Foster Parent Application

Aim to Achieve Child Placing Agency

3455 Sarah St. | Beaumont, TX 77705 | 409-877-1971

CPA-info@aimtoachieve22.com

Please print clearly. Complete every item. Write N/A when a question does not apply.

FAMILY INFORMATION	
Foster family name	**Home telephone number**
Email address or addresses	**County**
Residence address including city state and ZIP	**School district**
Number of rooms in the home	**Does the home have a pool ☐ Yes ☐ No**

APPLICANT DEMOGRAPHICS		
Information	**Applicant 1**	**Applicant 2**
Full legal name First Middle Last		
Prior names including maiden previous married names or aliases		
Gender		
Cell phone		
Date of birth		
Social Security number		
Driver license number and state		
Race or ethnic background		
Languages spoken		
Place of birth City and State		
Length of Texas residency		
U S citizen ☐ Yes ☐ No		
If no country of citizenship		

RESIDENCY EDUCATION AND HEALTH		
Information	**Applicant 1**	**Applicant 2**
Permanent resident alien ☐ Yes ☐ No ☐ N/A If yes length Years and Months		
Highest educational level completed		
High school name and address		
College name and address		
Degree diploma or credential obtained		

HEALTH QUESTIONNAIRE		
Question	**Applicant 1**	**Applicant 2**
Do you take medication regularly ☐ Yes ☐ No		
Medication name dosage and frequency		
Serious accident or illness during the past year ☐ Yes ☐ No		
If yes explain		
Surgery anticipated in the near future ☐ Yes ☐ No		
If yes explain		
Have you received psychiatric counseling or therapy services ☐ Yes ☐ No If yes explain		

PLACEMENT INTERESTS

Describe the children for whom you are interested in providing foster care or adoptive services.

_____

_____

Interest ☐ Foster care ☐ Adoption ☐ Both ☐ Unsure	**Number of children**	**Age range**	**Sex ☐ Boy ☐ Girl ☐ Either**
Race and ethnicity preferences if any	☐ White ☐ Black	☐ Hispanic ☐ Asian	☐ Native American ☐ Other _____

MOTIVATION

Explain why you want to become a foster parent or adoptive parent.

OTHER HOUSEHOLD MEMBERS

List every other person who lives in the home. Attach an additional sheet if needed.

Full name	Relationship	Sex	Race or ethnicity	Date of birth	Social Security number	Phone number

HISTORY OF RESIDENCY

List every residence during the past 10 years. Attach an additional sheet if needed.

Street address	City	State	ZIP	Dates From and To

CHILDREN NOT LIVING IN THE HOME

List all children of either applicant who do not live in the home. Attach an additional sheet if needed.

Full name	Sex	Race or ethnicity	Date of birth	Address	Phone	Relationship

MARITAL INFORMATION

Marital status **☐ Married ☐ Single** **☐ Separated ☐ Divorced ☐ Widowed**	**Date of current marriage**	**Place of marriage City State Country**
County where marriage was recorded	**Current spouse name**	**If separated date separation began**

PREVIOUS MARRIAGES

Applicant	Previous spouse	Dates From and To	Ended by ☐ Divorce ☐ Death	Divorce or death location County and State
Applicant 1				
Applicant 1				
Applicant 2				
Applicant 2				

EMPLOYMENT		
Information	**Applicant 1**	**Applicant 2**
Occupation		
Gross monthly income		
Employer		
Immediate supervisor		
Employer address		
Work phone		
May receive calls at work ☐ Yes ☐ No		
Employment start date		
Work schedule Days Hours and total hours per week		

MONTHLY INCOME AND EXPENSES			
Income or expense	**Monthly amount**	**Income or expense**	**Monthly amount**
Family income	$	**Mortgage or rent**	$
Other income sources	$	**Electricity**	$
Gas and water	$	**Transportation**	$
Food	$	**Medical**	$
Clothing	$	**Vehicle insurance**	$
Legal fees child support	$	**Life and medical insurance**	$
Phone	$	**Pets**	$
Cable and internet	$	**Child care**	$
Credit cards and loans	$	**Other expenses Explain below**	$

Other expenses explanation and total monthly expenses

PRIOR EXPERIENCE AND APPLICATIONS

Have you provided or applied to provide foster care before? ☐ Yes ☐ No
If yes, list each agency name, address, telephone number, dates, and outcome.

_____
_____
_____
_____

Have you applied to adopt or adopted a child before? ☐ Yes ☐ No
If yes, list each agency name, address, telephone number, dates, and outcome.

_____
_____
_____
_____

PERSONAL ACKNOWLEDGMENT

Question	Applicant 1	Applicant 2
Have you ever been convicted of or are you currently facing charges for a misdemeanor or felony in Texas or another state? Class C traffic offenses need not be reported.	☐ Yes ☐ No	☐ Yes ☐ No
Are you under indictment or charged in an official criminal complaint accepted by a district or county attorney in Texas or another state?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been investigated for abuse or neglect in Texas or another state?	☐ Yes ☐ No	☐ Yes ☐ No

Explain every Yes response. Include applicant name, date, location, allegation or charge, and outcome.

_____
_____
_____
_____
_____

REFERENCES

Provide six references. Three must be adult relatives familiar with your parenting style or abilities. Three must be non-relatives such as neighbors, school personnel, clergy, or community members. References must live at different addresses. Tell each person that Aim to Achieve CPA will send a reference form for completion.

Full name	Mailing address	Email	Phone	Relationship	Years known

ADDITIONAL INFORMATION

Use this space to explain any answer or provide information that will help Aim to Achieve CPA assess your application.

RELEASE OF INFORMATION AND CERTIFICATION OF ACCURACY

By signing this application, I authorize Aim to Achieve Child Placing Agency to conduct or obtain criminal history checks, child abuse and neglect registry checks, and any other background checks required by law or agency policy.

I authorize Aim to Achieve CPA to contact law enforcement agencies, child welfare agencies, employers, references, adult children who do not live in my home, prior foster care or adoption agencies, and counselors or therapists I have identified when reasonably necessary to evaluate this application. I also authorize the agency to obtain a certified driving record when applicable.

I consent to the release of information to Aim to Achieve CPA and to persons or entities legally authorized to receive it, only as necessary to complete the foster or adoptive home verification process. I understand that additional written releases may be required for certain records.

I certify that the information in this application and its attachments is true, complete, and correct to the best of my knowledge. I understand that false information or omission of requested information may result in denial of this application or closure of a verified foster home.

I understand that submitting this application does not guarantee verification, placement, or adoption approval. Aim to Achieve CPA may request additional information and will evaluate the home under applicable licensing standards, contract requirements, and agency policies.

SIGNATURES	
Applicant 1 signature **X** _____	**Date signed** _____
Printed name _____	**Preferred contact method** ☐ **Phone** ☐ **Email**
Applicant 2 signature **X** _____	**Date signed** _____
Printed name _____	**Preferred contact method** ☐ **Phone** ☐ **Email**
Agency representative receiving application _____	**Date received** _____
Application status ☐ **Incomplete** ☐ **Ready for review**	**Follow up date** _____

APPLICATION DOCUMENT CHECKLIST

Provide clear copies for each applicant or household member as indicated. Aim to Achieve CPA may request updated or additional records.

Done	Required document	Staff use
☐	Valid driver license, state-issued identification card, or student identification for each household member age 14 or older	
☐	Social Security card for each household member	
☐	Birth certificate for each household member	
☐	Permanent resident card, certificate of naturalization, or other immigration documentation when applicable	
☐	Marriage license when applicable	
☐	Divorce decree for each prior marriage when applicable	
☐	Children's immunization records when applicable	
☐	Current vaccination records for each pet when applicable	
☐	High school diploma, GED, or higher-education credential for each foster parent	
☐	Current automobile insurance and vehicle registration for each vehicle the family will use	
☐	Current homeowner's or renter's insurance	
☐	Two consecutive itemized bank statements and or the most recent federal income tax return	
☐	Proof of income covering the previous 60 days or two complete calendar months	
☐	Documentation of disability, Social Security, family support, SNAP, TANF, or any other household income source	
☐	Any additional documentation requested to complete background, financial, medical, home, or licensing assessments	
☐	Completion by all required applicants of the pre-service training assigned by Aim to Achieve CPA. The agency will provide the schedule and attendance requirements.	

Aim to Achieve Child Placing Agency | Safe trauma-informed homes | Strong foundations | A brighter future