

ANGELHEART

APPLICATION

For

PROSPECTIVE FOSTER/ADOPTIVE PARENT

Date of Application: _____

Requirements for Foster/Adoptive Applicants:

- At least 21 years old
- Married for at least one year 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 coverage.
- Home is free of burglar bars.

How did you hear about ANGELHEART? _____

Directions to Home:

General Information

Adult 1	Adult 2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
County: _____	County: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Drivers Licenses # and State of Issue: _____	Drivers Licenses # and State of Issue: _____
Race: _____	Race: _____
Religious Preference: _____	Religious Preference: _____

History of Residence for past 10 years

Adult 1

Adult 2

Years Location

Years Location

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Marriages (previous name(s), dates of marriage(s), termination date(s), reason(s) for termination)

Adult 1:

Adult 2:

Children (list all biological, step and adoptive children)

Child 1

Name: _____

Address: _____

County: _____

Date of Birth: _____

Social Security #: _____

Drivers Licenses and State of Issue: _____

Child 2

Name: _____

Address: _____

County: _____

Date of Birth: _____

Social Security #: _____

Drivers Licenses and State of Issue: _____

Child 3

Name: _____

Address: _____

County: _____

Date of Birth: _____

Social Security #: _____

Drivers Licenses and State of Issue: _____

Child 4

Name: _____

Address: _____

County: _____

Date of Birth: _____

Social Security #: _____

Drivers Licenses and State of Issue: _____

Please list those persons other than your own children who have lived with you.

Person #1

Name: _____

Date of Birth: _____

Relationship to you: _____

Person #2

Name: _____

Date of Birth: _____

Relationship to you: _____

Person #3

Name: _____

Date of Birth: _____

Relationship to you: _____

Person #4

Name: _____

Date of Birth: _____

Relationship to you: _____

Employment Income

Adult 1

Adult 2

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Immediate Supervisor: _____

Immediate Supervisor: _____

Permission to Contact: _____

Permission to Contact: _____

Hire Date: _____

Hire Date: _____

Monthly Salary: _____

Monthly Salary: _____

Work Schedule: _____

Work Schedule: _____

Employment History

Please list employment history for the past five years.

Adult 1

Adult 2

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Length of Employment: _____

Length of Employment: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Length of Employment: _____

Length of Employment: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Length of Employment: _____

Length of Employment: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Length of Employment: _____

Length of Employment: _____

Total Monthly Household Income

Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
Source of Income:	_____	Amount:	_____
		Total Amount:	_____

Total Monthly Expenses

Budget Item	
Rent/Mortgage	_____
Car Payment and Insurance	_____
Utilities	_____
Groceries	_____
Credit Cards	_____
Other Bills	_____
Entertainment	_____
Clothing	_____
Miscellaneous	_____
Total	_____

Authorization:

Submission of this signed application signifies that Applicant and Applicant's Spouse authorize Angelheart 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.

Education

Adult 1	Adult 2
Highest level of Education: _____	Highest level of Education: _____

Relevant History

Adult 1

Adult 2

Have you or any adult living in you home ever applied to any other agency to be a foster parent?

Name of Agency:

Date:

Address:

Have you or any adult living in you home ever been denied foster care license or license renewal?

If yes, explain:

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

If yes, Name of Agency:

Have you ever been arrested or convicted of a felony or misdemeanor?

If yes, explain:

Have you ever been reported for abuse or neglect of a child or children?

If yes, explain:

Have you ever been convicted of abuse or neglect of a child or children?

If yes, explain:

Do you own or keep any pets in your home?

If yes, please list pet names and types of pet.

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home?

If yes, please list items.

Licensing Standards state that these items must be properly stored and out of the reach of children. You must store your guns and ammunition in separate double locked areas.

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

	YES	NO
Disorder/disease of the heart, lungs, liver, pancreas, colon, back, bones, muscles or joints?	_____	_____
Disorder/disease of the digestive system, urinary tract, kidneys, reproductive system/infertility?	_____	_____
Immune disorder, AIDS, ACR or chronic lung disorder?	_____	_____
Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis or birth defect?	_____	_____
Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction?	_____	_____
Diabetes?	_____	_____
High blood pressure?	_____	_____
Has any one been advised to have or contemplated having diagnostic tests, treatments (including medication), counseling or hospitalization for any condition not already mentioned or is any one totally or partially disabled?	_____	_____

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

Name:	Condition & Diagnosis	Dates	Treatment & Results
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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:

1. Please attach a floor plan of your home indicating the purpose of each room (e.g. bedroom for foster children, bedroom for foster parent, 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 test, dated within a year prior to date of application, for each person living in the home.
4. Please attach vaccinations, dated within a year prior to date of application, for each of your pets.

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

Reference #1

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Reference #2

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Reference #3

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Reference #4

Name: _____

Address: _____

Telephone: _____

Relationship: _____

