Worker Name:		CPS Worker Phone: () - -		
	CPS Worker Office Address:		TX ZIP Code:		
Total number of bedrooms in home and square feet for each bedroom. If you have children: how many children, gender and age(s)	Total number of bedrooms in your home: ____		Total number of children in home: ____		
	Square feet of <i>each</i> bedroom : Room 1 Sq Ft ____ Room 2 Sq Ft ____		Ages/Gender of children in home:		
	Room 3 Sq Ft ____ Room 4 Sq Ft ____ Room 5 Sq Ft ____ Room 6 Sq Ft ____		1. _/_ 2. _/_ 3. _/_ 4. _/_ 5. _/_		
			<i>Example: 2 Children - 1. M/6 2. F/2</i>		
Have you experienced any major life changes in the last year? (Example: adoption/birth of a child, marriage, divorce, major medical procedure/diagnosis, fertility treatment (IUI, IVF), move to a new state, death of a loved one, etc.)			<input type="checkbox"/> YES <input type="checkbox"/> NO		

If you have experienced a major life change in the last year, please explain:		
Applicant's Information:	Applicant 1	Applicant 2
Full Name:		
Other names - nicknames, past names, maiden name:		
Are you a US Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Place of Birth:		
Race/Ethnicity:		
Native American Heritage - Are you a registered member of any Native American Tribe?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Which tribe and Registration number	Tribe: Registration Number:	Tribe: Registration Number:
Highest Level of Education (Include name of school, year graduated and degree received):		
Describe any other training or educational achievements:		
Occupation/Job Title:		
Name of Employer:		
Length at Current Employer:		
Yearly Gross Salary:		
List any medications you are currently taking and purpose:		
List <i>all</i> medical diagnoses currently being treated for: AND All <i>past</i> medical diagnoses for which you have been treated:		
Do you own or rent your home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Have you lived outside of Texas during the last 5 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give state and dates of past residency:		
Do you have Health Insurance? Please put company name:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

	Insurance Co.:	Insurance Co.:
Current Marriage:	Date of Marriage:	
	Place (County and State):	
Previous Marriages		
Number of Previous Marriages:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
1.Name of Previous Spouse:		
Date of Marriage:		
Place of Marriage (County and State):		
Reason for Divorce or Death:		
Date of Divorce or Death:		
2.Name of Previous Spouse:		
Date of Marriage:		
Place of Marriage (County and State):		
Reason for Divorce or Death:		
Date of Divorce or Death:		
3.Name of Previous Spouse:		
Date of Marriage:		
Place of Marriage (County and State):		
Reason for Divorce or Death:		
Date of Divorce or Death:		
4.Name of Previous Spouse:		
Date of Marriage:		
Place of Marriage (County and State):		
Reason for Divorce or Death:		
Date of Divorce or Death:		
If more than 4 please add on back of application.		



Have applicant(s) ever applied with or been licensed by another Child Placing Agency for foster care or adoption?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have applicant(s) ever been denied by a Child Placing Agency? If yes, name of Agency:	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "Yes"; Please List All Agencies By Which You Have Applied and/ or been with Licensed Starting With The Most Recent.

Child Placing Agency #1	Date of Licensure:	Date of Closure:
	Name of Agency:	
	Address of Agency:	
	Name of Agency Contact/Caseworker:	
	Phone Number for Agency:	
Reason for Leaving the Agency:		
Child Placing Agency #2	Date of Licensure:	Date of Closure:
	Name of Agency:	
	Address of Agency:	
	Name of Agency Contact/Caseworker:	
	Phone Number for Agency:	
Reason for Leaving the Previous/Current Child Placing Agency:		

Children: List ALL MINOR children - living, deceased, at home, or away from home (i.e. College)

Child #1	Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth:	Age:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Lives in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No		If "NO" Please put their current address:
	Relationship to Parent #1: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted		
	Relationship to Parent #2 <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted		
Child #2	Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth:	Age:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Lives in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No		If "NO" please put current address:
	Relationship to Parent #1: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted		
	Relationship to Parent #2 <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted		

Child #3	Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth:	Age:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Lives in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No		If "NO" please put current address:
	Relationship to Parent #1: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted		
	Relationship to Parent #2: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted		
Child #4	Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth:	Age:	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Lives in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No		If "NO" please put current address:
	Relationship to Parent #1: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted		
	Relationship to Parent #2: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted		
Do you have adult children?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adult Child #1			
Please provide: <u>name, mailing address, phone number and e-mail address</u>	Name:		Age:
	Address:		
	City:	State:	Zip Code:
	Phone number:		
	E-mail address:		
Adult Child #2			
Please provide: <u>name, mailing address, phone number and e-mail address</u>	Name:		Age:
	Address:		
	City:	State:	Zip Code:
	Phone number:		
	E-mail address:		

Adult Child #3			
Please provide: <u>name,</u> <u>mailing address, phone</u> <u>number and e-mail address:</u>	Name:		Age:
	Address:		
	City:	State:	Zip Code:
	Phone number:		
	E-mail address:		
Adult Child #4			
Please provide: <u>name,</u> <u>mailing address, phone</u> <u>number and e-mail address:</u>	Name:		Age:
	Address:		
	City:	State:	Zip Code:
	Phone number:		
	E-mail address:		

CHARACTERISTICS OF THE CHILDREN YOU ARE INTERESTED IN CARING FOR:

(Please Note: Foster Children and children adopted from Foster Care have all experienced trauma in the form of neglect, and/or abuse. Each child has unique needs and difficulties. The children we serve all have grief and loss in their lives and require understanding caregivers).

Number of Children:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity: <input type="checkbox"/> AA <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
Age Range:	Are you willing/able to take a sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Children in Foster Care, of all ages, and from a variety of backgrounds have a wide range of behaviors and needs.

Due to the trauma they have experienced, the majority of the children we serve have behavioral challenges, mild to severe developmental delays, and emotional needs. Please mark the characteristics below you are willing and able to work with to help Foster Children (understanding you will receive additional training and support to do so).

<input type="checkbox"/> Behavioral Challenges	<input type="checkbox"/> Emotional Needs	<input type="checkbox"/> Sexually Abused
<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Drug Exposed	<input type="checkbox"/> Minor Medical Needs	<input type="checkbox"/> Major Medical Needs
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Mobility Impaired	<input type="checkbox"/> Low IQ
<input type="checkbox"/> Neglected	<input type="checkbox"/> OTHER _____	

RELIGION:	Parent 1	Parent 2
Religious Affiliation:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Religion/Denomination:		
Church Name/Complete Address:		
MILITARY SERVICE:	Parent 1	Parent 2
Served or Currently Active?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



	<input type="checkbox"/> CURRENTLY ACTIVE	<input type="checkbox"/> CURRENTLY ACTIVE
Branch of Military:		
Dates of Service:		
Type of Discharge (only applies to those no longer active - please provide copy of discharge):		

PREVIOUS ADDRESS FOR LAST 10 YEARS FOR EACH APPLICANT			
List Complete Address In Which You Have Lived During <u>The Past 10 Years</u> (Include Dates At Each Address) PARENT 1	1. Previous Address:		
	City:	State	Zip:
	Date Moved In: ____/____/____	Date Moved Out: ____/____/____	
	2. Previous Address:		
	City:	State:	Zip:
	Date Moved In: ____/____/____	Date Moved Out: ____/____/____	
	3. Previous Address:		
	City:	State:	Zip:
	Date Moved In: ____/____/____	Date Moved Out: ____/____/____	
List Complete Address In Which You Have Lived During <u>The Past 10 Years</u> (Include Dates At Each Address) PARENT 2	1. Previous Address:		
	City:	State	Zip:
	Date Moved In: ____/____/____	Date Moved Out: ____/____/____	
	2. Previous Address:		
	City:	State:	Zip:
	Date Moved In: ____/____/____	Date Moved Out: ____/____/____	
	3. Previous Address:		
	City:	State:	Zip:
	Date Moved In: ____/____/____	Date Moved Out: ____/____/____	

List ALL household members:

Other People Residing In Your Home:	Name:	Age:	Relationship:

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Comments:

Will any of the household members have any childcare responsibilities for the foster or adoptive children? <input type="checkbox"/> YES (MUST be at least 21 year of age to provide child care for children in DFPS custody). <input type="checkbox"/> NO

If "YES" to household members providing childcare, please explain what kind of care and how frequent:

Any specific routes to your home or special instructions for getting to your home? YES NO
 Do you live in a gated community? YES NO

If "YES" please explain

HOME AND COMMUNITY:

A. How far is the nearest hospital from your home?

B. What type of water service do you use? City County Well

C. What type of utilities do you use to cool and heat your home? All Electric Gas Gas & Electric Combo

D. If gas: Natural Propane Do you have a gas fireplace/stove or a gas starter in your fire place: Yes NO
**Please Note: The State of Texas Requires an Additional Inspection of all GAS Heaters by a licensed technician - ask ACH for more info.*

E. Do you have home owners insurance on your home or renters insurance for you apartment? YES NO
 If "YES" Name of Company: _____

PETS IN HOME

Do you have pets in your home? YES NO

Please list all pets in your home: Use separate sheet and attach if more than the 4 listed here.	Name of Pet	Type of Pet: Canine/Feline, etc.	Date of most recent Rabies Vaccination:	Does the pet live indoors or outdoors? Please select one:	
	1)			Indoors	Outdoors
	2)			Indoors	Outdoors
	3)			Indoors	Outdoors
	4)			Indoors	Outdoors

TRANSPORTATION

Do you have reliable transportation? YES NO

Please list all vehicles that will transport foster/adoptive children:	YEAR:	MAKE:	MODEL:	CONDITION/Comments:

Do you have Liability and Personal Injury Protection Insurance on your vehicles? YES NO

Are you willing/able to transport foster children to all appointments, visits with birth family and other activities during regular weekday work hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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LEGAL INFORMATION

A. Has anyone in your household ever been charged, arrested, and/or convicted of a misdemeanor or felony, including domestic violence disturbance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If “YES” please explain in detail (use separate paper if more room needed and staple to application):

B. Have any individuals who VISIT your home ever been charged, arrested, and/or convicted of a misdemeanor or felony, including domestic violence disturbance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If “YES” please explain in detail (use separate paper if more room needed and staple to application):

C. Has any member of your household ever had any allegations, charges, or convictions against them for Child Abuse or Neglect?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If “YES” please explain in detail (use separate paper if more room needed and staple to application):

D. Have any of your children been temporarily or permanently removed from your home by the courts or Child Protective Services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If “YES” please explain in detail (use separate paper if more room needed and staple to application):

E. Have any individuals who VISIT your home ever had any allegations, charges or convictions against them for child abuse or neglect?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If “YES” please explain in detail (use separate paper if more room needed and staple to application):

F. Has your family had any police visits, 911 calls, including domestic violence disturbances, to your home that did not result in an arrest or citation in the past 24 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If “YES” please explain in detail (use separate paper if more room needed and staple to application):

G. Has anyone in your home had any police involvement, 911 calls to your address including domestic violence disturbances that did not result in an arrest or citation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If “YES” please explain in detail (use separate paper if more room needed and staple to application):

<p>If you have biological children in your home, are you willing to utilize our model of care- Trust-Based Relational Interventions[®] (TBRI[®]) with not only our foster children but your biological children as well?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NOT SURE, NEED MORE INFORMATION <input type="checkbox"/> NO</p>
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Contact Information for References

REQUIRED: List ALL siblings for each applicant (biological, half-siblings, adopted siblings, and step-siblings).
Use a separate sheet if you have more siblings than spaces on the application.

REQUIRED: All of the following must be well acquainted with the applicants for 3+ years. List Six (6) additional individuals/couples - two (2) relatives that are NOT siblings, who do NOT reside in your home; two other adults, and at least two (2) of the following: Clergy, Neighbor(s), Work, School personnel or Community Member.

SIBLING REFERENCE # 1			
Please provide: <u>name</u>, <u>mailing address</u>, <u>phone number(s)</u> and <u>e-mail address</u>	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-mail Address:		
Relationship:			
SIBLING REFERENCE # 2			
Please provide: <u>name</u>, <u>mailing address</u>, <u>phone number(s)</u> and <u>e-mail address</u>	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-Mail Address:		
Relationship:			
SIBLING REFERENCE # 3			
Please provide: <u>name</u>, <u>mailing address</u>, <u>phone number(s)</u> and <u>e-mail address</u>	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-mail Address:		
Relationship:			
RELATIVE REFERENCE # 1			
Please provide: <u>name</u>, <u>mailing</u>	Name:		
	Address:		
	City:	State:	Zip:

<u>address, phone number(s) and e-mail address</u>	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-mail Address:		
	Relationship:		
RELATIVE REFERENCE # 2			
Please provide: <u>name, mailing address, phone number(s) and e-mail address</u>	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-Mail Address:		
Relationship:			
FRIEND REFERENCE # 3			
Please provide: <u>name, mailing address, phone number(s) and e-mail address</u>	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-mail Address:		
Relationship:			
FRIEND REFERENCE # 4			
Please provide: <u>name, mailing address, phone number(s) and e-mail address</u>	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-mail Address:		
Relationship:			
RELATIVE THAT DOES NOT LIVE IN HOME			
	Name:		
	Address:		

Please provide: <u>name, mailing address, phone number(s) and e-mail address</u>	City:	State:	Zip:
	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-mail Address:		
Relationship:			
# 1 CLERGY, WORK, SCHOOL PERSONNEL, NEIGHBOR OR COMMUNITY MEMBER			
Please provide: <u>name, mailing address, phone number(s) and e-mail address</u>	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-mail Address:		
Relationship:			
#2 CLERGY, WORK, SCHOOL	Name:		
PERSONNEL, NEIGHBOR OR COMMUNITY MEMBER	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes:		
	Home:	Cell:	
	E-mail Address:		
CHURCH Relationship:			
Is there any other information you feel ACH Child and Family Services should consider in reviewing your application?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES" please explain:			



I hereby declare that the information provided by me in this Application for Foster Care or Adoption is true, accurate and complete to the best of my knowledge. I give my permission for any of this information to be verified. I give my consent for any agency, employers, company, friends, or family to be contacted. I agree to allow ACH Staff access to my personal computer and mobile phone for assessment purposes. **I acknowledge my understanding that ACH Child and Family Services reserve the right to decline any Prospective Foster or Adoptive Parents during any part of the licensing process. I also understand that I may decide not to continue with the process at any time during the licensing process.**

Applicant 1 Signature

Date

Applicant 2 Signature

Date

Please return the **completed** Application to **ACH Child and Family Services** in person, mail, fax, or e-mail:

By Mail:

ACH Child and Family Services
ATTN: Foster Care/Adoption Recruitment
3712 Wichita Street
Fort Worth, TX 76119

By Fax:

817-887-3390

By E-mail:

fosteradopt@achservices.org

Please note: If your application is turned in incomplete, we will have to request additional information, which may delay the processing of your application packet. Please be sure to submit your SAFE Questionnaire(s), background check forms, and copies of your drivers license and social security card along with your application to be processed in a timely manner.