



APPLICATION For PROSPECTIVE FOSTER PARENT

DATE OF APPLICATON: _____

Requirements for Foster Applicants:

- At least 25 years old
• Married for at least two years or single. Both spouses complete the process to become verified.
• If divorced, legally divorced for at least 6 months
• Minimum Income: \$10,000/single applicants - \$15,000/couple (add \$3000 per child living in the home) – Expenses must not exceed income
• Proof of homeowner’s/renter’s insurance with liability (OPTIONAL)
• Proof of High School Diploma/GED

How did you hear about Bridges CPA?

- Agency Website, Another Agency, Another Foster Family, BeAFosterParent.com, Church, CPS, Google, Newspaper, Phone Book, Television, Other

Directions to Home:

Four horizontal lines for writing directions to home.

NAME (Adult # 1): _____

ADDRESS: _____

PHONE: Home: _____ Work: _____ Cell: _____ Pager: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ Place: _____

MARITAL STATUS: _____ Date: _____ (Please attach copy of marriage license)

SS # _____ DL # _____

RACE: _____ RELIGIOUS PREFERENCE: _____

History of Residence for Past Ten (10) Years:

Address	City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Marriage (previous name(s), date(s) of marriage(s), termination(s), reasons for termination):

(Please attach copy of divorce decree (s))

CHILDREN:

AGE:

RESIDENCE:

_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND INCOME:

** Attach a copy of Adult #1's pay stub or W-2 to the completed application.

Adult #1

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

IMMEDIATE SUPERVISOR: _____

PERMISSION TO CONTACT EMPLOYER: YES _____ NO _____

BEGINNING DATE: _____ MONTHLY SALARY: _____

WORK SCHEDULE: _____

EDUCATION:

Adult #1: HIGHEST LEVEL OF EDUCATION: _____ (Attach Evidence)

NAME OF SPOUSE (Adult # 2): _____

PHONE: Home: _____ Work: _____

Cell: _____ Pager: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ **Place:** _____

MARITAL STATUS: _____ **Date:** _____

SS # _____ **DL #** _____

RACE: _____ **RELIGIOUS PREFERENCE:** _____

History of Residence for Past Ten (10) Years:

Address	City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Marriage(previous name(s), date(s) of marriage(s), termination(s), reasons for termination):

(Please attach copy of divorce decree(s))

CHILDREN:	AGE:	RESIDENCE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND INCOME:

** Attach a copy of Adult #2's pay stub or W-2 to the completed application.

Adult #2

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

IMMEDIATE SUPERVISOR: _____

PERMISSION TO CONTACT EMPLOYER: YES _____ NO _____

BEGINNING DATE: _____ MONTHLY SALARY: _____

WORK SCHEDULE: _____

EDUCATION:

Adult #2: HIGHEST LEVEL OF EDUCATION: _____ (Attach Evidence)

TOTAL MONTHLY HOUSEHOLD INCOME:

SOURCE: _____	AMOUNT: _____
SOURCE: _____	AMOUNT: _____
SOURCE: _____	AMOUNT: _____
SOURCE: _____	AMOUNT: _____
SOURCE: _____	AMOUNT: _____

TOTAL: _____

TOTAL MONTHLY EXPENSES:

BUDGET

BUDGET ITEM	AMOUNT ALLOTTED
RENT/MORTGAGE	
CAR PAYMENT AND INSURANCE	
UTILITIES	
GROCERIES	
CREDIT CARDS	
OTHER BILLS	
ENTERTAINMENT	
CLOTHING	
PET	
MEDICAL/HEALTH	
LOANS	
CHARITABLE DONATIONS	
MISC.	
TOTAL	

Authorization: Submission of this signed application signifies that Applicant and Applicant's Spouse authorize Bridges CPA to obtain a copy of any consumer or credit report related to this application and to verify any rental history, employment history, or any other information related to this application.

RELEVANT HISTORY:

Adult #1:

- Have you or any adult living in your home ever applied to any other agency to be a foster parent?
Yes No

Name of agency: _____ Date: _____

Address: _____

- Have you or any adult living in your home ever been denied foster care license or license renewal?
Yes No

If yes, explain: _____

- Is your home currently licensed, regulated, approved, or operated by any other agency?
Yes No If yes, Name of Agency: _____

- Have you ever been arrested or convicted of a felony or misdemeanor? Yes No

If yes, explain: _____

- Have you ever been reported for abuse or neglect of a child or children? Yes No

If yes, explain: _____

- Have you ever been convicted of child abuse or neglect Yes No

If yes, explain: _____

Adult #2:

- Have you or any adult living in your home ever applied to any other agency to be a foster parent?
Yes No

Name of agency: _____ Date: _____

Address: _____

- Have you or any adult living in your home ever been denied foster care license or license renewal?
Yes No

If yes, explain: _____

- Is your home currently licensed, regulated, approved, or operated by any other agency?

Yes No If yes, Name of Agency: _____

- Have you ever been arrested or convicted of a felony or misdemeanor? Yes No

If yes, explain: _____

- Have you ever been reported for abuse or neglect of a child or children? Yes No

If yes, explain: _____

- Have you ever been convicted of child abuse or neglect? Yes No

If yes, explain: _____

Both Adults:

On a separate sheet of paper, please list those persons other than your own children who have lived with you. Give Name, Date of Birth, and Relationship to you.

On a separate sheet of paper, please list employment history for the past five years. Give company Name, Address, Phone, and length of employment.

Do you own or keep any pets in your home? Yes No

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home?
Yes No If yes, please attach a written plan of how you will keep these weapons locked up and secure from the children.

Has anyone in your household had difficulties in the following areas?

- Disorder/disease of the heart, lungs liver, pancreas, colon, back, bones, muscles or joints?
Yes No
- Disorder/disease of the digestive system, urinary tract, kidneys, reproductive system/infertility?
Yes No
- Immune disorder, AIDS, ACR or chronic lung disorder? Yes No
- Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis, or birth defect? Yes No
- Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction? Yes No
- Diabetes? Yes No
- High blood pressure? Yes No

- Has any one been advised to have or contemplated having diagnostic tests, treatment(s) (including medications), counseling or hospitalization for any condition not already mentioned or is any one totally or partially disabled? Yes No

Please provide details for any "Yes" answers as follows:

	<u>Name</u>	<u>Condition &Diagnosis</u>	<u>Dates</u>	<u>Treatment & results</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please list any other known serious illnesses, handicaps, chronic conditions or emotional problems, past or present for all persons living in the home.

ADDITIONAL PAPERWORK: (ALL DOCUMENT MUST BE RETURNED WITH APPLICATION)

- 1) Please attach a floor plan of your home indicating the purpose of each room (e.g. bedroom for foster children, bedroom for foster parents, etc.) and the dimensions of each room. (The floor plan does not have to be to scale.)
- 2) Please attach an inspection report from the health department and fire department.
- 3) Please attach TB tests, dated within a year prior to date of application, for each person living in the house.
- 4) Please attach vaccinations, dated within a year prior to date of application, for each of your pets.
- 5) Please attach copies of driver's license(s) and vehicle insurance with expiration date.
- 6) Please attach copies of homeowners /renters insurance with expiration dates.

PERSONAL REFERENCES (MUST HAVE COMPLETE ADDRESS)

Please list four references that you have known for a minimum of three years. Please list only those with whom your family is well acquainted, and we may contact.

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Please list the names, addresses, and phone numbers of each adult child not living with you.

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Others:

I hereby declare that the information provided by me in this application for foster parent is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified and understand that if any of this information is found to be inaccurate or false, this may be used to terminate any further consideration of my application. I give my consent for any agencies, employers, companies, friends, or family members to be contacted.

Adult #1

Date

Adult #2

Date

Please send completed application to:
Bridges CPA
4144 N Central Expressway Suite 110
Dallas, Texas 75204
469-399-5200 (phone)
469-399-5222 (fax)