Parenting Application

☐ Adoption ☐ Foster Care ☐ Adoption and Foster Care

Applicant 1 Name (First, Middle, Last)	Applicant 2 Name (First, Middle, Last)	Applicant 1 maiden/other names	Applicant 2 maiden/other names
Residential Address (Street, City, State, Zip)		County	
Mailing Address (Street, City, State, Zip)		County	
Home Phone No.	Cell Phone: Applicant 1	Cell Phone: Applicant 2	
Work Phone: Applicant 1	Work Phone: Applicant 2	School District:	
Email: Applicant 1		Email: Applicant 2	
Directions to home:			

PERSONAL INFORMATION	Applicant 1	Applicant 2
Sex	☐ Female ☐ Male	☐ Female ☐ Male
Date of Birth		
Place of Birth		
Citizenship	☐ U.S. citizen ☐ U.S. permanent resident	☐ U.S. citizen ☐ U.S. permanent resident
Social Security Number		
Driver's License Number		
Racial or Ethnic Background		
Languages spoken		
Mental Health: List of psychological and/or psychiatric treatment and medicine		
Health: List all disabilities, serious illnesses, operations and chronic conditions you have experienced during the past ten years. Also, list all the medications (and dosage) you are now taking		

INTERESTS: TYPES OF CHILDREN

Describe the type of child(ren) for which you are interested in providing adoption and foster care services.

Number	Sex	Age Range	Race/Ethnicities (check all that apply)
	☐ Female ☐ Male ☐ Either		☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Other

Which of the following special needs can you work with by using your family's abilities and strengths?

☐ ADD	☐ Developmental Delay (Physical)	☐ Inappropriate Sexual Behavior	☐ Premature Birth	☐ Special Nutritional Needs
☐ ADHD	☐ Drug Abuse	☐ Infant Alcohol / Drug Addiction	☐ Probation	☐ Stealing
☐ Alcohol Abuse	☐ Emotional Abuse	☐ Injury to Self	☐ Psychiatric Medications	☐ STDS (including HIV & AIDS)
☐ Allergies	☐ Encopresis	☐ Lying	☐ Rocking / Head Banging	☐ Substance Abuse
☐ Attachment Issues	☐ Enuresis	☐ Medically Fragile	☐ Running Away	☐ Temper Tantrums
☐ Autism	☐ Failure to Thrive	☐ Mental Retardation	☐ School Difficulties	☐ Truancy
☐ Bed Wetting	☐ Feces Smearing	☐ Mood Disorder	☐ Sibling Group	☐ Verbally Aggressive
☐ Cruelty to Animals	☐ Fire Starting	☐ Neglect	☐ Seizures	☐ Victim of Human Trafficking
☐ Defiance	☐ Gang Involvement	☐ Physical Abuse	☐ Sexual Abuse	☐ Vision Impaired
☐ Depression	☐ Hearing Impaired	☐ Physical Handicaps	☐ Sexually Acting Out	☐ Wheelchair Bound
☐ Destroys Property	☐ History of Allegations	☐ Physically Aggressive	☐ Sleeping Difficulties	☐ Other Behavior Problem
☐ Developmental Delay (Cognitive)	☐ Hyperactive	☐ Pregnant	☐ Smoking	☐ None

Comment about your family's abilities or strengths on any of the boxes checked:

____

____

____

MARITAL INFORMATION

☐ Married ☐ Single ☐ Divorced	☐ Separated ☐ Widowed	NOTE: if you are married, you and your spouse must apply together
Date of Marriage	Place of Marriage (City, State, Country)	County

Applicant 1's previous marriages (if more than three, use a separate piece of paper. Include a copy of each death certificates or divorce decrees.)

Name of Previous Spouse	Date of Marriages (From – To)	How Ended	Recording of Divorce (County and State)
		☐ Divorce ☐ Death	
		☐ Divorce ☐ Death	
		☐ Divorce ☐ Death	

Applicant 2's previous marriages (if more than three, use a separate piece of paper. Include a copy of each death certificates or divorce decrees.)

Name of Previous Spouse	Date of Marriages (From – To)	How Ended	Recording of Divorce (County and State)
		☐ Divorce ☐ Death	
		☐ Divorce ☐ Death	
		☐ Divorce ☐ Death	

OTHER HOUSEHOLD MEMBERS

List the other members of your household (if more spaces are needed, use another sheet of paper):

Name	Sex	Relationship	Date of Birth	Identification Numbers	Health
				Social Sec: Driver's Lic:	☐ Good ☐ Fair ☐ Poor
				Social Sec: Driver's Lic:	☐ Good ☐ Fair ☐ Poor
				Social Sec: Driver's Lic:	☐ Good ☐ Fair ☐ Poor
				Social Sec: Driver's Lic:	☐ Good ☐ Fair ☐ Poor

Does anyone in the household have a serious illness, a disability, a chronic problem, or an emotional or nervous condition? ☐ Yes ☐ No

If "Yes", describe the problem, who it affects and since when? (Give dates; describe the medical treatment and/or counseling)

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____

____

CHILDREN LIVING OUTSIDE THE HOUSEHOLD

List the names of any of your children or your spouse's children who live outside of your household. Include children who are now adults. *(NOTE: Grace Manor will contact your adult children as references.)*

Please complete information in its entirety.

Name / Sex / Age	Address	Email Address	Telephone No.	WHOSE CHILD?	
				Applicant 1	Applicant 2

BACKGROUND CHECKS

Have you ever provided or applied to provide foster care? Yes ☐ No ☐

If "Yes", what agency did you work with? (provide name, address, and telephone number): ________________

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____

Have you ever applied to adopt a child? ☐ Yes ☐ No

If "Yes", what agency did you work with? (provide name, address, and telephone number): ________________

____

Grace Manor, through the Texas Department of Family and Protective Services, checks criminal history files of the Texas Department of Public Safety and the Federal Bureau of Investigation (FBI) and may check the criminal history files with local law enforcement agencies. In addition, Grace Manor may check driving records and child abuse/neglect reports for all household members.

Have you or any member of your household ever been convicted of, or are currently facing charges for, any criminal offense?	☐ Yes	☐ No
Have you or any member of your household ever been investigated for child abuse or neglect?	☐ Yes	☐ No
Have you, your spouse or any adult household member lived outside of Texas in the last three years?	☐ Yes	☐ No

EMPLOYMENT

Provide the following information about your employment:

Applicant 1	
Occupation	
Employer	
Employer Address	
Employment Date	Life Insurance Amount
Do you have health insurance?	
Will your health insurance cover an adopted child?	

Applicant 2	
Occupation	
Employer	
Employer Address	
Employment Date	Life Insurance Amount
Do you have health insurance?	
Will your health insurance cover an adopted child?	

Applicant 1 work schedule	
From:	To:
Days per week:	Total hours per week:

Applicant 2 work schedule	
From:	To:
Days per week:	Total hours per week:

CHILD-CARE AND SCHOOL

If both parents are currently employed, what child-care arrangements do you now have in place? ______________________

____

What child-care arrangements will you make for children placed in your home? ______________________

____

What schools will the children placed with you attend? ______________________

INCOME AND EXPENSES

MONTHLY Income *(please complete below in its entirety)*

	Gross	Net
Applicant 1 income Source: ☐ Employment ☐ Retirement Benefits ☐ Other	$	$
Applicant 2 income Source: ☐ Employment ☐ Retirement Benefits ☐ Other	$	$
All other household income Source: Rental income, Alimony, Child support, Dividends, Adoption assistance, Foster care reimbursement, etc.	$	$
	TOTAL	$

Assets

Specify Sources (Stocks, Bonds, Savings, Investments, Interest Bearing Accounts, etc.)	Value $
Do you own or rent your home? ☐ Own ☐ Rent	

Household Expenses

Enter your household's average ***monthly*** *expenses for the following items. If expenses are deducted from paychecks, please indicate so by writing, "deducted". If no expense is incurred, please indicate so by writing, "0".*

House / Rent Payments	$ ________	Life Insurance	________
Payments for Other Real Property	________	Pet	________
Groceries and Household Supplies	________	Clothing	________
Utilities	________	Recreation and Entertainment	________
Telephone	________	Child Care	________
Automobile Payments	________	Child Support Payments	________
Gasoline and Auto Maintenance	________	Legal	________
Automobile Insurance	________	Other Debts / Expenses (specify)	________
Medical and Dental Insurance	________	________	
Medical Care (not covered by insurance)	________	________	
Dental Care (not covered by insurance)	________	TOTAL MONTHLY EXPENSES:	$ ________

ENVIRONMENTAL

Please indicate which, if any, your home has:

☐ pool ☐ trampoline ☐ gas appliances ☐ pets *(dogs, cats, ferrets)*

If you have pets, how many? ________

REFERENCES

***Complete all references in their entirety. Individuals who live together are considered a single reference.**

List three references who have known you for more than a year, have visited your home and can be contacted by Grace Manor. DO NOT LIST RELATIVE REFERENCES HERE.

Name	Address	Email Address	Telephone No.	Relationship / Years Known
1.				
2.				
3.				

List two relatives whom Grace Manor may contact as references. DO NOT LIST ADULT CHILDREN HERE.

Name	Address	Email Address	Telephone No.	Relationship / Years Known
1.				
2.				

CHILD TRANSPORT

When necessary, can you or someone in the household take children to counseling sessions, doctor visits, school meetings, parental visitation (if appropriate) and so forth? ☐ Yes How? ________________ ☐ No Who can? ____________________

Are child-safety seats and seat belts available in the vehicle? ☐ Yes ☐ No

MOTIVATION

Briefly explain why you want to be foster / adoptive parents: ____

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My signature verifies that the information contained on this application is true and correct to the best of my knowledge and that I agree to abide by the Texas Department of Family and Protective Services policy prohibiting physical discipline of children in the conservatorship of TDFPS. I understand with this application that Grace Manor will conduct criminal history checks, child abuse and neglect checks and may acquire a certified copy of my driving record. I grant Grace Manor permission to make inquiries and/or consultations with law enforcement agencies to verify the above information, check child abuse records and receive a certified copy of my driving record from the Texas Department of Public Safety.

______________________________ ______________

Signature- Applicant 1 Date

______________________________ ______________

Signature- Applicant 2 Date

FLOOR PLAN

Foster / Adoptive Family Name: ______________________________

Please sketch the floor plan of your house. **Indicate the size (square feet) of the living room and each bedroom. Specify where each household member sleeps and indicate the bedroom(s) for foster/adoptive child(ren).**

Address of Home: ______________________________