



## APPLICATION FOR PROSPECTIVE FOSTER PARENT

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

### Requirements for Foster Applicants:

- At least 24 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 **(OPTIONAL)**
- Proof of High School Diploma/GED

How did you hear about House of Shiloh?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Agency Website        | <input type="checkbox"/> Google      |
| <input type="checkbox"/> Another Agency        | <input type="checkbox"/> Newspaper   |
| <input type="checkbox"/> Another Foster Family | <input type="checkbox"/> Phone Book  |
| <input type="checkbox"/> Houseofshiloh.com     | <input type="checkbox"/> Television  |
| <input type="checkbox"/> Church                | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CPS                   |                                      |

Directions to Home:

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

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

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

**PHONE:** Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**EMAIL 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:****AGE:****RESIDENCE:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT AND INCOME:**

\*\* Attach a copy of Adult #1's pay stub or W-2 to the completed application.

**Adult #1**

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

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

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

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

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

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

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

**EDUCATION:**

**Adult #1:** HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_ (Attach Evidence)

**NAME OF SPOUSE (Adult # 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 divorce decree(s) )

<b>CHILDREN:</b>	<b>AGE:</b>	<b>RESIDENCE:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT AND INCOME:**

\*\* Attach a copy of Adult #2's pay stub or W-2 to the completed application.

**Adult #2**

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

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

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

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

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

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

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

**EDUCATION:**

**Adult #2:** HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_ (Attach Evidence)

**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.	
TOTAL	

**Authorization:** Submission of this signed application signifies that Applicant and Applicant's Spouse authorize House of Shiloh 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 ☐

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: \_\_\_\_\_  
\_\_\_\_\_

### **Adult #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 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? 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.)
- 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) and vehicle insurance with expiration date.
- 6) Please attach copies of homeowners / renters insurance with expiration dates.

## PERSONAL REFERENCES (MUST HAVE COMPLETE ADDRESS)

**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 we may contact.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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.

\_\_\_\_\_  
Adult #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult #2

\_\_\_\_\_  
Date

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Please send completed application to:  
House of Shiloh Family Svs. Inc.  
3620 South Cooper St. Suite 100  
Arlington, TX 76015