

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:	Middle Name:		Last Name:	
	Prospective Fos	ter Parent 2		
Middle Name:	Middle Name:		Last Name:	
	Addre	ess		
Street Address:			Apt. #:	
City:	State:		Zip Code:	
Propective Foster Parent 1:	Propective Foster	Parent 2:	Home	
Phone Number	Phone Number		Phone Number	
Dropostivo Fostor Daront 1.		Dropostivo Fost	or Daront 2:	
Propective Foster Parent 1:		Propective Fost	er Parent 2.	
Email Addres:		Email Address		
	Demogra	phics		
Prospective Foster Parent #1			Prospective Foster Parent #2	
	DOE	3		
	Birthpl	ace		
	Ethnic	ity		
	Languages	Spoken		
	Social Security Number			
	Driver's License	Number and		
	State	e		
	Highest Level o	of Education		
Please select	Served in the	military?	Please select	
Please select	Are you a previous resident of Boysville?		Please select	

If you answer yes to any of the questions below, please explain: Prospective Foster Parent #1 Please select Have you ever been arrested? Please select Grade Select Have you ever been convicted Grade Select Have you or any members of your immediate family ever been involved with Child Protective Services? If yes, please explain: Children Living in your Home (All Ages) Name Gender DOB: Children Living in your Home (All Ages) Name Gender DOB Address Please Select If Please Select If yes, please explain: Please Select V V V V V V V V V V V V V V V V V V V			C	rimina	I Back	ground					
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Please select Have you ever been convicted of a felony? Please select If yes, please explain: If yes, please explain: Please select Please select Have you or any members of your immediate family ever been involved with Child Protective Services? Please select If yes, please explain: If yes, please explain: If yes, please explain: If yes, please explain: Children Living in your Home (All Ages) School Grade Social Security # (if 14 or older) Please Select Image: Select Image: Select Image: Select Please Select Image: Select Image: Select Image: Select Image: Select	Please se	lect	Have	you ev	er be	en arres	ted?		Please select		
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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 Name Gender DOB Relationship Please Select		Please Se	<mark>ect</mark>								
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		•	es, knives	, cross	bows	, etc.)	<mark> </mark>	es 📃	No		

If you answ	vered yes, ar	e you willin	g to ke	ep the we	apons and	lamm	unition lo	cked up?	Yes	No
Do you owr	Do you own pets? Yes No Are you willing to have pets vaccinated? Yes					No				
List all addr	resses where	e you have l	ived ir	the last 1	0 years (th	is info	rmation is	required f	or any	persons
listed on thi	is applicatio	n presently i	residin	g in the ho	me 14 yea	rs and	older - Us	se back if no	ecessa	ry):
School Dist										
Directions f	for reaching	home:								
				Marital	History					
Are you cur	rrently marr	ied?		Yes	No					
Date of ma	rriage:									
Were you p	previously m	arried? 📃	Yes 🛛	No	If yes, ple	ease co	omplete th	ne informa	tion be	low:
			Pros	spective Fo	ster Paren	nt #1				
Na	ame	Date	of Ma	rriage	Date of	Divor	ce or	Date	e of De	ath
			Pros	spective Fo	ster Parer	nt #2				
Na	ame	Date	of Ma	rriage	Date of	Divor	ce or	Date	e of De	ath
			F	oster Care	Experienc	e				
Have you ev	ver applied	to any othe	r agen	cy to be a f	foster pare	ent?	Yes	No		
If yes, please explain:										
Are you currently fostering for an agency? Yes No										
If yes, please list the agency:										
Have you ev	ver been de	nied a foste	r care	license?	Yes	No				
If yes, pleas	se explain:									
		Employme	nt and	Income: F	Prospective	e Foste	er Parent i	#1		
Current Em	ployer:		Positi	on:			Phone	Number:		
Address:							Work H	lours		
Address: Work Hours: Start Date: Start Date:										
Permission to contact employer Yes No										
Net Monthly Income:										
Please list all employment for the past 10 years										
Employer 1			Positi	•			Phone	Number:		
Address: Work Hours:										
Immediate	Supervisor:						Reason	For Leavir	ng:	
L										

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

Employer 3:	Position:	Phone Number:
Address:		Work Hours:
Immediate Supervisor:		Reason For Leaving:
Employme	ent and Income: Prospective Foster	r Parent #2
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:	Position:	Phone Number:
Address:		Work Hours:
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

R	elated F	amily Member		Rela	ted Fa	amily Member
Name:			Name:			
Address:			Address:			
City, State, Zip	:		City, State, Zi	p:		
Phone Numbe	r:		Phone Numb	er:		
	Fam	ily Friend			Fam	ily Friend
Name:			Name:			
Address:			Address:			
City, State, Zip	:		City, State, Zi	p:		
Phone Numbe	r:		Phone Numb	er:		
	Perso	n of Choice		I	Perso	n of Choice
Name:			Name:			
Address:			Address:			
City, State, Zip	:		City, State, Zi	p:		
Phone Numbe	r:		Phone Numb	er:		
Declaration:						
1 horoby doola	na tha in	formation provided by meeting	this Analisatio		. Faa	tor Daronting is true correct

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.	
Prosepctive Foster Parent #1 Signature:	Date:
Prosepctive Foster Parent #2 Signature:	Date:

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):

Prosepctive Foster Parent #1 Signature:	Date:			
Prosepctive Foster Parent #2 Signature:	Date:			
Foster Home Developer:	Date Approved/Denied:			
	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.