



New Horizons Child Placing Agency
Application for Foster or Adoptive Family

Completion of this form is not an obligation to participate in this program. Thank you for your interest.

NAME: (First, Middle, Maiden Name, Other Last Names from Previous Marriages, or Nicknames, and Current Last Name)

_____ (husband)

_____ (wife)

Physical address: _____ Mailing address: _____

Directions to your home: _____

Home Phone: _____ Email Address: _____

If married, how long? _____ Number of Children: _____

Place of Marriage: _____ Date of Marriage: _____

Church Membership (Congregation): _____

	Husband	Wife
Date of Birth		
Place of Birth		
Racial/Ethnic Background		
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Languages Spoken		
Cell & Work Phone		
Social Security #'s		

LIST ALL OTHER CITIES IN TEXAS AND/OR OTHER STATES WHERE THERE HAS BEEN RESIDENCY:

Husband	Wife

OTHER HOUSEHOLD MEMBERS (include children):

Name	Birth Date & Age	Relationship & Health	Social Security # (if 14 or older)

HEALTH	Husband	Wife
Do you drink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have annual exams?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any disabilities, surgeries?		
Medications & list what medication is for:		

EDUCATION	Husband	Wife
GED, date completed		
High School Attended		
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College Attended		
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, degree in what		

Please list any special training or experience either of you have in child care:

EMPLOYMENT - List husband's employment for the past 5 years, beginning with present employment:

EMPLOYER	OCCUPATION	DATES	WAGES	REASON FOR LEAVING

What days of the week do you work?

How many hours a week do you work?

Do you have health insurance? Yes No

If yes, what company is it with?

EMPLOYMENT – List wife's employment for the past 5 years, beginning with present employment:

EMPLOYER	OCCUPATION	DATES	WAGES	REASON FOR LEAVING

What days of the week do you work?

How many hours a week do you work?

Do you have health insurance? Yes No

If yes, what company is it with?

Income

Average annual income of family (include child support or any other income):

Average monthly income: _____

Average monthly expenses: _____

Remarks regarding your financial situation:

Discuss why you would like to be foster/adoptive parents:

Discuss type of children you feel qualified to work with; giving minimum and maximum ages, sex of children, how many, and why:

Are there any circumstances concerning your family that you feel we should know that are relative to bringing one of our foster children into your home? (Please give unique opportunities or problems. For example, live on a farm, have large home, reared girls, boys, etc.)

How do you discipline?

What does your family do for recreation?

Do you rent or own your home? Own Rent

What would be the arrangements for sleeping foster children?

Approximate square footage of your home:

Approximate square footage of bedrooms:

Describe inside and outside play areas (such as fenced-in backyard, etc.)

Names of schools in your district:

Elementary	
Junior High	
High School	

Childcare and School

If both parents are currently employed, what childcare arrangements do you now have in place?

What childcare arrangements will you make for children placed in your home?

Transportation

When necessary, can you or someone in the household be available to take children to counseling sessions, doctor visits, school meetings, family visitation (if appropriate), etc., on a regular basis? Yes No

If yes, how will you transport children?

If no, who will?

Will child-safety seats and seatbelts be available in the vehicle? Yes No

How many people will your vehicle safely transport?

Please complete the following information on children who are no longer living in your home, or any children you have reared that are not presently in the home:

Name	Age	Phone Number	Address

REFERENCES: Please list 3 persons not related to you who are well acquainted with your family life:

Name	Address	Phone Number

Please list 3 persons related to you who are well acquainted with your family life:

Name	Address	Phone Number

Have you ever kept children for the Texas Department of Family and Protective Services or any other child-placing agency? Yes No

If yes, with whom?

Are you currently licensed by TDFPS or another child-placing agency?

Yes No If yes, with whom?

Please make additional comments here:

Have either of you been convicted within the preceding 10 years of any felony classified as an offense against the person or family, or of public indecency, or of a violation of the Texas Controlled Substance Act, or of any misdemeanor classified as an offense against the person or family? Yes No If yes, please describe conviction:

Are you legally eligible for employment in the United States? Yes No

Husband's driver's license number:

Wife's driver's license number:

I, _____ (husband) and _____ (wife), give my permission for New Horizons to run a criminal history and child abuse/neglect background check with any state, local, or other authorities.

We authorize New Horizons Child Placing Agency to use the above information in making a study of our home.

Husband's Signature

Date:

Wife's Signature

Date:

Date turned into New Horizons Child Placing Agency:

How did you learn about New Horizons or who referred you?
