

HELPING OTHER PEOPLE'S ENRICHMENT, INC.

TREATMENT FOSTER PARENT APPLICATION

Interest: Respite ____ Foster parent ____ Referred by: _____ Date: _____

IDENTIFYING INFORMATION

Foster Mother's Full Name: _____
(First, Middle, Maiden, Last)

Foster Father's Full Name: _____
(First, Middle, Last)

Address: _____
(Street Address, City and Zip Code)

Home Phone No: _____ **Emergency No:** _____ **Fax No:** _____

FOSTER MOTHER		FOSTER FATHER	
Date of Birth:		Date of Birth:	
SSN:		SSN:	
Place of Birth:		Place of Birth:	
Marital Status:	Race:	Marital Status:	Race:
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	

HOUSEHOLD COMPOSITION

Please list the full names of all persons who reside in your home. DO NOT INCLUDE NAMES LISTED ABOVE... If additional space is needed, please use blank paper and attach it to the is application.

NAME	DOB	SSN	RELATIONSHIP

FAMILY PROFILE

Please complete for each of your children living in your home please list the youngest child first.

Name: _____ **Grade:** _____ **School:** _____

Describe your child's academic status (grades, peer relationships, extracurricular activities, and school performance.) _____

How would you describe your child? _____

How does your child feel about your decision to sign up to become a foster family? _____

Name: _____ **Grade:** _____ **School:** _____

Describe your child's academic status (grades, peer relationships, extracurricular activities, and school performance.) _____

How would you describe your child? _____

How does your child feel about your decision to sign up to become a foster family?

Name: _____ **Grade:** _____ **School:** _____

Describe your child's academic status (grades, peer relationships, extracurricular activities, and school performance.) _____

How would you describe your child? _____

How does your child feel about your decision to sign up to become a foster family?

Name: _____ **Grade:** _____ **School:** _____

Describe your child's academic status (grades, peer relationships, extracurricular activities, and school performance.) _____

How would you describe your child? _____

How does your child feel about your decision to sign up to become a foster family?

OTHER ADULTS LIVING IN YOUR HOME

1. Name: _____ Gender: _____ DOB: _____

Length of time in your home: _____ Relationship to family: _____

How much involvement will this person have with the foster child? _____

2. Name: _____ Gender: _____ DOB: _____

Length of time in your home: _____ Relationship to family: _____

How much involvement will this person have with the foster child? _____

COMPLETE FOR ALL ADULT CHILDREN NOT LIVING WITH YOU.

Name: _____ D.O.B.: _____ Phone: _____

Address: _____

Name: _____ D.O.B.: _____ Phone: _____

Address: _____

Name: _____ D.O.B.: _____ Phone: _____

Address: _____

If additional space is needed to list additional household members or adult children residing outside of the home, please use a blank sheet of paper and attach it to the application – include applicable category at the top of your page.

FAMILY LIFE

Please describe your family's typical schedule for Monday-Friday. _____

Please describe a typical weekend and/or holiday schedule for your family: _____

Becoming a foster parent will disrupt your typical schedule – what steps have you taken to adjust to the disruption in your typical day?

Please describe the role of religion in your family? _____

Are you willing to accept a child into your home who has a different religion preference than yours? _____

Would you be willing to accept a foster child who professes no religious beliefs at all?

Are you willing to accept a child into your home from a different cultural other than your own? _____

What provisions will your family make toward exposing the child to his/her own cultural or religion preference?

How does your family handle sibling rivalry in the home? _____

What is your attitude toward working with biological families? _____

What is your attitude toward working with HOPE, Inc. and abiding by the policies and procedures of the agency? _____

Being a foster parent with HOPE, Inc. will often require you to provide transportation to multiple appointments on a weekly basis – please describe your attitude toward the policy that foster parents are required to provide this level of transportation? _____

As a family you will often have children placed in your home whose values are different from yours – how would you manage this difference? _____

It is possible that children who are placed in your home will be removed and returned to their biological families or placed with other families – How would you respond to having the child removed and how will you prepare the child to be removed?

PLEASE LIST AT LEAST 3 RELATIVES RESIDING IN THE AREA

Name _____ Relationship: _____ location: _____

Name _____ Relationship: _____ location: _____

Name _____ Relationship: _____ location: _____

PLEASE LIST AT LEAST 3 CLOSE FRIENDS RESIDING IN THE AREA

Name _____ location: _____

Name _____ location: _____

Name _____ location: _____

FAMILY HEALTH

Is any member currently under the regular care of a doctor? _____, if yes, please explain:

Is anyone in your family taking medicine prescribed by a doctor? _____, if yes, please explain:

Is any family member currently under the care of a psychologist, psychiatrist, pastoral counselor or other therapist? _____, if yes, please explain: _____

Does any family member have any serious or chronic medical condition? _____ if yes, please explain:

Does any family member now have, or previously had, nervous or emotional difficulties. _____, if yes, please explain, _____

Has anyone living in your home been hospitalized in the past year? _____. If yes, who?
_____ Reason: _____

Please describe any significant health problems which you have or have had in the past year: _____

Has anyone in your household ever been diagnosed with tuberculosis? _____. If yes, who and when?

What type of treatment did they receive? _____

Have you or your spouse (if married) ever been hospitalized for psychiatric reasons? _____

If yes, please explain, include year: _____

Have you or any member of your family ever been diagnosed with ADHD, depression, or other illnesses requiring the use of medication? If so, please explain _____

CHILDCARE ARRANGEMENTS

If you and your spouse (or if single) work outside of the home, what would be your child-care plan? _____

What are you childcare arrangements/plans for your child if suspended from school? _____

IN YOUR NEIGHBORHOOD

Elementary School: _____ Distance from your home: _____

Middle School: _____ Distance from your home: _____

High School: _____ Distance from your home: _____

Name of nearest recreational facility _____ Distance: _____

Name of nearest mall/stores and distance: _____

Name and distance of nearest medical facility: _____

What is the age of residents in your neighborhood? _____

Are there other children in your neighborhood? _____

What is the tolerance level of residents toward children in the neighborhood? _____

How would you describe your neighborhood? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR HOME.

Please select appropriate choice to describe your residence type.

____House ____Apartment ____Townhouse ____Condominium ____Trailer/mobile home.

Do you: Own _____ Rent _____ Other: _____ How long in present residence? _____

Do you have any plans to move? _____ If yes, when? _____

How many bedrooms do you have? _____ For every bedroom in the house, complete the following.

Bedroom No.	Who Sleeps Here	No. Of Beds	No. Of Dressers

How many baths? _____ Living Room _____ Den/Family Room _____ Dining Room _____

Yard? _____ if yes, is there a fence around any portion of the yard? _____ Garage? _____

Do you have any guns in your home? _____ Ammunition? _____ **(please note that guns must be stored separate from ammunition and kept in a locked case with a trigger lock.)**

PET INFORMATION

Type of Pet	Name	Date of Last Rabies Vaccination.

PREFERENCES IN CHILDREN PLACED...

Our preference in children placed: Circle all that apply: (a) male (b) female (c) sibling group.

Age range: 0-5 6-11 12-16 16-up

NOTE: Please review the application for accuracy. In order to ensure the safety and well-being of children placed with HOPE, Inc., we must ask parents to notify agency staff when there is a change in household composition, employment, and/or health of family members. Knowingly withholding or falsifying information can result in foster home being disapproved. Additionally, if home is approved and incorrect or falsified information contained in this document regarding your current or past history is determined to jeopardize the safety and well-being of children placed, children can be removed from the home and/or the home may be closed.

SIGNATURE PAGE FOR FOSTER PARENT APPLICATION, PERSONAL HISTORY PROFILE, ESSAY AND INTERVIEWS DURING FAMILY CONSULTATIONS AND HOME VISITS..

AFFIRMATION

I/we have read and understand the above note and/or have been given an opportunity to receive clarification on any items not understood. I/we certify that the information provided to H.O.P.E. Inc. in application package which includes: Treatment Family Application, Home Consultations, Treatment Foster Family Profile, and Treatment Foster Parent Personal History Profile is correct to the best of my/our knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____