



**New Horizons Child Placing Agency
Application for Respite 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)

(Caregiver 1)

(Caregiver 2)

Physical address: _____

Mailing address: _____

Home Phone: _____

Email Address: _____

If married, how long? _____

Number of Children: _____

Place of Marriage: _____

Date of Marriage: _____

Church Membership (Congregation): _____

| | Caregiver 1 | Caregiver 2 |
|--------------------------|--|--|
| 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 Phone | | |
| Social Security #'s | | |
| Current employer | | |
| Work Phone | | |

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

| Caregiver 1 | Caregiver 2 |
|-------------|-------------|
| | |
| | |
| | |
| | |

OTHER HOUSEHOLD MEMBERS (include children):

| Name | DOB & Age | Relationship & Health | Social Security # (if 14 yr. or older) |
|------|-----------|-----------------------|---|
| | | | |
| | | | |
| | | | |

| HEALTH | Caregiver 1 | Caregiver 2 |
|--|--|--|
| 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: | | |

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

Discuss why you would like to be a respite provider:

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?

What would be the arrangements for sleeping foster children?

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

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., while they are in your care? 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?

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

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

Firearms

Do you have any firearms, projectiles or explosive devices in your home? Yes No

If you checked yes, please be advised that New Horizons requires that firearms, projectiles and explosive devices must be kept out of the reach of any foster children that you have in your home. If firearms are present, they must have a trigger lock and be stored behind at least one lock. Ammunition must also be stored separately. What are your plans for storing your firearms, projectiles or explosive devices while providing respite care?

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 on 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

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

Signature: _____

Date: _____

Signature: _____

Date: _____

Date turned into New Horizons Child Placing Agency: _____

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