



<b>Applicant/Payee:</b>		<b>Prefix:</b>				
				<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<b>Primary Language:</b>		<b>Secondary Language:</b>		<b>Work/Cell Telephone Number</b>		
<b>E-mail Address (Required):</b>			<b>Social Security Number:</b>			
<b>Co-Applicant:</b>						
<b>Caretaker:</b> <input type="checkbox"/>						
				<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<b>Primary Language:</b>		<b>Secondary Language:</b>		<b>Cell Telephone Number</b>		
<b>E-mail Address (Required):</b>			<b>Social Security Number:</b>			
<b>Current Street Address:</b>						<b>Work Telephone Number</b>
		<i>Street Address (Apt.#)</i>				
					<b>Emergency/Alternate Number</b>	
<i>City</i>		<i>State</i>		<i>Zip Code</i>		
<i>Use additional pages if necessary.</i>				<b>Applicant</b>		<b>Co-Applicant/Caretaker</b>
<b>Birth date</b>						
<b>Gender</b>				<b>Female</b>	<b>Male</b>	<b>Female</b> <b>Male</b>
<b>Race</b>						
<b>Hispanic Origin</b>				<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
<b>Religion/Affiliation</b>						
<b>Have you been a legal Tennessee resident for the last three months?</b>				<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
<b>Have you lived out of state within the past 5 years?</b>				<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
<b>If "yes" to living out of state, which state(s) and dates?</b>						
<b>Marital Status (include date)</b>						
<b>Military Service (dates)</b>						
<b>While in Military Service, were you ever convicted by a General Court Martial?</b>				<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
<b>Employer/In-Home Business</b>						
Children						
				<b>Birth Date</b>	<b>Social Security Number</b>	
<i>First Name</i>		<i>Middle Initial</i>		<i>Last Name</i>		
<b>Primary Language</b>		<b>Secondary Language</b>		<b>Race</b>	<b>Hispanic Origin</b> Yes <input type="checkbox"/> No	
<b>Gender</b> Female   Male	<b>School/Grade or Occupation</b>			<b>In/Out of the Home</b>	<b>Relationship</b>	
				<b>Birth Date</b>	<b>Social Security Number</b>	
<i>First Name</i>		<i>Middle Initial</i>		<i>Last Name</i>		
<b>Primary Language</b>		<b>Secondary Language</b>		<b>Race</b>	<b>Hispanic Origin</b> Yes <input type="checkbox"/> No	



Gender Female      Male	School/Grade or Occupation	In/Out of the Home	Relationship
<i>First Name      Middle Initial      Last Name</i>		Birth Date	Social Security Number
Primary Language	Secondary Language	Race	Hispanic Origin Yes <input type="checkbox"/> No
Gender Female      Male	School/Grade or Occupation	In/Out of the Home	Relationship
<i>First Name      Middle Initial      Last Name</i>		Birth Date	Social Security Number
Primary Language	Secondary Language	Race	Hispanic Origin Yes <input type="checkbox"/> No
Gender Female      Male	School/Grade or Occupation	In/Out of the Home	Relationship
<i>First Name      Middle Initial      Last Name</i>		Birth Date	Social Security Number
Primary Language	Secondary Language	Race	Hispanic Origin Yes <input type="checkbox"/> No
Gender Female      Male	School/Grade or Occupation	In/Out of the Home	Relationship

**Adults In The Home**

<i>First Name      Middle Initial      Last Name</i>		Birth Date	Social Security Number
Primary Language	Secondary Language	Race	Hispanic Origin Yes <input type="checkbox"/> No
Gender Female      Male	School/Grade or Occupation	In/Out of the Home	Relationship
<i>First Name      Middle Initial      Last Name</i>		Birth Date	Social Security Number
Primary Language	Secondary Language	Race	Hispanic Origin Yes <input type="checkbox"/> No
Gender Female      Male	School/Grade or Occupation	In/Out of the Home	Relationship
<i>First Name      Middle Initial      Last Name</i>		Birth Date	Social Security Number
Primary Language	Secondary Language	Race	Hispanic Origin Yes <input type="checkbox"/> No
Gender Female      Male	School/Grade or Occupation	In/Out of the Home	Relationship

**Reference Information From Individuals Living Outside The Home**

	<b>Name</b>	<b>Address</b>	<b>Telephone #</b>	<b>Email</b>	<b>Relationship</b>
--	-------------	----------------	--------------------	--------------	---------------------



<b>Applicant</b> <i>(Relative)</i>					
<b>Co-Applicant</b> <i>(Relative)</i>					
<b>Reference</b> <i>(Non-Relative)</i>					
<b>Reference</b> <i>(Non-Relative)</i>					
<b>Reference</b> <i>(Non-Relative)</i>					

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.*



**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:

	<b>Applicant</b>		<b>Co-Applicant</b>	
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

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.

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Co-Applicant's Signature</i>	_____ <i>Date</i>
---------------------------------------	----------------------	--	----------------------



## **INSTRUCTIONS FOR USE OF FORM**

### **CS-0688**

## **Foster Home Application for Parenting**

The purpose of **Form CS-0688** is to gather information from foster home applicants to initiate the approval process. Only foster home applicants are to complete the form.

Applicants will complete each question. If the question does not apply to their circumstances, enter N/A as a response.

For tracking training, all foster parents are required to have an email address. If the applicant does not have an email address the department can assist in creating one solely for the purpose of this requirement.

Regional/County Foster Parent Support (FPS) staff can assist the applicants in completing the application by reviewing for blank or incomplete information and following up accordingly.

Applicants and co-applicants are required to sign page 3 in order for the application to be considered valid.