



**APPLICATION  
For  
PROSPECTIVE FOSTER PARENT**

**DATE OF APPLICATION:** \_\_\_\_\_

**Requirements for Foster Applicants:**

- At least 21 years' old
- Minimum length of marital status, including cohabitation, must be at least one year; all individuals must complete the process to become verified; if divorced, legally divorced for at least one year

How did you hear about Hands of Healing?

- Agency Website
- Another Agency
- Another Foster Family
- BeAFosterParent.com
- Church
- CPS
- Google
- Newspaper
- Phone Book
- Television
- Other \_\_\_\_\_

Directions to Home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME (Applicant # 1):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SS #** \_\_\_\_\_ **DL #** \_\_\_\_\_

**RACE:** \_\_\_\_\_ **RELIGIOUS PREFERENCE:** \_\_\_\_\_

**History of Residence for Past Ten (10) Years:**

Address	City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Previous Marriage (previous name(s), date(s) of marriage(s), termination(s), reasons for termination):**

\_\_\_\_\_  
\_\_\_\_\_

(Please attach copy of Marriage Licenses and/or Divorce decree(s) )

**CHILDREN (biological):**

**DOB:**

**RESIDENCE:**

_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**EMPLOYMENT AND INCOME:**

\*\* Attach a copy of Applicant #1's paystub or W-2 and 3 MONTH BANK STATEMENTS to the completed application.

**Applicant #1**

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

PERMISSION TO CONTACT EMPLOYER: YES \_\_\_\_\_ NO \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ MONTHLY SALARY: \_\_\_\_\_

WORK SCHEDULE: \_\_\_\_\_

**EDUCATION:**

**Applicant #1:**

HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_ (Attach Evidence)

**NAME (Applicant # 2):** \_\_\_\_\_

**PHONE:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SS #** \_\_\_\_\_ **DL #** \_\_\_\_\_

**RACE:** \_\_\_\_\_ **RELIGIOUS PREFERENCE:** \_\_\_\_\_

**History of Residence for Past Ten (10) Years:**

Address	City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Previous Marriage (previous name(s), date(s) of marriage(s), termination(s), reasons for termination):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach copy of Marriage Licenses and/or Divorce decree(s) )

**CHILDREN (biological):**

**DOB:**

**RESIDENCE:**

_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

**EMPLOYMENT AND INCOME:**

**\*\* Attach a copy of Applicant #1's paystub or W-2 and 3 MONTH BANK STATEMENTS to the completed application.**

**Applicant #2**

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

PERMISSION TO CONTACT EMPLOYER: YES \_\_\_\_\_ NO \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ MONTHLY SALARY: \_\_\_\_\_

WORK SCHEDULE: \_\_\_\_\_

**EDUCATION:**

**Applicant #2:**

HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_ (Attach Evidence)

**HOUSEHOLD MEMBER # 1:**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

TDL: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**HOUSEHOLD MEMBER # 2:**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

TDL: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**HOUSEHOLD MEMBER # 3:**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

TDL: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**\*\*ADD ADDITIONAL HOUSEHOLD MEMBERS TO THIS APPLICATION\*\***

**TOTAL MONTHLY HOUSEHOLD INCOME:**

SOURCE: _____	AMOUNT: _____
SOURCE: _____	AMOUNT: _____
SOURCE: _____	AMOUNT: _____
SOURCE: _____	AMOUNT: _____
SOURCE: _____	AMOUNT: _____

TOTAL: \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:**

**BUDGET**

BUDGET ITEM	AMOUNT ALLOTTED
RENT/MORTGAGE	
CAR PAYMENT AND INSURANCE	
UTILITIES	
GROCERIES	
CREDIT CARDS	
OTHER BILLS	
ENTERTAINMENT	
CLOTHING	
MISC.	
<b>TOTAL</b>	

Please provide a copy of the last three (3) months of bank statements and pay stubs for both parents if both are employed.

Authorization: Submission of this signed application signifies that Applicant and Applicant's Spouse authorize Hands of Healing to obtain a copy of any consumer or credit report related to this application and to verify any rental history, employment history, or any other information related to this application.

**\*KINSHIP ONLY\***

**CHILDREN (kinship):**                      **DOB:**                      **BIOLOGICAL PARENTS:**

_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**RELEVANT HISTORY:**

**Applicant #1:**

- Have you or any adult living in your home ever applied to any other agency to be a foster parent?  
Yes  No

Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

- Have you or any adult living in your home ever been denied foster care license or license renewal?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Is your home currently licensed, regulated, approved, or operated by any other agency?  
Yes  No

If yes, Name of Agency: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been arrested or convicted of a felony or misdemeanor?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been reported for abuse or neglect of a child or children?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been convicted of child abuse or neglect?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Applicant #2:**

- Have you or any adult living in your home ever applied to any other agency to be a foster parent?  
Yes  No

Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

- Have you or any adult living in your home ever been denied foster care license or license renewal?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Is your home currently licensed, regulated, approved, or operated by any other agency?  
Yes  No

If yes, Name of Agency: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been arrested or convicted of a felony or misdemeanor?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been reported for abuse or neglect of a child or children?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been convicted of child abuse or neglect?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Both Applicants:**

On a separate sheet of paper, please list those persons other than your own children who have lived with you. Give Name, Date of Birth, and Relationship to you.

On a separate sheet of paper, please list employment history for the past five years. Give company Name, Address, Phone, and length of employment.

Do you own or keep any pets in your home?

Yes  No

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home?

Yes  No

If yes, please attach a written plan of how you will keep these weapons locked up and secure from the children.

Has anyone in your household had difficulties in the following areas?

- Disorder/disease of the heart, lungs liver, pancreas, colon, back, bones, muscles or joints?  
Yes  No
- Disorder/disease of the digestive system, urinary tract, kidneys, reproductive system/infertility?  
Yes  No
- Immune disorder, AIDS, ACR or chronic lung disorder?  
Yes  No
- Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis, or birth defect?  
Yes  No
- Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction?  
Yes  No
- Diabetes?  
Yes  No
- High blood pressure?  
Yes  No
- Has any one been advised to have or contemplated having diagnostic tests, treatment(s) (including medications), counseling or hospitalization for any condition not already mentioned or is any one totally or partially disabled?  
Yes  No



Please provide details for any "Yes" answers as follows:

	<u>Name</u>	<u>Condition &amp;Diagnosis</u>	<u>Dates</u>	<u>Treatment &amp; results</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please list any other known serious illnesses, handicaps, chronic conditions or emotional problems, past or present for all persons living in the home.

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**ADDITIONAL PAPERWORK: (ALL DOCUMENT MUST BE RETURNED WITH APPLICATION)**

- 1) Please attach a floor plan of your home indicating the purpose of each room (e.g. bedroom for foster children, bedroom for foster parents, etc.) and the dimensions of each room. (The floor plan does not have to be to scale.) ALSO attach a fire escape plan.
- 2) Please attach an inspection report from the health department and fire department.
- 3) Please attach TB tests, dated within a year prior to date of application, for **EACH** person living in the house.
- 4) Please attach vaccinations, dated within a year prior to date of application, for **EACH** of your pets.
- 5) Please attach copies of driver's license(s) / social security cards of **EACH** person living in the house.
- 6) Please attach copies of homeowner's / renters insurance with expiration dates.
- 7) Please attach copies of vehicle insurance with expiration dates of all vehicles.
- 8) Please attach copies of birth certificates and highest educational proof of both applicants.

**PERSONAL REFERENCES: (MUST HAVE COMPLETE ADDRESS)**

**Please list seven (7) references that you have known for a minimum of three years. Must have two (2) family members not living in the home, two (2) Colleagues and one (1) Pastor or other Spiritual Leader. Please list only those with whom your family is well acquainted and we may contact. Do not include Adult children, but you may include there spouses.**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_

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**Please list the names, addresses, and phone numbers of each adult child not living with you.**

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Others:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I hereby declare that the information provided by me in this application for foster parent is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified and understand that if any of this information is found to be inaccurate or false, this may be used to terminate any further consideration of my application. I give my consent for any agencies, employers, companies, friends, or family members to be contacted.

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Date