



Homes with Hope

MAILING ADDRESS: PO BOX 70146 HOUSTON, TX 77270

STREET ADDRESS: 1035 EAST 11TH STREET HOUSTON, TX 77009

OFFICE: 713 864-1885 FAX: 713 869-7500 www.homeswithhope.org

PARENTING APPLICATION

PLEASE CHECK YOUR PARENTING PREFERENCE(S):

ADOPTIVE PARENT(S)

FOSTER PARENT(S)

FOSTER / ADOPTIVE PARENT(S)

RESPITE PARENT(S)

FAMILY INFORMATION

APPLICANT 1 NAME:

Last Name

First

Middle

Maiden, if applicable

APPLICANT 2 NAME:

Last Name

First

Middle

Maiden, if applicable

ADDRESS:

Mailing

Physical (if applicable)

City

County

Texas

Zip Code

Home Phone #

DIRECTIONS TO YOUR HOME FROM HOMES WITH HOPE:

PERSONAL DATA

APPLICANT 1 NAME		APPLICANT 2 NAME
	BIRTHDATE	
	BIRTHPLACE (CITY & STATE)	
	HEIGHT / WEIGHT	
	HAIR COLOR / EYE COLOR	
	RACIAL / ETHNIC BACKGROUND	
	NATIVE AMERICAN TRIBAL AFFILIATION, IF APPLICABLE	
	SOCIAL SECURITY #	
	EMAIL ADDRESS	
	MOBILE PHONE #	
	CITIZENSHIP / LEGAL ALIEN STATUS	
	MILITARY EXPERIENCE	
	<p>HAVE YOU BEEN ARRESTED, CONVICTED OF OR RECEIVED DEFERRED ADJUDICATION FOR A CRIME OTHER THAN A TRAFFIC TICKET FOR CRIMES AGAINST A PERSON, CRIMES AGAINST YOUR FAMILY OR PUBLIC INDINCENCY TO A CHILD? IF YES, PLEASE EXPLAIN. (You may add an additional sheet)</p>	
	<p>HAVE YOU BEEN INVESTIGATED BY CPS / DFPS FOR ABUSE OF A CHILD?</p>	
<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>WERE YOU A VICTIM OF CHILD ABUSE, ABANDONMENT OR NEGLECT? (If so, or professional staff will discuss this with you in person)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

(Applicant 1)	EDUCATION HISTORY		(Applicant 2)
Did you graduate or complete the program? YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME HIGH SCHOOL / GED PROGRAM		Did you graduate or complete the program? YES <input type="checkbox"/> NO <input type="checkbox"/>
1. 2. 3.	COLLEGE(S) / OTHER EDUCATIONAL PROGRAM(S) OR INSTITUTION(S)		1. 2. 3.
1. 2. 3.	LIST ALL CERTIFICATES/ DIPLOMAS / DEGREES/ LICENSES OBTAINED		1. 2. 3.
	HOBBIES, SOCIAL, RECREATIONAL & OTHER ACTIVITIES		
	LANGUAGES OTHER THAN ENGLISH SPOKEN / WRITTEN		
	CURRENT EMPLOYER		
	POSITION / JOB TITLE		
	ADDRESS / PHONE NUMBER OF EMPLOYER		
	DATE EMPLOYMENT BEGAN		
	ANNUAL SALARY		

Applicant 2

Name of Former Spouse	
Date of Marriage	
Date of Divorce (
Date of Death of Spouse	
Reason for Divorce	
Names and Ages of Children From This Marriage	

Applicant 2

Name of Former Spouse	
Date of Marriage	
Date of Divorce	
Date of Death of Spouse	
Reason for Divorce	
Names and Ages of Children From This Marriage	

If you are single or divorced, please complete this section:

Are you single, never married? Yes No

Single or divorced applicants, are you currently in a relationship? Yes No

If you are in a relationship please provide the name of that person. _____

Previous marriages, if applicable:

Name of Former Spouse	
Date of Marriage	
Date of Divorce	
Date of Death of Spouse	
Reason for Divorce	
Names and Ages of Children From This Marriage	

Name of Former Spouse	
Date of Marriage	
Date of Divorce	
Date of Death of Spouse	
Reason for Divorce	
Names and Ages of Children From This Marriage	

ALL APPLICANTS—PLEASE PROVIDE COMPLETE SIGNED COPIES THE FOLLOWING DOCUMENTS, IF APPLICABLE -- MARRIAGE LICENSE, DIVORCE DECREE(S), DEATH CERTIFICATE OF SPOUSE

RELIGION / SPIRITUAL

	CHURCH MEMBERSHIP / DENOMINATION	
	ADDRESS	
	PASTOR / PHONE OR EMAIL INFORMATION MAY WE CONTACT YOUR PASTOR FOR REFERENCE?	
	CHURCH ACTIVITIES / GROUPS	
	DO YOU HAVE BELIEFS AGAINST USE OF BLOOD TRANSFUSIONS, IMMUNIZATIONS, TRADITIONAL MEDICAL CARE OR PSYCHOTHERAPY SERVICES / COUNSELING?	

YOUR HOME AND COMMUNITY

CHILDREN IN HOUSEHOLD

NAME	DATE OF BIRTH	SEX	BIOLOGICAL/ ADOPTIVE/ OTHER RELATIONSHIP (if adopted, date of adoption)

CHILDREN LIVING AWAY FROM HOUSEHOLD (INCLUDING ADULT CHILDREN)

NAME	DATE OF BIRTH	SEX	BIOLOGICAL/ ADOPTIVE/ (if adopted, date of adoption)	CONTACT INFORMATION MAILING ADDRESS, PHONE & EMAIL

OTHER HOUSEHOLD MEMBERS

NAME	RELATIONSHIP TO YOU	HOW LONG HAS PERSON BEEN IN YOUR HOME? HOW LONG WILL THE PERSON REMAIN IN YOUR HOME?

WHAT IS THE MARKET VALUE OF YOUR HOME?	
NAME OF YOUR SUBDIVISION	
NAME OF YOUR SCHOOL DISTRICT. NAME OF THE CLOSEST ELEMENTARY, MIDDLE AND HIGH SCHOOL	
DO YOU OWN, LEASE OR ARE YOU PURCHASING YOUR HOME?	
WILL YOUR FOSTER OR FOSTER / ADOPTIVE CHILD SHARE A ROOM?	
DO YOU HAVE A SWIMMING POOL?	
DO YOU HAVE AMPLE SPACE FOR BOTH INDOOR AND OUTDOOR PLAY AND ACTIVITIES?	
DO YOU HAVE BURGULAR BARS ON YOUR HOME?	
DO YOU HAVE PETS? PLEASE LIST NAMES & TYPE. ARE VACCINATIONS UP TO DATE	

INSURANCE COVERAGE

Do you have homeowners' or renters' insurance? YES NO

Do you have automobile / vehicle insurance? YES NO

INSURANCE COVERAGE CONTINUED

PLEASE LIST ALL YOUR AUTOMOBILES / VEHICLES.

Automobile / Vehicles	Make / Model	Year

Please provide copies of your automobile insurance card(s) and your home insurance policy.

HEALTH INSURANCE

Applicant 1		Applicant 2
YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have health insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of your insurance carrier	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Will policy cover an adopted child? When?	YES <input type="checkbox"/> NO <input type="checkbox"/>

LIFE INSURANCE

Applicant 1		Applicant 2
YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have life insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Name of your insurance carrier	
	What is the value of your policy?	

REFERENCES

PLEASE PROVIDE THE NAMES AND CONTACT INFORMATION FOR FIVE REFERENCES—TWO (2) RELATIVES AND THREE (3) PERSONAL REFERENCES. THE PERSONAL REFERENCES SHOULD INCLUDE FRIENDS, NEIGHBORS, SPIRITUAL / RELIGIOUS REFERENCES, TEACHERS OF YOUR SCHOOL AGE CHILDREN.

RELATIVE REFERENCES

NAME	RELATIONSHIP	ADDRESS	TELEPHONE #	EMAIL ADDRESS

PERSONAL REFERENCES

NAME	ADDRESS	TELEPHONE #	EMAIL ADDRESS

CHILD DEMOGRAPHIC PREFERENCE

AGE	<input type="checkbox"/> 0-2yrs.	<input type="checkbox"/> 3-5 yrs.	<input type="checkbox"/> 6-12 yrs.	<input type="checkbox"/> 13-17yrs.	<input type="checkbox"/> Return to Care Youth 17-21 yrs.
MEDICAL / BEHAVIORAL NEEDS:	<input type="checkbox"/> Minor Medical Needs	<input type="checkbox"/> Medically Fragile	<input type="checkbox"/> Non Correctible Medical Issues		
	<input type="checkbox"/> Mild Behavioral Issues				
SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Either / Both		
SIBLING GROUPS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Children:		
RACIAL PREFERENCE, IF ADOPTING					

FOSTER PARENTS MUST BE OPEN TO PLACEMENT OF CHILDREN OF ANY RACIAL OR ETHNIC BACKGROUND

ADDITIONAL INFORMATION

1. Have either of you been treated for any serious medical condition? If so, please provide details.

- 2. Are you infertile or have you undergone treatment for infertility? Are you currently receiving treatments for infertility? If yes to either question, please provide information.**

- 3. Have either of you been treated for mental health conditions? If yes, please provide details.**

- 4. Are either of you taking any prescribed medications? If yes, please list medications and reason for taking the medications.**

- 5. Has law enforcement responded to a call or calls to your residence for ANY reason during the past two years?**

- 6. Were you verified (licensed) as foster parents previously? If so, what agency and why are you changing agencies?**

- 7. Have you applied to become a foster or adoptive parent but had your home screening / study denied?**

- 8. Why do you want to become foster parent(s), foster / adoptive parent(s), or respite care provider(s)?**

- 9. Are you willing to complete and maintain annual foster parent verification requirements?**

ACKNOWLEDGEMENT

I/we hereby declare the information I /we have provided on this parenting application to be true and complete to the best of my / our knowledge. I /we understand that any misstatement or omission of facts on this application could be considered cause for my / our disapproval as foster, foster / adoptive or adoptive parent(s).

I / we acknowledge that I / we have received a copy of the Homes with Hope Grievance Procedure.

If necessary, Homes with Hope will request that I/we sign a release of information to obtain specific additional information.

As part of the Homes with Hope matching process and placement process, additional personal information may be elicited from me / us. I / we understand that as part of the matching and placement process, copies of my / our foster or foster / adoptive home screening (home study) and supporting documents will be submitted to representatives of the Texas Department of Family and Protective Services (TDFPS) and / or judges who have jurisdiction in cases involving children in foster care or children with pending adoption cases. I / we understand that Homes with Hope will request that such information be handled confidentially. Homes with Hope cannot guarantee that TDFPS and / or the Courts will maintain confidentiality.

I / we acknowledge that I am / we are not obligated to provide foster care or adopt children nor is there a guarantee that I/we will receive placement of foster, foster / adoptive or adoptive children.

Signature of Applicant 1

Date

Signature of Applicant 2

Date