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|  | **Tennessee Department of Children’s Services**  **Foster Home Application for Parenting** |

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| **Applicant/Payee:** | **Prefix:** |  |  |  |  |
|  | | | *First Name* | *Middle Name* | *Last Name* |

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| **Primary Language:** |  | **Secondary Language:** |  | **Work/Cell Telephone Number**  **(****)** **-** |

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| **E-mail Address (Required):** |  | **Social Security Number:**      -       - |

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| **Co-Applicant:**  **Caretaker:** | |  | |  | |  | |  |
|  | | *First Name* | | *Middle Name* | | *Last Name* | |
| **Primary Language:** |  | | **Secondary Language:** | |  | | **Cell Telephone Number**  **(     )       -** | |

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| **E-mail Address (Required):** |  | **Social Security Number:**      -       - |

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| **Current Street Address:** | | | |  | | | | | | | | | | | | | | | | | | | **Work Telephone Number**  **(     )       -** | | |
|  | | | | Street Address (Apt.#) | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | |  | | | |  | | | | **Emergency/Alternate Number**  **(     )       -** | | |
| *City* | | | | | | | | | | | | | | | *State* | | | | *Zip Code* | | | |  | | |
| *Use additional pages if necessary.* | | | | | | | | | | | | | | | | | | **Applicant** | | | | | | **Co-Applicant/Caretaker** | |
| **Birth date** | | | | | | | | | | | | | | | | | |  | | | | | |  | |
| **Gender** | | | | | | | | | | | | | | | | | | **Female  Male** | | | | | | **Female  Male** | |
| **Race** | | | | | | | | | | | | | | | | | |  | | | | | |  | |
| **Hispanic Origin** | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | **Yes  No** | |
| **Religion/Affiliation** | | | | | | | | | | | | | | | | | |  | | | | | |  | |
| **Have you been a legal Tennessee resident for the last three months?** | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | **Yes  No** | |
| **Have you lived out of state within the past 5 years?** | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | **Yes  No** | |
| **If “yes” to living out of state, which state(s) and dates?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status** *(include date)* | | | | | | | | | | | | | | | | | |  | | | | | |  | |
| **Military Service** *(dates)* | | | | | | | | | | | | | | | | | |  | | | | | |  | |
| **While in Military Service, were you ever convicted by a General Court Martial?** | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | **Yes  No** | |
| **Employer/In-home business** | | | | | | | | | | | | | | | | | |  | | | | | |  | |
| **Children** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | |  | | | | | **Birth Date** | | | | | | **Social Security Number**        -       - | | | |
| *First Name Middle Initial Last Name* | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **Primary Language** | | | | | | | **Secondary Language** | | | | | | | | | **Race** | | | | | | **Hispanic Origin**  **Yes**  **No** | | | |
| **Gender**  **Female**  **Male** | | | **School/Grade or Occupation** | | | | | | | | | | | | | **In/Out of the Home** | | | | | | **Relationship** | | | |
|  | |  | | | | | | | | | |  | | | | **Birth Date** | | | | | | **Social Security Number**        -       - | | | |
| *First Name Middle Initial Last Name* | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **Primary Language** | | | | | | | **Secondary Language** | | | | | | | | | **Race** | | | | | | **Hispanic Origin**  **Yes  No** | | | |
| **Gender**  **Female  Male** | | | **School/Grade or Occupation** | | | | | | | | | | | | | **In/Out of the Home** | | | | | | **Relationship** | | | |
|  | | | | | |  | | | |  | | | | | | **Birth Date** | | | | | | **Social Security Number**        -       - | | | |
| *First Name Middle Initial Last Name* | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **Primary Language** | | | | | | | **Secondary Language** | | | | | | | | | **Race** | | | | | | **Hispanic Origin**  **Yes  No** | | | |
| **Gender**  **Female  Male** | | | **School/Grade or Occupation** | | | | | | | | | | | | | **In/Out of the Home** | | | | | | **Relationship** | | | |
|  | | | |  | | | |  | | | | | | | | **Birth Date** | | | | | | **Social Security Number**        -       - | | | |
| *First Name Middle Initial Last Name* | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **Primary Language** | | | | | | | **Secondary Language** | | | | | | | | | **Race** | | | | | | **Hispanic Origin**  **Yes  No** | | | |
| **Gender**  **Female  Male** | | | **School/Grade or Occupation** | | | | | | | | | | | | | **In/Out of the Home** | | | | | | **Relationship** | | | |
|  | | | | |  | | |  | | | | | | | | **Birth Date** | | | | | | **Social Security Number**        -       - | | | |
| *First Name Middle Initial Last Name* | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **Primary Language** | | | | | | | **Secondary Language** | | | | | | | | | **Race** | | | | | | **Hispanic Origin**  **Yes  No** | | | |
| **Gender**  **Female  Male** | | | **School/Grade or Occupation** | | | | | | | | | | | | | **In/Out of the Home** | | | | | | **Relationship** | | | |
| **Adults In The Home** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | |  | | | | | | **Birth Date** | | | | | | **Social Security Number**        -       - | | | |
| *First Name* | | | | | | *Middle Initial* | | | | *Last Name* | | | | | |  | | | | | |  | | | |
| **Primary Language** | | | | | | | **Secondary Language** | | | | | | | | | **Race** | | | | | | **Hispanic Origin**  **Yes  No** | | | |
| **Gender**  **Female  Male** | | | **School/Grade or Occupation** | | | | | | | | | | | | | **In/Out of the Home** | | | | | | **Relationship** | | | |
|  | | | | | |  | | | |  | | | | | | **Birth Date** | | | | | | **Social Security Number**        -       - | | | |
| *First Name* | | | | | | *Middle Initial* | | | | *Last Name* | | | | | |  | | | | | |  | | | |
| **Primary Language** | | | | | | | **Secondary Language** | | | | | | | | | **Race** | | | | | | **Hispanic Origin**  **Yes  No** | | | |
| **Gender**  **Female  Male** | | | **School/Grade or Occupation** | | | | | | | | | | | | | **In/Out of the Home** | | | | | | **Relationship** | | | |
|  | | | | | |  | | | |  | | | | | | **Birth Date** | | | | | | **Social Security Number**        -       - | | | |
| *First Name* | | | | | | *Middle Initial* | | | | *Last Name* | | | | | |  | | | | | |  | | | |
| **Primary Language** | | | | | | | **Secondary Language** | | | | | | | | | **Race** | | | | | | **Hispanic Origin**  **Yes  No** | | | |
| **Gender**  **Female  Male** | | | **School/Grade or Occupation** | | | | | | | | | | | | | **In/Out of the Home** | | | | | | **Relationship** | | | |
| **Reference Information From Individuals Living Outside The Home** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Name** | | | | | | | **Address** | | | | | | **Telephone #** | | | | | | | **Email** | | | | **Relationship** |
| **Applicant** *(Relative)* |  | | | | | | |  | | | | | | **(     )       -** | | | | | | |  | | | |  |
| **Co-Applicant** *(Relative)* |  | | | | | | |  | | | | | | **(     )       -** | | | | | | |  | | | |  |
| **Reference**  *(Non-Relative)* |  | | | | | | |  | | | | | | **(     )       -** | | | | | | |  | | | |  |
| **Reference**  *(Non-Relative)* |  | | | | | | |  | | | | | | **(     )       -** | | | | | | |  | | | |  |
| **Reference**  *Non-Relative)* |  | | | | | | |  | | | | | | **(     )       -** | | | | | | |  | | | |  |
| Have you had previous involvement with the Department of Children’s Services? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please summarize your involvement and the time frame during which this took place. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you previously applied to be a foster and/or adoptive parent with another agency? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, when and with what agency? | | | | | | | | | | | | | | | | | | | | | | | | | |
| How did you hear about our agency? | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Child You Hope To Parent** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** Male  Female  Either | | | | | | | | | | | | | **Age Range:** | | | | Youngest  Oldest | | | | | | | | |
| **Kinship Only:** Yes  No | | | | | | | | | **Sibling Group:** Yes  No | | | | | | | | | | | **Teen Mothers:** Yes  No | | | | | |

*Note: By end of the preparation process, the description of the child you hope to parent may change. If so, you will have the opportunity to redefine the child you feel you can most successfully parent. As a foster parent you are encouraged to update this information as you continue to redefine the child you wish to parent.*

**Type of Child You Hope To Parent**

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| **Legal** |

Are you currently charged with, or have you ever been convicted of, placed on probation or received a suspended sentence in Tennessee or any other state for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Applicant** | | **Co-Applicant** | |
| a. | Any crime involving children? | Yes | No | Yes | No |
| b. | Any crime of violence against another person? | Yes | No | Yes | No |
| c. | Possession, sale manufacturing or transportation of drugs? | Yes | No | Yes | No |
| d. | Any other crime?  (*explain)* | Yes | No | Yes | No |

|  |
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| Is there any other information you need to disclose? |

This form is merely a statement of intentions and can be withdrawn by the applicant at any time. We do  do not  consent to the release of our names for the mailing list of foster or adoptive parent associations, training and newsletters. Signature of applicant(s) authorizes the Department of Children’s Services to contact the references listed on the application form and authorizes said references to respond to the inquiry.

I certify that the information I am providing in this application is correct and complete to the best of my knowledge, information and belief. I am aware that should investigation show any falsification or misrepresentation, I will not be considered for a foster parent, or if serving as a foster parent, my home will be closed and will be disqualified from future consideration. In addition, I understand that the information on this form including my approval status may be shared or provided to other child placing agencies.

|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| *Applicant’s Signature* |  | *Date* |  | *Co-Applicant’s Signature* |  | *Date* |