



FOSTER CARE PROGRAM

Preliminary Application

Please select one
 Foster
 Respite

His House Children's Home is a faith-based social services agency fulfilling God's directive to defend the cause of the "weak and fatherless" by providing excellent care and a safe place to call home.

Please fill out the application in its entirety. Any incomplete questions may lead to an automatic disqualifier as a His House FOSTER Participant.

Name (Applicant): _____ Alias/Maiden Names: _____
First Middle Last

Name (Spouse): _____ Alias/Maiden Names: _____
First Middle Last

CONTACT INFORMATION:

Please list all previous addresses for the **past 5 years.**

Current: _____
Street City State Zip Length of time

Address: _____
Street City State Zip Length of time

Address: _____
Street City State Zip Length of time

	Home #	Work #	Cell #	Email
Applicant				
Spouse				

BACKGROUND:

	Gender	Date of Birth	Age	Social Security #	Citizenship	Race/Ethnicity	Languages
Applicant	<input type="checkbox"/> F <input type="checkbox"/> M						
Spouse	<input type="checkbox"/> F <input type="checkbox"/> M						

DRIVER'S LICENSE NUMBER: Applicant #: _____ Spouse #: _____

CHILDREN & HOUSEHOLD MEMBERS LIVING AT HOME (please write on back of sheet if more space is needed):

Name	Social Security #	Gender	Date of Birth	Age	Relationship to Family (Birth/Adopted Child)
		<input type="checkbox"/> F <input type="checkbox"/> M			
		<input type="checkbox"/> F <input type="checkbox"/> M			
		<input type="checkbox"/> F <input type="checkbox"/> M			
		<input type="checkbox"/> F <input type="checkbox"/> M			
		<input type="checkbox"/> F <input type="checkbox"/> M			

PLEASE INCLUDE CHILDREN LIVING AWAY FROM HOME (ex. in college, military, adult children, etc.):

Name	Social Security #	Gender	Date of Birth	Age	Relationship to Family (Birth/Adopted Child)
		<input type="checkbox"/> F <input type="checkbox"/> M			
		<input type="checkbox"/> F <input type="checkbox"/> M			

MARITAL STATUS (Must be married/divorced/widowed for at least a year; may be single):

Married
 Separated, if so, how long? _____
 Divorced
 Widowed
 Single
 Cohabiting, if so, how long? _____

Please list all marriages and/or divorce history:

Current Marriage:

Name of Spouse	Date of Marriage
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Previous Marriage(s) (please write on back of sheet if additional names need to be listed):

Applicant	Previous Marriage (first)	Previous Marriage (second)	Spouse	Previous Marriage (first)	Previous Marriage (second)
Name of Spouse			Name of Spouse		
Date of Marriage			Date of Marriage		
Date of Divorce			Date of Divorce		
Reason for Divorce/Separation			Reason for Divorce/Separation		

EMPLOYMENT:

	Place of Employment	Occupation	Work Schedule	Total Hours	Monthly Net Income
Applicant					
Spouse					

Other employment/source of household income: (ex. alimony, child support, disability, retirement, etc)

	Place of Employment	Occupation	Work Schedule	Total Hours	Monthly Net Income
Applicant					
Spouse					

DOES EITHER THE APPLICANT OR THE SPOUSE READ, WRITE AND SPEAK ENGLISH? Yes No

HOUSEHOLD:

Rent Own
 # of Bedrooms: _____
 # of Bathrooms: _____

Do you have a bedroom/bed available for a foster child(ren)? Yes No

*This means every individual in the household has a bed of their own. Also, children of the same gender can share a room (under the age 18).

Do you have a swimming pool? Yes No
 Do you have any pets? Yes No

MONTHLY EXPENSES	\$	MONTHLY EXPENSES	\$
Mortgage/Rent		Gasoline	
Association		Entertainment (outings, dining out, etc.)	
Electricity/Gas		Home Telephone	
Water		Cell phones	
Food		Cable	
Medical Insurance		Internet	
Medication Co-Payments		Credit Cards	
Child Care		Charitable Contributions/Tithe/Offerings/Donations	
Auto Loan(s)		Other Expenses	
Auto Insurance			

FINANCES:

Are you (applicant) or spouse in the process of a **foreclosure(s)**? Yes No

Are you (applicant) or spouse encountering a **financial crisis** (ex. Bankruptcy)? Yes No

Are you (applicant) or spouse receiving **financial government assistance** (ex. Section 8 or Food Stamps)? Yes No

MEDICAL/PSYCHOLOGICAL/SUBSTANCE ABUSE HISTORY-Major Medical Conditions:

- Is anyone in the household under **medical care**? Yes No
- Does anyone in the household **suffer emotional or mental illnesses**? Yes No
- Does anyone in the household have/had a **substance abuse problem**? Yes No

Please list all medical conditions, whether medical, psychological or substance abuse:

Name	Condition/ Treatment	Medication

CRIMINAL & CHILD/ELDERLY ABUSE HISTORY (violations of law other than minor traffic violations):

If any of the following questions are answered "Yes," please provide explanation below:

- Does anyone in the household have any **criminal history**? Yes No
- Does anyone in the household have an **expunged record**? Yes No
- Has anyone in the household ever been **arrested**? Yes No
- Has anyone in the household ever been involved in a **domestic violence incident/dispute**? Yes No
- Has anyone in the household had a **child/adult abuse report**? Yes No
- Has anyone in the household, including your **own children**, ever been in the **custody of the state**? Yes No

Please list all criminal/abuse history per household member:

Name	Nature of Charge	Arrested	Date	Disposition
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		

Explanation(s):

FOSTER/ADOPTIVE:

What type of childcare arrangements do you use, if parent(s) work? _____

In case child(ren) become ill who will care for this child, while you are at work? _____

We serve many different types of children. Please check all the categories of children that you would feel comfortable caring for:

o Age: Newborn to 2 yrs 3-5 6-8 9-11 12-14 15+ Any Age

o Gender: Male Female Any gender

o Sibling Group: 0 2 3 4+

o Would you care for a pregnant teenager? Yes No

o Please explain briefly why you and your family would like to be a His House foster family.

o Have you ever been a foster parent before? Yes No

o If, so with whom and for how long? _____

o What was the reason for closure of your license? _____

o Do you have a back-up caregiver(s) who is willing to help you? Yes No

o If so, who? _____

REGISTRATION:

Yes, please register me/us for PRIDE/PIP Class:

Winter Spring Summer Fall

How did you hear about His House Children's Home?

Internet Television Radio Church HHCH Foster Parent Friend Family Co-Worker Community Event

Other _____

If someone referred you, can we contact them? Yes No

If yes, can you provide their contact information?

Name: _____ Relationship: _____

Home: _____ Cell: _____ Email: _____

CHURCH AFFILIATION:

Name: _____ Years attended: _____

Pastor's Name: _____

Address: _____
Street City State Zip

Denomination affiliation:

Applicant: _____ Spouse: _____

CHRISTIAN BELIEF SURVEY

Please answer the following questions, both applicant and spouse.

1. Have you surrendered your life to Jesus as Lord and Savior?

Applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when and how?	If so, when and how?
_____	_____
_____	_____
_____	_____
_____	_____

2. Describe your daily walk with God?

Applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when and how?	If so, when and how?
_____	_____
_____	_____
_____	_____
_____	_____

3. Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine?

Applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when and how?	If so, when and how?
_____	_____
_____	_____
_____	_____
_____	_____

4. Do you believe in the deity of the Lord Jesus Christ, that He is God made flesh, and He is the only Mediator between God and man?

Applicant	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when and how?	If so, when and how?
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE RETURN YOUR COMPLETED PRE-APPLICATION AND CHRISTIAN BELIEF SURVEY TO:

His House Children's Home • Licensing Department • 20000 NW 47 Avenue, Bldg 2 • Miami, Florida 33055
www.hhch.org

Call (305) 430-0085 ext. 240 or fax to (305) 430-1119 for more information.

I UNDERSTAND THAT THIS PRE-APPLICATION IS A SCREENING PHASE TO DETERMINE OUR FAMILY'S ELIGIBILITY TO BECOME A FOSTER PARENT THROUGH HIS HOUSE CHILDREN'S HOME AND THAT WE MAY NOT QUALIFY. I ALSO ATTEST THAT ALL THE INFORMATION CONTAINED IN THIS PRE-APPLICATION IS TRUE.

Signature of Applicant

Date

Signature of Spouse

Date

RELEASE OF INFORMATION

Pursuant to Florida Statutes 435, I (we) hereby grant permission to **His House Children's Home** to obtain information from local, state, and federal law enforcement agencies to help determine my/our suitability to serve as foster or adoptive parents. I (we) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit our participation in the foster care or adoptive parent program.

Pursuant to Florida Statute 39.202 (2)(a) 4, I (we) hereby authorize **His House Children's Home** to make inquiry to the central abuse registry and tracking system in regard to the existence of any confirmed report of abuse, neglect, or exploitation, and the results of any investigation pursuant thereto.

APPLICANT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE