



**APPLICATION  
For  
PROSPECTIVE  
FOSTER/ADOPTIVE PARENT**

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

**Requirements for Foster/Adoptive Applicants:**

- At least 25 years old
- Married for at least two years or single. Both spouses complete the process to become verified.
- If divorced, legally divorced for at least 6 months
- Minimum Income: \$10,000/single applicants - \$15,000/couple (add \$3000 per child living in the home) – Expenses must not exceed income
- Proof of homeowner’s/renter’s insurance with liability
- Proof of High School Diploma/GED

How did you hear about LCFS? \_\_\_\_\_

If LCFS referral, please state name \_\_\_\_\_

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**FOSTER PARENT APPLICANT INFORMATION**

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

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Directions to Home:

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

Location of home:    North Side            South Side            East Side            West Side

School District: \_\_\_\_\_

County: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_ Emerg. Contact: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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

**Place:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

( Please attach copy of marriage license )

**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 divorce decree (s) )

**CHILDREN STILL IN HOME:**

**AGE:**

**RESIDENCE:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT AND INCOME:**

\*\* Both adults need to attach a copy of their paystub or W-2 to the completed application.

**ADULT# 1 EMPLOYER:** \_\_\_\_\_

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

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

**FAX:** \_\_\_\_\_

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

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

**BEGINNING DATE:** \_\_\_\_\_

**MONTHLY SALARY:** \_\_\_\_\_

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

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

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**NAME OF SPOUSE (Adult # 2):** \_\_\_\_\_

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

Cell: \_\_\_\_\_ Emerg. Contact: \_\_\_\_\_

**E-MAIL 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 divorce decree(s) )

**CHILDREN STILL IN HOME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **RESIDENCE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT AND INCOME:**

\*\* Both adults need to attach a copy of their paystub or W-2 to the completed application

**ADULT# 2 EMPLOYER:** \_\_\_\_\_

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

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

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

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

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

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

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

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**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>	

**Authorization:** Submission of this signed application signifies that Applicant and Applicant's Spouse authorize Lifeline Children & Family Services 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.

**RELEVANT HISTORY:**

**Adult #1:**

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

If transferring, please complete the following information:

Agency name: \_\_\_\_\_

Initial verification date: \_\_\_\_\_ Current number of placements: \_\_\_\_\_

What LCFS programs are you interested in?  Foster Care  Foster 2 Adopt  
 Adoption  Respite

Age preferred: 1-4 5-12 13+ Other \_\_\_\_\_

- 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: \_\_\_\_\_  
\_\_\_\_\_

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**Adult #2:**

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

If transferring, please complete the following information:

Agency name: \_\_\_\_\_

Initial verification date: \_\_\_\_\_ Current number of placements: \_\_\_\_\_

What LCFS programs are you interested in?  Foster Care  Foster 2 Adopt  
 Adoption  Respite

Age preferred: 1-4 5-12 13+ Other \_\_\_\_\_

- 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: \_\_\_\_\_  
\_\_\_\_\_

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### **Both Adults:**

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?

Application for Prospective Foster Parent (11/05, 7/05)

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.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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:**

- 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 include a disaster / fire escape plan. The form is provided.
- 2) Please attach an inspection report from the health department, fire department, & gas dept.
- 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 drivers license(s) and vehicle insurance with expiration date.
- 6) Please attach copies of homeowners / renters insurance with expiration dates.
- 7) Please fill out all additional paperwork included with application & attach necessary documentation.

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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.

\_\_\_\_\_

Adult #1

\_\_\_\_\_

Date

\_\_\_\_\_

Adult #2

\_\_\_\_\_

Date

\*\*\*\*\*

Please send completed application to:  
 Lifeline Children & Family Services  
 5301 W. Hwy 31  
 Corsicana, TX 75110

**PERSONAL REFERENCES FOR FOSTER FAMILY:** \_\_\_\_\_

**Please list four references that you have known for a minimum of three years. Please list only those with whom your family is well acquainted and who we may contact.**

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

**Mailing Address:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

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

**Mailing Address:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

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

**Mailing Address:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

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

**Mailing Address:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**ADULT CHILD REFERENCE FOR FOSTER FAMILY:** \_\_\_\_\_

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

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

**Mailing Address:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**City / State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Others:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_