



BUCKNER
FOSTER CARE & ADOPTION

FOSTER / ADOPTIVE PARENT APPLICATION

IMPORTANT: Please do not return until ALL questions have been answered, and please make answers as complete as possible. Please mail completed application to Buckner Foster / Adopt Program, 110 E. Cotton Street, Longview, TX 75601. Also include copies of drivers' licenses and social security cards for each applicant. If application is incomplete, it will be returned for you to complete it. Thanks!

1. Personal Information

First Name: _____ Middle: _____ Last: _____ Sex: Male Female
Age: ____ Date of Birth: _____ List Other Names Ever Used (maiden, marital, etc.) _____
Address: _____ City _____ State _____
Zip _____
Home Phone: (____) _____ Work Phone: (____) _____ x _____
Drivers License Number: _____ Social Security Number: _____ - _____ - _____

Email _____ Address: _____

_____ List all other cities in Texas where there has been residency _____

Have you lived in any other state besides Texas in the last 3 years? Yes No state: _____

Race/ethnicity: (Circle one) White Black Hispanic Other:(Please specify) _____

Place _____ of _____ Employment: _____

Address _____

Current _____ Occupation: _____

2. Personal Information (Spouse)

First Name: _____ Middle: _____ Last: _____ Sex: Male Female
Age: ____ Date of Birth: _____ List Other Names Ever Used (maiden, marital, etc.) _____

Address: _____ City _____ State _____
Zip _____

Home Phone: (____) _____ Work Phone: (____) _____ x _____

Drivers License Number: _____ Social Security Number: _____ - _____ - _____

Email _____ Address: _____

List all other cities in Texas where there has been residency _____

Have you lived in any other state besides Texas in the last 3 years? Yes No state: _____

Race/ethnicity: (Circle one) White Black Hispanic Other:(Please specify) _____

Place _____ of _____ Employment: _____

Address _____

Current Occupation: _____

3. References. (We must have name, full address, and zip code in order to send out reference letters.)

Church (Pastor, Church Staff, Bible Study Teacher)

Name of person to contact _____ Their Position at Church _____

Name of Church _____

How long have they known you? _____ Phone #: _____

Address _____ City _____ State _____
Zip _____

Employment (Supervisor or Coworker)

Name of person to contact _____ Their Position _____

Name of Company _____

How long have they known you? _____ Phone #: _____

Address _____ City _____ State _____
Zip _____

Non-Relative References (Must have known you a minimum of 2 years)

Married applicants must provide 2 that have known you as a couple.

Name _____ Phone #:

Address _____

City _____ State _____ Zip _____ How Long
Known _____

Name _____ Phone #:

Address _____

City _____ State _____ Zip _____ How Long
Known _____

Non-Relative Reference for Husband

Name _____ Phone #:

Address _____

City _____ State _____ Zip _____ How Long
Known _____

Non-Relative Reference for Wife

Name _____ Phone #:

Address _____

City _____ State _____ Zip _____ How Long
Known _____

4. Marital History

(Circle all that apply)

- married
- never married
- divorced
- separated
- widowed
- engaged
- common law
- remarried

Please list: Total number of marriages for each applicant. Include date marriage started and ended

for current and any subsequent marriages and the reason for ending of marriage.

Single applicant: _____

Wife:

Husband:

Current Marriage (if applicable)

How long had you known one another prior to your marriage? _____

In what areas are you most compatible?

5. Motivation and Childcare Experience.

Why do you want to become a foster / adopt parent?

If married, are both parties equally interested in fostering / adoption? _____ Explain:

What is your experience working with children?

List strengths when working with children:

Have you ever been a foster / adopt parent for Buckner? _____ If yes, when and reasons for leaving:

Have you been a foster or foster/adopt parent for any other agency? _____ If yes, list:

Agency Name(s):

Address: _____ Phone #:

Dates:

Reason for Leaving:

Can we contact them for evaluation? _____ Supervisor's Name: _____

6. Family and Children

List children living in your home:

Name	Age	Sex	Relationship	Social Security #	Drivers License #

List children not living with you:

Name	Age	Sex	Relationship

Does any other adults (anyone over 18) live in your home? _____ If yes, list below.

Name	Age	Sex	Relationship	Social Security #	Drivers License #

Do any of your children have any special needs? _____ If yes, explain:

Do any of your children have any behavioral problems? _____ If yes, explain:

List the rules for your children:

If married, do you and your spouse agree on discipline for your children? _____

Explain:

How do your children feel about having foster / adopt children in their home?

How do your relatives and/or in-laws feel about your becoming a foster / adopt parent?

7. Education

Your highest level of education completed (Circle all that apply):

High School Diploma GED College Degree Major: _____ Graduate Degree

Spouses highest education level (Circle all that apply):

High School Diploma GED College Degree Major: _____ Graduate Degree

8. Employment History

Company Name

Dates of Employment

Present employer:

Previous employer:

Current working hours _____ # of hours per week _____

Will you continue these hours if fostering?

If unemployed, why?

Spouses Employment History

Company Name

Dates of Employment

Present employer:

Previous employer:

Current working hours _____ # of hours per week _____

Will you continue these hours if fostering?

If unemployed, why?

9. Monthly income

Your gross monthly salary	=	+	_____
+ Spouse's gross monthly salary	=	+	_____
+ Other income: _____	=	+	_____
- Less debts (housing, loans, child support, car, other monthly bills, etc.):	=	-	_____
TOTAL	=		_____

10. Physical and Mental Health

Do you or another family members have difficulty with a disability or an illness?

If yes, explain: _____

Are there any health problems you or another family member has that poses a risk to placing foster / adopt children in your home? _____ If yes, explain:

Have you experienced any of the following events in the last 12 months: Put an X by all that apply.

- Pregnancy Birth of a child Adoption Injury Death of a loved one Major accident
 Unemployment Suicide of a loved one Major surgery Significant illness None of above

If yes to any of the above, please explain:

Have you experienced any of the following events in the last 24 months: Put an X by all that apply.

- Marriage Marital/Common Law Separation Divorce

Has you or anyone in you home ever been physically, sexually, or psychologically abused?
If yes, explain:

Have you or anyone in your home ever been investigated by an agency or police for neglect, physical, or sexual abuse? _____ If yes, explain:

Having a criminal record does not automatically exclude you as a foster / adopt parent, however, we will need details to help make a decision. If you have ever been arrested it will probably be reported.

Do you or anyone in your family have a criminal record? _____ If yes, who and what were the circumstances?

Have you ever written a bad check? _____ If yes, explain:

Has anyone in your home ever suffered from alcoholism, depression, anxiety, or any other mental health condition? _____ If yes, explain: _____

Does any one in your home take prescribed medication for a mental illness? _____ If yes, please explain:

Name of medication?

11. Religion

Do you and your family attend church regularly?

If yes, what church do you attend:

Denomination: _____

Do you feel that spirituality helps one's effectiveness in parenting children?

Do you feel that spirituality can solve children's behavioral and emotional problems?

 If yes, explain?

12. Other

Do you own or rent where you live? _____ Type of unit:(Circle) House / Apartment / Mobile Home

Do you have a car and a valid driver's license in the state of Texas? _____ If no. What is your reliable means of transportation?

Do you have auto insurance that covers injury?

Are you willing to transport foster / adopt children to court hearings, medical appointments, visitations, and therapy when needed?

Would you be willing to pay for day care and/or after school care if needed?

Do you have pets? _____ If yes, please list:

Are they vaccinated? _____

Describe where child would sleep:

Would he/she be sharing a room with someone?

13. Firearms

Do you have any firearms stored in your home? _____ If yes, please list: _____

If yes, where are your firearms stored?

Is it locked?

If yes, where is ammunition stored?

Is it locked?

HOME FLOOR PLAN

IMPORTANT: Please draw your home floor plan with dimensions (in square feet) of each room.
Please mark present sleeping arrangements and where additional child(ren) will sleep.

Note: We do not expect great artistic ability, just make it as neat as possible.

**BUCKNER ADOPTION & FOSTER CARE
RELEASE FORM**

I acknowledge that to be eligible to become a foster / adopt parent I must complete the following steps. In addition, I understand that completing the steps does not guarantee my licensure.

1. Complete PRIDE (preservice) training.
2. Complete necessary certification training: CPR/First Aid, Restraint, and Medications.
3. Home study.
4. Criminal History/CAPS Check.
5. Physical Exam/TB test.
6. Therapeutic foster parent internship.
7. Release of information from previous foster care agencies.

Signature of applicant

Date _____

Signature of applicant

Date _____

**RELEASE OF INFORMATION
FOR INDIVIDUALS HAVING PRIOR FOSTER CARE EXPERIENCE**

I, _____ release any and all information from:
 (Agency name) _____
 Address: _____
 City: _____ State: _____ Zip: _____

to Buckner Children & Family Services: 1121 Judson Road, Ste. 184-A, Longview, TX 75601, for evaluation purposes and assessment for foster parent licensing. I also agree that Buckner Children and Family Services did not actively recruit me to become a foster parent. This consent is subject to written revocation by the applicant at any time. Without revocation this consent will expire two years from the date signed.

Signature of applicant

Date _____

Signature of applicant

Date _____

