



FOSTER CARE AND ADOPTION PARENTING APPLICATION

Purpose: This form gathers information about a foster or adoption applicant’s demographic and personal information.

Directions: “Applicant #1” is the prospective foster or adoptive parent. “Applicant #2” is that person’s spouse. Information about an adult caregiver other than a spouse who will be in the home helping to care for the child may be included in the “Applicant #2” column.

Please provide all of the information outlined. If more space is needed, use another sheet of paper. Complete this form and give it to your Agency worker once completed. Please keep a copy of this form for your records in your files. **Texas Government Code §559.002 gives you the right to know what information is collected about you by means of a form you submit to a state government agency.** You have a right to receive, review, and request corrections (*if applicable*) by contacting the person or agency to whom you submitted this form. For questions, contact your agency to which this form was submitted.

INFORMATION MEETING/ORIENTATION ATTENDANCE DATE:		
FAMILY INFORMATION		
Foster/Adoptive Family Name	Home Telephone Number	
Email Address:	Can you receive Word Document attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residence Address (Street, City, State, Zip)	County:	
Mailing Address (if different)	School District:	
Directions to the Home:		
DEMOGRAPHICS		
	Applicant #1	Applicant #2 or Adult Caregiver
Full Name: First, Middle, Last		
Prior Names: Maiden, Previous Married, or Alias		
Gender:		
Cell Phone:		
Date of Birth:		
Social Security Number:		
Driver's License Number:		
Racial or Ethnic Background:		
What languages do you speak?		
Place of Birth: (city, state)		
How long have you lived in Texas?		



Citizenship: Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No", where is your citizenship?	If "No", where is your citizenship?
Are you a Permanent Resident Alien? If "Yes" how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A years months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A years months
Highest educational level completed		

INTERESTS: TYPES OF CHILDREN
Describe the types of children for which you are interested in providing adoption and foster care services.

Interest	<input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Both <input type="checkbox"/> Unsure		
Number	Sex <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Either	Age Range	Races and Ethnicities (Check those that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other:

MOTIVATION
Please explain briefly why you want to be foster or adoptive parents for children:

OTHER HOUSEHOLD MEMBERS
List the other members of your household

Full Name	Relationship	Sex	Ethnicity	Date of Birth	Social Security Numbers

MARITAL INFORMATION

Marital Status:
 Married Single Separated Divorced Widowed

Date of Marriage	Place of Marriage (City, State, Country)	County

PREVIOUS MARRIAGES



Name of Previous Spouse	Date of Marriage (From - To)	How Ended	Recording of Divorce (County and State)
Applicant #1		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	
Applicant #1		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	

Name of Previous Spouse	Date of Marriage (From - To)	How Ended	Recording of Divorce (County and State)
Applicant #2		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	
Applicant #2		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	

NOTE: If you are married, both you and your spouse must apply together.

EMPLOYMENT			
Applicant #1		Applicant #2 or Adult Caregiver	
Occupation		Occupation	
Employer		Employer	
Employer Address (Street/P.O. Box, City, State, ZIP)		Employer Address (Street/P.O. Box, City, State, ZIP)	
Work Phone	Can you receive calls at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone	Can you receive calls at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Date		Employment Date	
Work Schedule From:	To:	Work Schedule From:	To:
Days Per Week	Total Hours Per Week	Days Per Week	Total Hours Per Week

PRIOR EXPERIENCE/APPLICATIONS
<p>Have you provided or applied to provide foster care before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", what agencies did you work with? (Please provide name, address, and telephone number).</p> <p>When did you work with that agency?</p>



Have you ever applied to adopt a child or adopted a child?

Yes

No

If "Yes", what agencies did you work with? (Please provide name, address, and telephone number).

When did you work with that agency?



Please explain next steps below to the applicant know: (A.) notify applicants that DFPS will conduct a background check, including a criminal history record check. (B.) Ask them to identify all criminal convictions no matter their age at the time of the offense/charge.

DFPS must complete the types of background checks defined below on all persons who have applied to become approved or verified as foster or adoptive parents, as well as certain household members of foster and adoptive applicants and certain individuals who may be present in the foster or adoptive home. The types of checks that a person is required to undergo will depend on the person's role in the home. The types of checks that may be conducted are as follows:

- **DPS Criminal History Check** – A name-based check of records from the Texas Department of Public Safety (DPS).
- **FBI Fingerprint Check** – A fingerprint-based check of records from the FBI National Crime Database.
- **DFPS History Check** – A check of DFPS’s database for abuse or neglect. The search identifies all CPS, APS, and Child Care Licensing cases that reference the subject of the background check as a principal or collateral source, regardless of the subject’s role or relationship in the case.
- **Out of State Registry Check** – A check of child protective services records in other states where the applicant or any household member over age 18 has lived since becoming 18 years of age.
- **Local Law Enforcement Service Call Check** – A check to obtain additional information from local police or sheriff department regarding service calls to the home.

PERSONAL ACKNOWLEDGEMENT		
	Applicant #1	Applicant #2
<p>Have you ever been convicted of, or are you currently facing charges for, any misdemeanor or felony criminal offense in Texas or any other state? (Traffic offenses that are a Class C Misdemeanor do not have to be reported.) If yes, please explain below.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



Are you under indictment for or charged in an official criminal complaint that has been accepted by a district or county attorney in Texas or any other state?

If yes, please explain below.

YES NO

YES NO



ABUSE/NEGLECT HISTORY

Have you ever been investigated for abuse or neglect in Texas or any other state? DFPS will check its own files and the files of other states, if applicable, to determine whether you have been reported as a perpetrator of abuse or neglect.
If yes, please explain below.

YES NO

YES NO



RELEASE OF INFORMATION AND CERTIFICATION OF ACCURACY

My signature on this form acknowledges my understanding the Texas Department of Family and Protective Services:

- will conduct criminal history checks;
- will conduct child abuse and neglect records checks;
- may contact law enforcement agencies, other child welfare agencies, or both; and
- may acquire a certified copy of my driving record (if applicable).

My signature on this form also indicates consent to the release of this information to entities or persons who are authorized and permitted by law to access this information, to the extent that it is necessary to complete the verification to foster or approval to adopt process. I understand that if I do not consent to the release of this information for the purposes described below, the verification to foster or approval to adopt process cannot be completed and the prospective foster or adoptive parent, if applicable, will be informed of this fact.

DFPS may release the results of a Criminal History Check and DFPS History Check to entities or persons authorized and permitted by law to access the information. This includes, but is not limited to, authorized DFPS employees, home screening contractors, attorneys or guardians ad litem, DFPS attorneys, court personnel, court appointed special advocates, and the staff of private child-placing agencies, to the extent that access is necessary to complete the verification to foster or approval to adopt process. Additionally, *if* I am a foster or adoption applicant, DFPS may release this information to my attorney upon my request and consent.

Release of this information by DFPS is restricted to persons or entities involved in verification or approval. DFPS will not release information to third parties who are not involved in this process.

My signature also acknowledges that I have read the rules regarding background checks and have received a paper copy of the criminal history assessment chart. It further acknowledges that I have reviewed the list of criminal offenses that may impact verification or approval and was given an opportunity to ask questions.

I understand that I have the right to contest the information found in my criminal background checks. I understand that the information provided by me may be verified by DFPS. I further understand that the inclusion of any false information or the omission of any requested information is cause for denial of the applicant's foster or adoptive parent application or for subsequent closure of the applicant's foster home or pre-consummated adoptive home.

Lastly, my signature certifies that the information provided on this application is true and correct to the best of my knowledge. In order for DFPS to verify the information contained in my application, I grant DFPS permission to:

- check and request copies of criminal history and law enforcement records in Texas and other states; and
- check and request copies of abuse and neglect records in Texas and other states.

SIGNATURES

Applicant Signature:

X

Date Signed:

PRINT Name:

Applicant or Adult Caregiver Signature

X

Date Signed:

PRINT Name:



Retain this page for your records

According to state and federal guidelines, DFPS is required to provide the subject of a background check with information on how to obtain a copy of or challenge the information found in his or her criminal history record. To obtain a copy of the results of your DPS Criminal History Check or FBI Fingerprint Check or FBI, please contact your foster-adoption (FAD) worker.

How to Contest the Results of a DPS or FBI Check

Department of Public Safety (DPS)

To contest or update information in your DPS record, follow the steps in the [DPS Error Resolution Form](http://www.txdps.state.tx.us/administration/crime_records/pages/erForm.pdf) (http://www.txdps.state.tx.us/administration/crime_records/pages/erForm.pdf).

Federal Bureau of Investigation (FBI)

To challenge a criminal history summary in your FBI record, refer to the steps explained on the FBI's [Criminal History Summary Checks](http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks/challenge-of-a-criminal-history-summary) page (<http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks/challenge-of-a-criminal-history-summary>).



Background Consent Form

A form must be completed for each caregiver, foster parent, adoptive parent applicant, as well as all household members age 14 and over, and turned into AKF staff (with a copy of the individual's Driver's License or State ID and Social Security Card) as soon as possible. The form must be filled out completely. Nothing should be left blank. If something does not apply to you, simply put "N/A."

Please note: ***If the form is not submitted with both the Driver's License/State ID and Social Security Card, it will not be processed. *****

Social Security Number		Driver's License or State Issued ID Number (Please submit a copy)		State	ID Type (DL or ID Card)
First Name		Middle Name		Last Name	
Street Address		City		State	Zip
County	Telephone No. (A/C)	Email Address		Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Nurse <input type="checkbox"/> Babysitter <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Staff <input type="checkbox"/> Alternate Caregiver <input type="checkbox"/> Household Member <input type="checkbox"/> Frequent Visitor <input type="checkbox"/> Respite Provider <input type="checkbox"/> Other? Please list: _____					
List all other cities in TX where you have resided. If you lived outside TX in the previous 5 years you must also list the previous address(es) outside of TX, including the county: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>					
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native			
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	

Signature: _____

Date: _____



Background Consent Form

A form must be completed for each caregiver, foster parent, adoptive parent applicant, as well as all household members age 14 and over, and turned into AKF staff (with a copy of the individual's Driver's License or State ID and Social Security Card) as soon as possible. The form must be filled out completely. Nothing should be left blank. If something does not apply to you, simply put "N/A."

Please note: ***If the form is not submitted with both the Driver's License/State ID and Social Security Card, it will not be processed. *****

Social Security Number		Driver's License or State Issued ID Number (Please submit a copy)		State	ID Type (DL or ID Card)
First Name		Middle Name		Last Name	
Street Address		City		State	Zip
County	Telephone No. (A/C)	Email Address		Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Nurse <input type="checkbox"/> Babysitter <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Staff <input type="checkbox"/> Alternate Caregiver <input type="checkbox"/> Household Member <input type="checkbox"/> Frequent Visitor <input type="checkbox"/> Respite Provider <input type="checkbox"/> Other? Please list: _____					
List all other cities in TX where you have resided. If you lived outside TX in the previous 5 years you must also list the previous address(es) outside of TX, including the county: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>					
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native			
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	

Signature: _____

Date: _____

