



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 Mother: _____
First Name Middle Name Last Name

Prospective Foster Father: _____
First Name Middle Name Last Name

Address: _____
Street Apt Number
_____ City Zip County

Phone Number: _____
Prospective Foster Mother Prospective Foster Father Home

Prospective Foster Mother		Prospective Foster Father
	DOB	
	Birthplace	
	Ethnicity	
	Social Security Number	
	Driver's License Number and State	
	Highest Level of Education	
	Served in the military?	
	Are you a previous resident of Boysville?	

Criminal Background

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

Prospective Foster Mother		Prospective Foster Father
	Have you ever been arrested?	
	Have you ever been convicted of a felony?	
	Have you or any members of your immediate family ever been involved with Child Protective Services?	

Children Living in your Home (All Ages)

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

Children Living Outside of your Home (All Ages)

Name	Gender	DOB	Address	Phone Number

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

Are there any others living in your household? Yes No

If yes, please list their information below

Other Household Members

Name	Gender	DOB	Relationship

Frequent Visitors

Name	Relationship	Frequency	Willing to submit background check/FBI prints?
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

Residence Information

Type of Home: Apartment House Own Rent

Total Number of Rooms: _____ Bedrooms: _____ Bathrooms: _____

Length of Residency: _____

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

1. Are you currently married? Yes No

2. Date of marriage: _____

3. Were you previously married? If yes, please complete the information below:

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:

Prospective Foster Mother Employment and Income

Current Employer & Position

Phone #

Address

Work Hours

Immediate Supervisor

Beginning Date

Permission to contact employer Yes No

NET MONTHLY INCOME \$ _____

Please list all employment for the past 10 years (use back of page if necessary)

1. _____

Employer & Position

Phone #

Address

Length of time

Immediate Supervisor

Reason for Leaving

2. _____

Employer & Position

Phone #

Address

Length of time

Immediate Supervisor

Reason for Leaving

3. _____

Employer & Position

Phone #

Address

Length of time

Immediate Supervisor

Reason for Leaving

Prospective Foster Father Employment and Income

Current Employer & Position

Phone #

Address

Work Hours

Immediate Supervisor

Beginning Date

Permission to contact employer Yes No

NET MONTHLY INCOME \$ _____

Please list all employment for the past 10 years (use back of page if necessary)

1. _____

Employer & Position

Phone #

Address

Length of time

Immediate Supervisor

Reason for Leaving

2. _____

Employer & Position

Phone #

Address

Length of time

Immediate Supervisor

Reason for Leaving

3. _____

Employer & Position

Phone #

Address

Length of time

Immediate Supervisor

Reason for Leaving

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

1) **RELATED FAMILY MEMBER**

Name

Address

City, State, Zip

Telephone number

2) **RELATED FAMILY MEMBER**

Name

Address

City, State, Zip

Telephone number

3) **FAMILY FRIEND**

Name

Address

City, State, Zip

Telephone number

4) **FAMILY FRIEND**

Name

Address

City, State, Zip

Telephone number

5) **PERSON OF CHOICE**

Name

Address

City, State, Zip

Telephone number

6) **PERSON OF CHOICE**

Name

Address

City, State, Zip

Telephone number

SHOULD YOUR APPLICATION FOR FOSTERING WITH BOYSVILLE BE DENIED, YOU HAVE ACCESS TO A PROCESS FOR APPEALING THAT DECISION. (See Attached)

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.

Prospective Foster Mother Signature

Date of Application

Prospective Foster Father Signature

Date of Application

COMMENTS: _____

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 Children Service Office listed on this application. It may also be revoked by specifying a date, time or condition upon which your consent will expire; (if sp, please specify below)

Prospective Foster Mother Signature

Date of Application

Prospective Foster Father Signature

Date of Application

Director of Child Placement

Date of Application

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.