



Foster Care Program
 8555 E. Loop 1604 N.
 Converse, TX 78109
 (210) 659-1901 FAX: (210) 659-6527

FOSTER PARENT APPLICATION

**ALL ITEMS MUST BE COMPLETED IN FULL. INCOMPLETE ENTRIES OR OMISSIONS WILL DELAY
 PROCESSING OF YOUR APPLICATION**

Prospective Foster Parent 1		
First Name: [REDACTED]	Middle Name: [REDACTED]	Last Name: [REDACTED]
Prospective Foster Parent 2		
Middle Name: [REDACTED]	Middle Name: [REDACTED]	Last Name: [REDACTED]
Address		
Street Address: [REDACTED]		Apt. #: [REDACTED]
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Prospective Foster Parent 1: Phone Number [REDACTED]	Prospective Foster Parent 2: Phone Number [REDACTED]	Home Phone Number [REDACTED]
Prospective Foster Parent 1: Email Address: [REDACTED]		Prospective Foster Parent 2: Email Address [REDACTED]
Demographics		
Prospective Foster Parent #1		Prospective Foster Parent #2
[REDACTED]	DOB	[REDACTED]
[REDACTED]	Birthplace	[REDACTED]
[REDACTED]	Ethnicity	[REDACTED]
[REDACTED]	Languages Spoken	[REDACTED]
[REDACTED]	Social Security Number	[REDACTED]
[REDACTED]	Driver's License Number and State	[REDACTED]
[REDACTED]	Highest Level of Education	[REDACTED]
Please select	Served in the military?	Please select
Please select	Are you a previous resident of Boysville?	Please select

Criminal Background

If you answer yes to any of the questions below, please explain:

Prospective Foster Parent #1		Prospective Foster Parent #2
Please select	Have you ever been arrested?	Please select
	If yes, please explain:	
Please select	Have you ever been convicted of a felony?	Please select
	If yes, please explain:	
Please select	Have you or any members of your immediate family ever been involved with Child Protective Services?	Please select
	If yes, please explain:	

Children Living in your Home (All Ages)

Name	Gender	DOB:	School Grade	Social Security # (if 14 or older)
	Please Select			
	Please Select			
	Please Select			
	Please Select			

Children Living Outside of your Home (All Ages)

Name	Gender	DOB	Address	Phone Number
	Please Select			
	Please Select			
	Please Select			

If information is not available for children living outside of your home, please explain why:

Other Household Members:

Are there any others living in your household either full or part time? Yes No

If you, please list their information below:

Name	Gender	DOB	Relationship
	Please Select		
	Please Select		
	Please Select		

Frequent Visitors

(Family or Friends who will potentially interact with foster children at least twice a month)

Name	Relationship	Frequency	Willing to submit background check/FBI prints?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Residence Information

Type of Home: Apartment House Own Rent

Total Number of Rooms: Bedrooms: Bathrooms:

Length of Residency:

Do you own weapons? (guns, rifles, knives, crossbows, etc.) Yes No

If you answered yes, are you willing to keep the weapons and ammunition locked up? Yes No
 Do you own pets? Yes No Are you willing to have pets vaccinated? Yes No

List all addresses where you have lived in the last 10 years (this information is required for any persons listed on this application presently residing in the home 14 years and older - Use back if necessary):

School District: _____

Directions for reaching home: _____

Marital History

Are you currently married? Yes No

Date of marriage: _____

Were you previously married? Yes No If yes, please complete the information below:

Prospective Foster Parent #1

Name	Date of Marriage	Date of Divorce	or	Date of Death
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

Prospective Foster Parent #2

Name	Date of Marriage	Date of Divorce	or	Date of Death
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

Foster Care Experience

Have you ever applied to any other agency to be a foster parent? Yes No

If yes, please explain: _____

Are you currently fostering for an agency? Yes No

If yes, please list the agency: _____

Have you ever been denied a foster care license? Yes No

If yes, please explain: _____

Employment and Income: Prospective Foster Parent #1

Current Employer: _____ Position: _____ Phone Number: _____

Address: _____ Work Hours: _____

Immediate Supervisor: _____ Start Date: _____

Permission to contact employer Yes No

Net Monthly Income: _____

Please list all employment for the past 10 years

Employer 1:	Position:	Phone Number:
_____	_____	_____
Address: _____	Work Hours: _____	
Immediate Supervisor: _____	Reason For Leaving: _____	

Employer 2:	Position:	Phone Number:
_____	_____	_____
Address: _____	Work Hours: _____	
Immediate Supervisor: _____	Reason For Leaving: _____	

Employer 3: [redacted]	Position: [redacted]	Phone Number: [redacted]
Address: [redacted]		Work Hours: [redacted]
Immediate Supervisor: [redacted]		Reason For Leaving: [redacted]
Employment and Income: Prospective Foster Parent #2		
Current Employer: [redacted]	Position: [redacted]	Phone Number: [redacted]
Address: [redacted]		Work Hours: [redacted]
Immediate Supervisor: [redacted]		Start Date: [redacted]
Permission to contact employer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Net Monthly Income: [redacted]		
Please list all employment for the past 10 years		
Employer 1: [redacted]	Position: [redacted]	Phone Number: [redacted]
Address: [redacted]		Work Hours: [redacted]
Immediate Supervisor: [redacted]		Reason For Leaving: [redacted]

Employer 2: [redacted]	Position: [redacted]	Phone Number: [redacted]
Address: [redacted]		Work Hours: [redacted]
Immediate Supervisor: [redacted]		Reason For Leaving: [redacted]

Employer 3: [redacted]	Position: [redacted]	Phone Number: [redacted]
Address: [redacted]		Work Hours: [redacted]
Immediate Supervisor: [redacted]		Reason For Leaving: [redacted]

References	
Please give the names, addresses and phone numbers of six persons: a) two related family members; b) two family friends (if married, please make sure two of your references have known you as a couple for at least 2 years); c) persons of your choice. These people will be used as character references	
Related Family Member	Related Family Member
Name: [redacted]	Name: [redacted]
Address: [redacted]	Address: [redacted]
City, State, Zip: [redacted]	City, State, Zip: [redacted]
Phone Number: [redacted]	Phone Number: [redacted]
Family Friend	Family Friend
Name: [redacted]	Name: [redacted]
Address: [redacted]	Address: [redacted]
City, State, Zip: [redacted]	City, State, Zip: [redacted]
Phone Number: [redacted]	Phone Number: [redacted]
Person of Choice	Person of Choice
Name: [redacted]	Name: [redacted]
Address: [redacted]	Address: [redacted]
City, State, Zip: [redacted]	City, State, Zip: [redacted]
Phone Number: [redacted]	Phone Number: [redacted]

Declaration:

I hereby declare the information provided by me in this Application for Foster Parenting is true, correct and complete to the best of my knowledge. I understand that, if approved, any statement or omission of

fact(s) on this application shall be considered cause for disapproval.

Prosepective Foster Parent #1 Signature:

[Redacted]

Date:

[Redacted]

Prosepective Foster Parent #2 Signature:

[Redacted]

Date:

[Redacted]

Authorization:

I authorize Boysville, Inc. to check references as listed on this application and to obtain an investigative report containing information obtained through personal interviews (via mail and telephone) as well as through local agencies, including but not limited to law enforcement agencies and the Texas Department of Protective and Regulatory Services (and other state children's service systems), for the purpose of determining my/our suitability as foster parents. I understand this information will be used only for this (above) purpose and that information will be unlimited.

This consent may be revoked by notifying the Boysville Foster Care Program listed on this application. It may also be revoked by specifying a date, time or condition upon which your consent will expire; (if so, please specify):

[Redacted]

Prosepective Foster Parent #1 Signature:

[Redacted]

Date:

[Redacted]

Prosepective Foster Parent #2 Signature:

[Redacted]

Date:

[Redacted]

Foster Home Developer:

[Redacted]

Date Approved/Denied:

[Redacted]

Approved Denied

Boysville, Inc. is an equal opportunity employer. The company does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status or disability, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local law.