ACH child and family services
protecting children. preserving families. since 1915.

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 you or your family, simply mark N/A. Please print all information.

I am/We are interested in:	☐**Foster Care**☐**Foster to Adopt**☐**Adoption**☐**Kinship**

Foster Care and Foster to Adopt are for families wanting to provide temporary care for children aged 0-17 until they are reunified with their birth family. **Matched Adoption** families must be willing to fill the need of 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 been approved by CPS as a kinship placement.

Applicant Information	**Applicant 1 Full Name:**		**DOB:**
	Applicant 2 Full Name:		**DOB:**
	Street Address:		
	City:	**Zip:**	**County:**
	Length of time at Current Residence ____Years ____ Months	**Type of Housing** ☐ Home ☐ Apartment	
	Cell # (Applicant 1)	**Cell # (Applicant 2)**	
	Work # (Applicant 1)	**Work # (Applicant 2)**	
	Email Address (Applicant 1):		
	Email Address (Applicant 2):		
How did you hear about ACH Child and Family Services?			
What is your motivation to become a foster or adoptive parent?			
If applying for Kinship, information for CPS worker?	Worker name: Contact #: Email Address:		
Home Information	☐ Rent ☐ Own # of bedrooms in your home: Square feet of each bedroom: Room 1: sq. ft. Room 2: sq. ft. Room 3: sq. ft. Room 4: sq. ft. Room 5: sq. ft.		
Child Information	# of children in your home: Age/gender of child(ren) in home Child 1 Age: Gender: ☐ Male ☐ Female ☐ Other Child 2 Age: Gender: ☐ Male ☐ Female ☐ Other Child 3 Age: Gender: ☐ Male ☐ Female ☐ Other Child 4 Age: Gender: ☐ Male ☐ Female ☐ Other Child 5 Age: Gender: ☐ Male ☐ Female ☐ Other		

Have you experienced any major life change(s) in the last year? ☐ Yes ☐ No (Example: adoption/birth of a child, marriage, divorce, major medical procedure or diagnosis, fertility treatment (IUI, IVF), move to a new state, death of a loved one, etc.)
If you have experienced a major life change in the last year, please explain in detail:

	Applicant 1	**Applicant 2**
Full Name		
Gender	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
Other names (nicknames, past names, maiden name)?		
Are you a US Citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Place of Birth		
Race/Ethnicity		
Native American Heritage Are you a registered member of any Native American tribe? If Yes, specify tribe and registration number.	☐ Yes ☐ No Tribe: Registration Number:	☐ Yes ☐ No Tribe: Registration Number:
Highest Level of Education (Include name of school, year graduated and degree received):	Highest level: ☐High School ☐College Name of school: Year graduated: Degree received:	Highest level: ☐High School ☐College Name of school: Year graduated: Degree received:
Describe any other training or educational achievements		
Employment	Name of employer: Job title: Length at Current Employer ____Years ____ Months	Name of employer: Job title: Length at Current Employer ____Years ____ Months
Yearly Gross Salary		
Medical Information	List any medications you are taking and purpose: List all current medical diagnoses: List all past medical diagnoses:	List any medications you are taking and purpose: List all current medical diagnoses: List all past medical diagnoses:
Residency Information	Have you lived outside of Texas during the last 5 years? ☐ Yes ☐ No If YES, please give state and dates of past residency:	Have you lived outside of Texas during the last 5 years? ☐ Yes ☐ No If YES, please give state and dates of past residency:

Health Insurance Information	☐ Yes ☐ No Insurance company name:	☐ Yes ☐ No Insurance company name:
Marriage Information	Date: Place (City, County, and State):	

Previous Marriages (Please use back, if needed)		
	Applicant 1	**Applicant 2**
Number of Previous Marriages	☐0 ☐1 ☐2 ☐ 3 ☐4	☐0 ☐1 ☐ 2 ☐ 3 ☐ 4
Marriage #1	Name of Previous Spouse: Date of Marriage: Place of Marriage (City, County and State): Date of Divorce/Death**:** Reason for Divorce/Death:	Name of Previous Spouse: Date of Marriage: Place of Marriage (City, County and State): Date of Divorce/Death**:** Reason for Divorce/Death:
Marriage #2	Name of Previous Spouse: Date of Marriage: Place of Marriage (City, County and State): Date of Divorce/Death**:** Reason for Divorce/Death:	Name of Previous Spouse: Date of Marriage: Place of Marriage (City, County and State): Date of Divorce/Death**:** Reason for Divorce/Death:
Marriage #3	Name of Previous Spouse: Date of Marriage: Place of Marriage (City, County and State): Date of Divorce/Death**:** Reason for Divorce/Death:	Name of Previous Spouse: Date of Marriage: Place of Marriage (City, County and State): Date of Divorce/Death**:** Reason for Divorce/Death:
Marriage #4	Name of Previous Spouse: Date of Marriage: Place of Marriage (City, County and State): Date of Divorce/Death**:** Reason for Divorce/Death:	Name of Previous Spouse: Date of Marriage: Place of Marriage (City, County and State): Date of Divorce/Death**:** Reason for Divorce/Death:

Previous Agency Information

Previous Agency	Have you ever applied to or been licensed by another child-placing agency for foster care or adoption?

	☐ Yes ☐ No Have you ever been denied by a child-placing agency? ☐ Yes ☐ No

If you answered Yes to either question above, please list all agencies to which you have applied and/or been denied starting with the most recent agency.

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 Agency:

Child(ren) Information

List all minor children (living, deceased, at home, or away from home (e.g. college)).

Child #1	Name: Gender: ☐ Male ☐ Female ☐ Other Date of Birth: Age: Student? ☐Yes ☐No Lives in the home? ☐Yes ☐No If No, current address? Relationship to Parent #1: ☐ Biological ☐ Step ☐ Adopted Relationship to Parent #2: ☐ Biological ☐ Step ☐ Adopted
Child #2	Name: Gender: ☐ Male ☐ Female ☐ Other Date of Birth: Age: Student? ☐Yes ☐No Lives in the home? ☐Yes ☐No If No, current address? Relationship to Parent #1: ☐ Biological ☐ Step ☐ Adopted Relationship to Parent #2: ☐ Biological ☐ Step ☐ Adopted
Child #3	Name: Gender: ☐ Male ☐ Female ☐ Other Date of Birth: Age: Student? ☐Yes ☐No Lives in the home? ☐Yes ☐No If No, current address? Relationship to Parent #1: ☐ Biological ☐ Step ☐ Adopted Relationship to Parent #2: ☐ Biological ☐ Step ☐ Adopted

Child #4	Name: Gender: ☐ Male ☐ Female ☐ Other Date of Birth: Age: Student? ☐Yes ☐No Lives in the home? ☐Yes ☐No If No, current address? Relationship to Parent #1: ☐ Biological ☐ Step ☐ Adopted Relationship to Parent #2: ☐ Biological ☐ Step ☐ Adopted

Do you have adult children? ☐ Yes ☐ No
If Yes, provide information on children below.

Adult Child #1	Name: Age: Address: City: State: Zip Code: Phone number: E-mail address:
Adult Child #2	Name: Age: Address: City: State: Zip Code: Phone number: E-mail address:
Adult Child #3	Name: Age: Address: City: State: Zip Code: Phone number: E-mail address:
Adult Child #4	Name: Age: Address: City: State: Zip Code: Phone number: E-mail address:

RELIGION	**Applicant 1**	**Applicant 2**
Religious Affiliation	☐ Yes ☐ No	☐ Yes ☐ No
Religion/Denomination		
Church Address		

MILITARY SERVICE	**Applicant 1**	**Applicant 2**
Served or Currently Active?	☐ Yes ☐ No	☐ Yes ☐ No
Branch of Military		
Dates of Service		
Type of Discharge (only applies to those no longer active - please provide copy of discharge)		

CHARACTERISTICS OF THE CHILDREN YOU ARE INTERESTED IN CARING FOR

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** ☐ Male ☐ Female ☐ Other	**Race/Ethnicity** ☐ African American/Black ☐ Caucasian/White ☐ Hispanic/Latinx ☐ Other
Age Range:	**Are you willing/able to take a sibling group?**	

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 such as 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. Please understand you will receive additional training and support to do so.

☐ **Behavioral Challenges**	☐ **Emotional Needs**	☐ **Sexually Abused**
☐ **Developmental Delays**	☐ **Mental Retardation**	☐ **Visually Impaired**
☐ **Drug Exposed**	☐ **Minor Medical Needs**	☐ **Major Medical Needs**
☐ **Hearing Impaired**	☐ **Mobility Impaired**	☐ **Low IQ**
☐ **Neglected**	☐ **Other:**	

PREVIOUS ADDRESS FOR LAST 10 YEARS FOR EACH APPLICANT

Applicant 1 List complete address in which you have lived during the past ten (10) years. Include dates at each address. Use back side, if needed.	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:____/____/_____	
Applicant 2 List complete address in which you have lived during the past ten (10) years. Include dates at each address.	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 than self and children):

Other People Residing In Your Home:	Name 1. 2. 3. 4.	Age 1. 2. 3. 4.	Relationship 1. 2. 3. 4.

Comments:

Will any of the household members have any childcare responsibilities for the foster or adoptive children?
(Person must be at least 18 years of age to provide childcare for children in DFPS custody).
☐ Yes ☐ No

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

HOME AND COMMUNITY

Any specific routes to your home or special instructions for getting to your home? ☐ Yes ☐ No
If Yes, please explain:

Do you live in a gated community? ☐ Yes ☐ No

How far is the nearest hospital from your home (in miles)?

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

What type of utilities do you use to cool and heat your home?
☐ All electric
☐ Gas
☐ Gas and electric combo

If you listed gas as a utility above, is it? ☐ Natural ☐ Propane
Do you have a gas fireplace/stove or a gas starter in your fire place: ☐ Yes ☐ No
If Yes, the State of Texas requires an additional inspection of all gas heaters and/or fireplaces by a licensed technician. Please ask ACH for more information.

Do you have homeowners insurance on your home or renters insurance for you apartment? ☐ Yes ☐ No
If Yes, please specify agency/company:

Do you have pets in your home? ☐ Yes ☐ No

	Name of Pet	**Type of Pet:** (canine, feline, etc.)	**Date of most recent rabies vaccination**	**Indoor or outdoor pet?**
Please list all pets in your home. Use separate sheet and attach, if more than the four listed here.	**1.**			☐ Indoor ☐ Outdoor
	2.			☐ Indoor ☐ Outdoor
	3.			☐ Indoor ☐ Outdoor
	4.			☐ Indoor ☐ Outdoor

TRANSPORTATION

Do you have reliable transportation? ☐ Yes ☐ No

	Year	Make	Model	Condition
Please list all vehicles to be used to transport foster/adoptive children				

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)? ☐ Yes ☐ No

LEGAL INFORMATION

1. Has anyone in your household ever been charged, arrested, and/or convicted of a misdemeanor or felony, including domestic violence disturbance? ☐ Yes ☐ No

If "YES" please explain in detail (use separate paper if more room needed and staple to application):

2. Have any individuals who visit your home ever been charged, arrested, and/or convicted of a misdemeanor or felony, including domestic violence disturbance? ☐ Yes ☐ No

If "YES" please explain in detail (use separate paper if more room needed and staple to application):

3. Has any member of your household ever had any allegations, charges, or convictions against them for child abuse or neglect? ☐ Yes ☐ No

If "YES" please explain in detail (use separate paper if more room needed and staple to application):

4. Have any of your children been temporarily or permanently removed from your home by the courts or Child Protective Services? ☐ Yes ☐ No

If "YES" please explain in detail (use separate paper if more room needed and staple to application):

5. Have any individuals who VISIT your home ever had any allegations, charges or convictions against them for child abuse or neglect? ☐ Yes ☐ No

If "YES" please explain in detail (use separate paper if more room needed and staple to application):

6. 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? ☐ Yes ☐ No

If "YES" please explain in detail (use separate paper if more room needed and staple to application):

7. 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? ☐ Yes ☐ No

If "YES" please explain in detail (use separate paper if more room needed and staple to application):

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 with your biological children as well?
☐ Yes ☐ No ☐ More information needed

REFERENCES

Required

- List all siblings for each applicant (biological, half-siblings, adopted siblings, and stepsiblings). Use a separate sheet if you have more siblings than spaces on the application.
- 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 and who do NOT reside in your home, two (2) other adults, and at least two (2) from the following: clergy, neighbor(s), colleagues, school personnel or community members.

Sibling Reference 1	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		
Sibling Reference 2	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		
Sibling Reference 3	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		
Sibling Reference 4	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		
Relative Reference 1 (Non-sibling and not living in the home)	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		

Relative Reference 2 (Non-sibling and not living in the home)	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		
Friend Reference 1	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		
Friend Reference 2	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		
Clergy, Work Colleague, School Personnel, Neighbor, or Community Reference 1	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		
Clergy, Work Colleague, School Personnel, Neighbor, or Community Reference 2	Name:		
	Address:		
	City:	State:	Zip:
	Phone Number(s) with area codes Home: Cell:		
	Email Address:		
	Relationship:		

Statement of Understanding

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 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 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 I may decide not to continue with the process at any time during the licensing process, as well.

_____ _____

Signature of Applicant 1 Date

_____ _____

Signature of Applicant 2 Date

Please return the ***completed*** application to **ACH Child and Family Services** in person, or by mail, fax, or Email:

By Mail:

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

By Fax:

817-887-3390

By Email:

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. Please be sure to submit your SAFE Questionnaire(s), background check forms, and copies of your driver's license and social security card along with your application to be processed in a timely manner.