



New Family Application

Date of Application: _____

How did you hear about us? _____

Program Interest			
Foster Care <input type="checkbox"/>	Kinship Care <input type="checkbox"/>	Respite Care <input type="checkbox"/>	Adoption <input type="checkbox"/>

Contact Information	
Applicant 1	Applicant 2
Name	Name
First: _____	First: _____
Middle: _____	Middle: _____
Last: _____	Last: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____ County: _____	Zip Code: _____ County: _____
Phone Numbers	Phone Numbers
Home: _____	Home: _____
Cell: _____	Cell: _____
Work: _____	Work: _____
Email: _____	Email: _____

Identifying Information	
Applicant 1	Applicant 2
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Driver's License #: _____	Driver's License #: _____
Race/Ethnicity: _____	Race/Ethnicity: _____
Religious Preference: _____	Religious Preference: _____
Highest Level of Education: _____	Highest Level of Education: _____

Marital History	
Applicant 1	Applicant 2
Marital Status: _____	Marital Status: _____
Have you been previous been married? _____	Have you been previous been married? _____
If so, how many? _____	If so, how many? _____



New Family Application

History of Residency (last 10 years)	
Applicant 1	Applicant 2
Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Dates: _____	Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Dates: _____
Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Dates: _____	Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Dates: _____
Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Dates: _____	Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Dates: _____
Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Dates: _____	Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Dates: _____

Employment	
Applicant 1	Applicant 2
Occupation: _____ Employer: _____ Work Schedule: _____ Monthly Salary: _____	Occupation: _____ Employer: _____ Work Schedule: _____ Monthly Salary: _____
Occupation: _____ Employer: _____ Work Schedule: _____ Monthly Salary: _____	Occupation: _____ Employer: _____ Work Schedule: _____ Monthly Salary: _____



New Family Application

Biological/Adopted Children: Not in the Home	
Applicant 1	Applicant 2
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Residence: _____	Residence: _____
Phone Number: _____	Phone Number: _____
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Residence: _____	Residence: _____
Phone Number: _____	Phone Number: _____
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Residence: _____	Residence: _____
Phone Number: _____	Phone Number: _____
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Residence: _____	Residence: _____
Phone Number: _____	Phone Number: _____

Household Members (not including the child in care)		
Name:	Date of Birth:	Relation to Applicant(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Household Member's Role in the child's life:

Which household member listed above watch the child:

- While you at work, weekends, dating, and vacation
- While you run brief errands (i.e. to store, post office, at the neighbors etc.)
- During after school hours, school holidays, and summer
- Transports (drives) the child



New Family Application

2 Relative References		
Name: _____ _____	Phone Number: _____ _____	Relation to Applicant(s): _____ _____

Relative Role in the child’s life:

Which relative listed above watch the child:

- While you at work, weekends, dating, and vacation
- While you run brief errands (i.e. to store, post office, at the neighbors etc.)
- During after school hours, school holidays, and summer
- Transports (drives) the child

3 Non-Relative References		
Name: _____ _____	Phone Number: _____ _____	Relation to Applicant(s): _____ _____

Non-Relative’s Role in the child’s life:

Which non-relative listed above watch the child:

- While you at work, weekends, dating, and vacation
- While you run brief errands (i.e. to store, post office, at the neighbors etc.)
- During after school hours, school holidays, and summer
- Transports (drives) the child

Frequent Visitors (include all frequent visitor age 14 or older)		
Name: _____ _____ _____ _____ _____	Phone Number: _____ _____ _____ _____ _____	Relation to Applicant(s): _____ _____ _____ _____ _____

Frequent Visitors Role in the child’s life:

Which frequent visitor listed above watch the child:

- While you at work, weekends, dating, and vacation



New Family Application

- While you run brief errands (i.e. to store, post office, at the neighbors etc.)
 - During after school hours, school holidays, and summer
 - Transports (drives) the child

Additional Information

1. Have you ever applied/been licensed as a foster/adoptive parent? yes no
If yes, where?
2. Have you ever had a home study conducted? yes no
If so, when? _____ Was the home study approved? yes no
3. Have you ever been arrested/convicted of a felony or misdemeanor? yes no
If yes, explain:
4. Do you have any history of substance abuse? yes no
5. Have you ever been reported / convicted for abuse or neglect of a child or children?
If yes, explain:
6. Who visits your home twice a month or more?
7. Who spends more than two nights in your home at least twice a year?
8. Who will watch the kids when you have to run errands?
9. If something happened to you, who would take immediate care and custody?
10. Do you own any pets? yes no
If so, how many? _____
11. Do you own any firearms/weapons? yes no
12. Why do you wish to be a foster/adoptive parent?



New Family Application

I hereby declare that the information provided by me in this application for foster parents is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified and understand that if any of this information is found to be inaccurate or false, this may be used to terminate any further consideration of my application.

Applicant 1 Signature

Date

Applicant 2 Signature

Date

Please send completed application to:

Safe Haven Community Services

14405 Walters Road, Suite 950

Houston, Texas 77014

Fax: (713) 541-1884

familydevelopment@safehavencommunityservices.org