

If you are married, both you and your spouse must apply together, and you must attach a copy of your marriage license or declaration of marriage.

His Previous Marriages (If more than three, use a separate page)

Previous Spouse Name	Date of Marriage	How it ended	County & State of divorce
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

Her Previous Marriages (If more than three, use a separate page)

Previous Spouse Name	Date of Marriage	How it ended	County & State of divorce
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

HUSBAND'S ACADEMIC HISTORY

Highest educational status attained: Grade School Junior High Some High School
 High School Graduate/GED Some College Associate Degree
 Four Year College Graduate Post Graduate

WIFE'S ACADEMIC HISTORY

Highest educational status attained: Grade School Junior High Some High School
 High School Graduate/GED Some College Associate Degree
 Four Year College Graduate Post Graduate

HOUSEHOLD INFORMATION: Information about other people living in your home (include foster children, if any).

Full Name (First, Middle, Last)	Relationship	DOB	Sex	School/ Occupation	Social Security Number	If foster, CPS Caseworker's Name & Phone

Give the names of all of your children or your spouse's children who live outside your household. Include grown children. According to the *Minimum Standards For Child Placing Agencies*, **all of these children living outside your household, who are 12 years and older, will have to be contacted by Agape Manor Home to complete a child reference.**

Name	Sex	Age	Complete Address	Whose Child? Husband / Wife

HUSBAND'S PREVIOUS CHILD CARE EXPERIENCE

(A separate section has been provided for detailing foster care experience)

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates

WIFE'S PREVIOUS CHILD CARE EXPERIENCE

(A separate section has been provided for detailing foster care experience)

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates

FOSTER PARENTING HISTORY

How did you learn about **Agape Manor Home Foster Care** program? _____

Have you or your spouse ever?

Applied to another agency to adopt a child or become a foster parent? No Yes If yes, was your application accepted? Yes No If your application was not accepted, why? _____

Been licensed with another agency No Yes

Adopted through another agency No Yes

Been a house parent or worked in a treatment center either as a volunteer or a paid employee? No Yes If yes, as a: Volunteer *OR* Employee Start Date: _____ End Date: _____

Please Note:

If you answered NO to all of the above, then you can skip the remainder of this section and go to the next section named, "**PERSONAL REFERENCES**".

If you answered YES to any of the above, you must complete the remainder of this section. We are providing space for up to three agencies. If more than three, attach a separate page.

1. Agency Name, address, and phone number: _____

Number, age range, and sex of youth served (approximate breakdown): _____

Describe your experience: _____

2. Agency Name, address, and phone number: _____

Number, age range, and sex of youth served (approximate breakdown): _____

Describe your experience: _____

3. Agency Name, address, and phone number: _____

Number, age range, and sex of youth served (approximate breakdown) : _____

Describe your experience: _____

PERSONAL REFERENCES – Please list the names and addresses of four persons or couples *not related* to you who have known you well enough for at least two years to inform us accurately regarding your moral character and life style. Local references are preferred, but if none are available please give the address and home phone number for out of town references. For local references, please try to provide the home and business phone numbers. Please try to vary the nature of your references, including those from spiritual, business, or employment relationships, as well as social relationships.

Name	Complete Address (House Number, Street Name, City, State, Zip)	Home & Work Phone

Name of nearest relative not living with you: _____
 Address: _____
 Phone _____ Relationship _____

EMPLOYMENT HISTORY (Please show all employment for the last five years)

Husband's Present Employment: _____
 Address: _____
 Telephone: () _____ Position or Title: _____
 Salary or Wage: _____ Length of Employment: _____
 Work Hours: _____ Supervisor's Name: _____

If employed for less than three years, please list previous employment below.

Husband's Previous Employment: _____
 Address: _____
 Telephone: _____ Position or Title: _____
 Last Salary or Wage: _____ Length of Employment: _____
 Supervisor's Name: _____
 Reason for leaving: _____

Wife's Present Employment: _____
 Address: _____
 Telephone: () _____ Position or Title: _____
 Salary or Wage: _____ Length of Employment: _____
 Work Hours: _____ Supervisor's Name: _____

If employed for less than three years, please list previous employment below.

Wife's Previous Employment: _____
 Address: _____
 Telephone: _____ Position or Title: _____
 Last Salary or Wage: _____ Length of Employment: _____
 Supervisor's Name: _____
 Reason for leaving: _____

INCOME AND EXPENSES Provide the following information about your financial status and attach paycheck stubs or copies of your most recent tax returns or other documentation of your monthly income.

Monthly Income

Husband's Income	Gross	Net
Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	\$	\$
Wife's Income	Gross	Net
Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Other	\$	\$
All Other Household Income	Gross	Net
Source: Rental Income, Alimony, Child Support, Dividends, Adoption Assistance, Foster Care Reimbursement, etc.	\$	\$
	TOTAL:	\$

Assets

Specify Sources (Stocks, Bonds, Savings, Investments, Interest Bearing Accounts, etc.)	Value
	\$
Do you own your own home or do you rent?	
<input type="checkbox"/> Own <input type="checkbox"/> Rent Other (explain)	

Household Expenses: Enter your household's average monthly expenses for the following items. DO NOT INCLUDE EXPENSES THAT ARE DEDUCTED FROM PAYCHECKS.

House/Rent Payments	\$ _____	Automobile Insurance	_____
Payments for Other Real Property	_____	Life Insurance	_____
Automobile Payments	_____	Medical and Dental Insurance	_____
Gasoline and Auto Maintenance	_____	Medical Care (Not covered by insurance)	_____
Groceries and Household Supplies	_____	Dental Care (Not covered by insurance)	_____
Child Care	_____	Child Support Payments	_____
Telephone	_____	Cellular Phone	_____
Clothing	_____	Utilities (Gas, Water, Electric)	_____
Recreation and Entertainment	_____	Credit Cards	_____
Other Debts/Expenses (specify):	_____		
_____	_____		
_____	_____	TOTAL MONTHLY EXPENSES:	\$ _____

HUSBAND**WIFE**

HUSBAND			WIFE	
Yes	No		Yes	No
		Are you now receiving or have you ever received treatment for chemical dependency? If yes, when? _____		
		Are you now or have you ever received treatment for alcohol dependency, alcoholism? If yes, when? _____		
		Have you had a history of or received treatment for depression? If yes, when? _____		
		Have you ever intentionally hurt yourself or attempted to commit suicide? If yes, when? _____		
		Have you had a history of or received treatment for an emotional or mental illness or family problems? If yes, when? _____		
		Are you now receiving or have you ever received psychiatric treatment? If yes, when? _____ If yes, have you ever had a psychological examination or battery of psychological tests? _____ If yes, when did you receive the psychological exam, and what was your diagnosis? _____		
		Are you now or have you ever taken medication for mental or emotional problems? If yes, when? _____ Drugs Prescribed: _____		
		Do you have a physical disability? If yes, what? _____		
		Do you have any significant, acute, or chronic medical condition that could effect your ability to foster parent children? If yes, what? _____		
		Are you physically able to have children? If not, why? _____		

List all admissions to a hospital:

Date	Reason for Admission



CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

I hereby give my permission to Agape Manor Home-Child Placing Agency to obtain information relating my criminal history record. As of October 1st 2006 the process include the Texas DFPS Criminal History and Central Registry check, FBI Finger Printing for national Data base check and the Central registry check for other states you lived during the last five years. The criminal history record, as received from the reporting agencies, may include arrest and conviction data. I understand that this information will be used, in part, to determine my eligibility for verification as a foster parent or care giver. I also understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the records as received. I also understand the criminal history could contain information presumed to be expunged. I understand that this authorization is for any and all subsequent background checks necessary while I am a foster parent (employee, contractor) with Agape Manor Home-Child Placing Agency.

I understand if I found to have a criminal history or central registry history and require a risk evaluation for contact with the children, Agape Manor Home Child Placing Agency will not perform a risk evaluation. I also understand that, Agape Manor Home is not responsible for the cost of the Finger print process.

Signature of Applicant / Guardian

Date

First Name:		Middle:		Last :	
Social Security #			Date of Birth:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Telephone Number:		County:	
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native					
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Other					
Drivers License #			State of ID		
Please list any other names used (married, maiden, etc):					
Present Address:					
List all other cities in Texas where there has been residency:					
<input type="checkbox"/>	Initial	I have not established residency in another state during the last 5 years			
<input type="checkbox"/>	Initial	I have established residency in following states in the last 5 years.			

(Attach a copy of your Drivers License and Social Security Card)

For Agency Use Only	Date Received:	
Date Criminal History Entered:		
Date Comments:		



Acknowledgement of Drug Testing Policy

Agape Manor Home Child Placing Agency requires all its foster parents, caregivers, employees and other personnel as determined time to time, to under go an initial and random-unannounced drug tests there after, under the Human Resource Code 42.057.

Procedure

- A minimum screen for marijuana, cocaine, opiates, amphetamines, and Phencyclidine (PCP);
- Use one of the laboratories approved or recommended by the Agency.
- Testing must be conducted on a time frame directed by the Agency.
- Agency will reimburse the fee for testing after verification of the home or certification of the care givers. Agency will not reimburse fees if the foster home could not be verified or the caregivers are not certified.

I _____ hereby acknowledge the drug testing policy of Agape Manor Home Child Placing Agency. I have received a copy of the Agency drug testing policy.

 Signature of the Foster parent, Caregiver, Employee/other

 Date



Health Statement
Permanent Member
Foster Family Household

Name of Foster Family: _____

Address: _____

Name of Household Member: _____

NOTE TO PHYSICIAN:

1. Please evaluate the household member's current health status: _____

2. Please indicate whether the household member is free from tuberculosis in a communicable form and include the type(s) or test(s) used and the results: _____

3. Please indicate whether, in your opinion, the health of the household member will or will not affect the care of foster children: _____

4. Comment/Recommendations: _____

Signed: _____
Physician/Designee

Date of Evaluation: _____

Name: _____

Address or Office Stamp: _____

Phone Number: _____

Form Provided by:
Agape Manor Homes CPA



FOSTER HOME PET SCREENING QUESTIONNAIRE

(Complete this form for each pet in the home)

FOSTER FAMILY: _____ **DATE:** _____

FOSTER FAMILY ADDRESS: _____

TYPE OF PET(S) _____ BREED: _____

HEIGHT AND WEIGHT: _____

CURRENT LICENSE AND VACCINATION (License may not be required in some cities)

YES NO EXPLAIN: _____

HOW LONG WITH FAMILY: _____

HOW WAS PET OBTAINED: PET STORE ADOPTION BREEDER STRAY

OTHER: _____

LIVING ARRANGEMENT: INDOOR OUTDOOR OTHER _____

CRATE TRAINED?: YES NO _____

AGGRESSIVE WITH OTHER ANIMALS: YES NO _____

AGGRESSIVE WITH PEOPLE?: YES NO EXPLAIN: _____

PRIOR HISTORY OF AGGRESSIVE EPISODES: _____

CAN PET BE CLASSIFIED AS A DANGEROUS ANIMAL? YES NO

EXPLAIN: _____

IS PET PERCEIVED TO BE A THREAT TO CHILDREN? YES NO

EXPLAIN: _____

ALL PETS NEED TO BE ORIENTATED AND INTRODUCED TO CHILDREN DURING PRE-PLACEMENT VISITATION TO INSURE COMPATABILITY. OBSERVATIONS NEED TO BE DOCUMENTED IN YOUTH RECORD.

WORKER: _____ TITLE _____

FOSTER PARENT: _____



Foster Parent Statement on Pets

I _____ hereby state that I do not have any pets in my
Prospective/ current foster parent(s)
home at _____ and do
not intend to bring any pets at this time. I will notify Agape Manor Home Child Placing
Agency in writing if I like to bring one at home in the future and will obtain all required
vaccinations.

Foster parent

Date

Foster parent

Date