

LoneStar Solutions Application for Foster Parents

Date: ___/___/___ Type of Caregiver: ___ Foster Parent(s) ___ Other (please explain) ___

PERSONAL INFORMATION

Applicant #1 Name: _____
Last First Middle

Maiden or Other Name: _____

Social Security Number ___ - ___ - ___ Driver's License Number _____ State _____

Marital Status: ___ Married ___ Divorced ___ Separated ___ Single ___ Other _____

Ethnicity or Race: Caucasian ___ African American ___ Hispanic ___ Other _____

U.S. Citizen: (Circle One) YES NO If No: Citizen of What Country? _____

Religion: Roman Catholic ___ Protestant ___ Jewish ___ Muslim ___ Other _____

Applicant #2 Name: _____
Last First Middle

Maiden or Other Name: _____

Social Security Number ___ - ___ - ___ Driver's License Number _____ State _____

Marital Status: ___ Married ___ Divorced ___ Separated ___ Single ___ Other _____

Ethnicity or Race: Caucasian ___ African American ___ Hispanic ___ Other _____

U.S. Citizen: (Circle One) YES NO If No: Citizen of What Country? _____

Religion: Roman Catholic ___ Protestant ___ Jewish ___ Muslim ___ Other _____

Home Address: _____
Street City Zip Code State Apt/Suite #

Home Number: (____) _____ Work Number Applicant #1: (____) _____

Work Number Applicant #2: (____) _____ Other Number(s): (____) _____
(____) _____

In what county do you reside? _____ How long have you lived at the above address?: _____

MOTOR VEHICLE INFORMATION

Year Make Model State License Plate Number

MEMBERS OF THE HOUSEHOLD (Including other adults, boarders, others in custody, etc.)

Name Relationship D.O.B. School/Occupation Social Security Number

FAMILY MEMBERS NOT LIVING AT HOME

Name Relationship D.O.B. School/Occupation Phone Number

IN CASE OF EMERGENCY, PLEASE NOTIFY

_____ (____) _____
Name of Emergency Contact Relationship Contact Phone Number

EDUCATIONAL BACKGROUND

Complete the attached EDUCATION VERIFICATION FORM

Applicant #1

Education Name & Location Date Did you Graduate?

High School _____

College/University _____

Vocational Business _____

Other Education _____

Applicant #2

Education Name & Location Date Did you Graduate?

High School _____

College/University _____

Vocational Business _____

Other Education _____

SPECIAL SKILLS AND INTERESTS

Applicant #1

Foreign language? _____ Degree of Ability? _____

Interests and activities: _____

Subject of special study or research: _____

Applicant #2

Foreign language? _____ Degree of Ability? _____

Interests and activities: _____

Subject of special study or research: _____

Languages Spoken in the Home:

MILITARY SERVICE

Applicant #1

Branch: _____

Dates of Service: _____

Type of Discharge: _____

Applicant #2

Branch: _____

Dates of Service: _____

Type of Discharge: _____

EMPLOYMENT HISTORY

Applicant #1

| Dates | Employer Name & Addresses | Position | Salary | Reason for Leaving |
|-------|---------------------------|----------|--------|--------------------|
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |

Applicant #2

| Dates | Employer Name & Addresses | Position | Salary | Reason for Leaving |
|-------|---------------------------|----------|--------|--------------------|
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |

REFERENCES (INCLUDE YOUR LAST EMPLOYER(S))

Please list the names, addresses, and phone numbers of five persons other than relatives who have knowledge of your character and suitability to be foster parents.

| <u>Name</u> | <u>Address, City, Zip</u> | <u>Occupation</u> | <u>Phone Number</u> | <u>Applicant #1 or #2</u> |
|-------------|---------------------------|-------------------|---------------------|---------------------------|
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |

LOCATION & COMMUNITY RESOURCES

1.) In what school district do you reside? _____

2.) What school would a foster client attend?

Elementary School: _____ Middle /Junior High School: _____

High School: _____ Other/Special School: _____

3.) What medical facilities are located where you live? _____

How far are they? _____

4.) What recreational facilities are located where you live? _____

How far are they? _____

Please list other community resources in the area and their distances.

MEDICAL BACKGROUND

Each applicant is required to furnish evidence of a current medical examination from a licensed physician regarding the health and any illnesses/disabilities of all household members. This evidence must be submitted within six weeks of your application and annually thereafter.

FINANCIAL SITUATION

Please see attached financial profile. This form is necessary for consideration in the foster care program.

DESCRIPTION OF FACILITY/RESIDENCE

Type of Dwelling: _____ Rent: _____

Please list number of: _____ Rooms _____ Floors _____ Bedrooms _____ Bathrooms

Where will the child's bedroom be located? _____

Draw A Map:

Please tell us how to get to your home: _____

GENERAL QUESTIONS

1.) Are any household members being treated for a physical or psychological illness? If yes, please explain. _____

2.) Are any household members on medications? If yes, please explain. _____

3.) Do you have any firearms or any other weapons in your home? If yes, please describe the type of weapon. No matter what your response the attachment **Weapons Safety Agreement** must be completed as part of the application. _____

4.) Have you ever applied for any type of foster parent license before?

_____ Yes _____ No

If so, with whom? _____

How long did you have the license and what were the circumstances of relinquishing the license(s)? _____

5.) How did you learn of or who referred you to LoneStar Solutions? _____

6.) What type of foster care would you be interested in doing?

(Check One or More)

_____ Therapeutic (emotional and/or behavioral problems)

_____ Habilitative (mental retardation)

_____ Primary Medical Needs (Medical equipment and/or more frequent medical care needs)

_____ Autistic-type Behavior (Autism or similar diagnosis)

*Please describe any experience in working with or caring for children or adults with the above needs.

* How can you, as a Foster Parent, help provide assistance to these children or adolescents?

7.) How much contact have you had with people who work with children and/or adolescents? _____

8.) How do you deal with your frustration and anger towards other people, in particular, children and adolescents? _____

9.) In Relation to your experience with Supervision:

a) How do you respond to control and authority over you? How do you usually change a situation that you don't like? _____

b) How do you believe supervision could help you? _____

c) Have you ever received supervision in a job situation? _____

d) At what type of job were you supervised? _____

e) Was the experience good or bad? Please explain. _____

f) Describe your relationship with your supervisor. _____

10.) What additional training do you believe would be helpful to you? _____

11.) What is your lifestyle? How do you believe your lifestyle would change with a client in your home? _____

12.) How would your lifestyle be conducive to a good relationship with a child and/or adolescent? _____

13.) Describe a typical week for you, including what you do in your spare time.

Mon. _____

Tues. _____

Wed. _____

Thurs. _____

Fri. _____

Sat. _____

Sun. _____

14.) In what type of social activities do you participate? _____

15.) Do you belong to any organizations or clubs? If so, what are they? _____

16.) Give three basic principals of life that you live by and why you seek to live by them.

1. _____
2. _____
3. _____

17.) Give a brief description of your own childhood, including where you lived, how you were disciplined, how your family communicated, and etc.

18.) Why do you want to become a Foster Parent? _____

19.) Have you ever taken anyone into your home for an extended period of time? If so, please explain. _____

20.) Why do you believe children and adolescents who are breaking the law and being disobedient at home need to change their lives? _____

SUBJECTIVE QUESTIONNAIRE

1.) When I grew up, I became: _____

2.) My family raised me to value:

- a) _____
- b) _____
- c) _____

3.) I raise, or have raised my family to value:

- a) _____
- b) _____
- c) _____

4.) The best part of my adolescence was: _____

5.) The worst part of my adolescence was: _____

6.) I expect a child in my care to: _____

7.) One thing I would never tolerate from a child or adolescent is: _____

8.) I can tell I am burned out when: _____

9.) I want to learn more about: _____

10.) This time next year, I want to: _____

11.) Give an example of a crisis you have experienced and its resolution: _____

12.) What would make a child...

a) Run? _____

b) Hurt himself/herself or someone else? _____

c) Damage Property? _____

d) Have a tantrum? _____

13.) What could you do to prevent it? _____

14.) My three greatest strengths as an individual/couple are:

- 1.) _____
- 2.) _____
- 3.) _____

15.) My three greatest weaknesses as an individual/couple are:

- 1.) _____
- 2.) _____
- 3.) _____

CRIMINAL HISTORY

Applicant #1

Have you ever been convicted of a misdemeanor or felony with the exception of speeding, minor traffic violations, affray or disturbance of the peace?

_____ NO _____ YES If yes, please explain. _____

Have you ever been the subject of a report which addresses the serious physical or emotional abuse, including neglect of a child under the age of 16?

_____ NO _____ YES If yes, please explain. _____

Applicant #2

Have you ever been convicted of a misdemeanor or felony with the exception of speeding, minor traffic violations, affray or disturbance of the peace?

_____ NO _____ YES If yes, please explain. _____

Have you ever been the subject of a report which addresses the serious physical or emotional abuse, including neglect of a child under the age of 16?

_____ NO _____ YES If yes, please explain. _____
