

BEACON OF HOPE INC.
APPLICATION FOR POTENTIAL FOSTER PARENTS

Woman's name (First, Middle & Last)	Maiden (Other Names)	Man's Name (First, Middle & Last)	
Residence Address (Street, City, State & Zip)		County	
How many years at this address: _____			
Home/ Cell Telephone	Work Telephone	Work Telephone	E-Mail Address
Mailing Address (If different from above)			
Utilities: _____ City water & Sewer or _____ Well and/or Septic tank			
List Number of Floors in the Home _____ Bedrooms _____ Bathrooms _____ Garage _____			
Directions to the Home:			
Describe Current Residence _____ House (Rent/Own) _____ Apartment _____ Mobile Home _____ Duplex			
Marital Status _____ Married _____ Divorced _____ Separated _____ Single			
	Woman	Man	
Date of Birth			
Place of Birth			
Social Security Number			
Driver's License Number			
How Long Have You Lived In Texas?			
Racial or Ethnic Background			
U.S. Citizen If "No", Are you a Permanent Residence? If "Yes" How Long?			
What Language, Do You Speak?			
Religion			
Number You can be reached at any time (Cell)			

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MOTOR VEHICLE INFORMATION			
MAKE	MODEL	YEAR	LICENSE PLATE #
<p>Have you, or your spouse, or any family member living in your home ever been subject of a report which address serious physical, emotional, sexual abuse or neglect of a child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", Please Explain:</p>			
<p>Have any of your children ever been involved with the juvenile justice system or court? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", Please Explain</p>			
EDUCATIONAL BACKGROUND INFORMATION			
	WOMAN	MAN	
HIGH SCHOOL			
LOCATION			
DATE GRADUATED			
COLLEGE/UNIVERSITY			
LOCATION			
DATE GRADUATED			
OTHER EDUCATION			
EMPLOYMENT HISTORY – LAST 10 YEARS (If applicable)			
Foster Mother	DATES	EMPLOYER	CITY/STATE REASON FOR LEAVING

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FOSTER DAD	DATES	EMPLOYER	CITY/STATE	REASON FOR LEAVING						
Have you ever or anyone in your home served in the military <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Who If So, Branch _____ Rank _____ Dates of Service _____ Type of Discharge _____ Honorable _____ Dis-Honorable _____ Medical _____ Other _____										
MEDICAL HISTORY (Please describe all major and minor health problems)										
WOMAN		MAN								
Are you or any household member being treated for a physical or psychological illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please Explain										
Are you or your spouse on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 30%; border: none;">Name</th> <th style="width: 30%; border: none;">Amount/ How Often</th> <th style="width: 40%; border: none;">Purpose</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 100px;"></td> </tr> </tbody> </table>					Name	Amount/ How Often	Purpose			
Name	Amount/ How Often	Purpose								
***** Please note that an annual TB test is required for each member of the family in order for your home to be licensed.										

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LOCAL AND COMMUNITY RESOURCES	
In what school district do you reside? _____	
What school would a foster child attend? Give addresses and phone numbers.	
SCHOOL	ADDRESS
Elementary	
Middle	
Junior High	
High School	
What medical facilities are located near you home?	
How far are they?	
Please list other community resources in the area. (library, park YMCA, boys and girls club)	

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SPECIAL SKILLS AND INTERESTS	
Foreign Languages _____	Fluency _____
Interest/Hobbies:	
Social Activities you participate in:	
Professional Organizations:	
Volunteer Work:	

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GENERAL QUESTIONS			
Why do you want to become a foster parent?			
What can you and your family off a foster child living in your home? What are your strengths?			
Describe the type of child (ren) you are interested in providing foster care services:			
Number	Sex	Age Range	Race/Ethnicity
Which of the following special needs can you work with by using your family's abilities and /or strengths?			
<input type="checkbox"/> Adopted previously <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> -Animal Cruelty <input type="checkbox"/> Developmentally Delayed <input type="checkbox"/> Emotionally Disturbed <input type="checkbox"/> Down's Syndrome <input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Failure to thrive <input type="checkbox"/> Fire setting history <input type="checkbox"/> Gang Activities <input type="checkbox"/> Health Disable <input type="checkbox"/> Infant Alcohol <input type="checkbox"/> Addiction <input type="checkbox"/> Enuresis/Encopresis <input type="checkbox"/> HIV	<input type="checkbox"/> Learning Disabled <input type="checkbox"/> Medically fragile <input type="checkbox"/> Limited English <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Pregnant <input type="checkbox"/> Runaway <input type="checkbox"/> Mobility Impaired <input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Self- Abuse <input type="checkbox"/> Sexually acting out <input type="checkbox"/> Sibling group <input type="checkbox"/> Teen parents <input type="checkbox"/> Speech disabled <input type="checkbox"/> Terminal illness <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Other behavioral problems

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Has any member of your family been in foster care or provided foster care? If "Yes", please explain, state who and for how long.

If you have been a foster parent or are currently a foster parent with another agency, please give information regarding which agencies you were licensed with and the dates you were licensed with them.

How would you handle the financial situation if your foster care reimbursement check failed to arrive when expected? Do you have other reliable income?

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Please describe any experience you have in working with neglected and physically, emotionally, and sexually abused children. What have you learned from that experience?

Have you ever taken anyone into your home for an extended period of time? _____ Yes _____ No
If "Yes", please explain.

How do you deal with frustration and anger?
Foster Mom-

Foster Dad-

Describe a typical week

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Describe your use of drugs and/or alcohol, (frequency, and amount used)

How do you feel about being supervised by another person?

How do you deal with stress?

Foster Mom

Foster Dad

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Do you have fire arms in your home? _____ Yes _____ No
If "Yes", where are they kept or stored?

Do you have pets in your home or property? _____ Yes _____ No
If "Yes" please answer the following

Name	Type	Date Vaccinated

PLEASE LIST ALL MEMEBERS IN YOUR HOUSEHOLD (Include other adults, children, boarders, etc...)

Name	Relationship	DOB	Sex	SS#	Occupation

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PLEASE LIST ALL ADULT CHILDREN (NOT LIVING IN THE HOME)				
NAME	RELATIONSHIP	DOB/AGE	ADDRESS	PHONE

CRIMINAL HISTORY

Have you or any members of your family ever been convicted of a misdemeanor or felony?

_____ Yes _____ No

If "Yes" , please explain

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PERSONAL REFERENCES: References must include two family members, a non-relative/friend, employer or co-worker and on one other reference of your choice.			
FAMILY MEMBER			
NAME	ADDRESS	CITY/ZIP	PHONE NUMBER
NAME	ADDRESS	CITY/ZIP	PHONE NUMBER
EMPLOYER/COWORKER/OTHER			
NAME	ADDRESS	CITY/ZIP	PHONE NUMBER
NON-FAMILY MEMBER/FRIEND			
NAME	ADDRESS	CITY/ZIP	PHONE NUMBER
NAME	ADDRESS	CITY/ZIP	PHONE NUMBER
My signature verifies that the information on this application is true and correct to the best of my knowledge.			
Foster Dad		Date	
Foster Mom		Date	