



# FOSTER CARE PROGRAM PRELIMINARY APPLICATION

**PLEASE SELECT ONE**

Foster     Respite

**Mission Statement:** His House Children's Home is a faith-based organization that restores the lives of children and families.

Please fill out the application in its entirety. Any incomplete questions or false information may lead to an automatic disqualifier as a His House C.A.R.E. 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**

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

**Please list all marriages and/or divorce history:**

*Current Marriage:*

Name of Spouse	<input type="text"/>	Date of Marriage	<input type="text"/>
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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	<input type="text"/>	<input type="text"/>	Name of Spouse	<input type="text"/>	<input type="text"/>
Date of Marriage	<input type="text"/>	<input type="text"/>	Date of Marriage	<input type="text"/>	<input type="text"/>
Date of Divorce	<input type="text"/>	<input type="text"/>	Date of Divorce	<input type="text"/>	<input type="text"/>
Reason for Divorce/Separation	<input type="text"/>	<input type="text"/>	Reason for Divorce/Separation	<input type="text"/>	<input type="text"/>

**EMPLOYMENT:**

	Place of Employment	Occupation	Work Schedule	Total Hours	Monthly Net Income
Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

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

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

**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
- 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 house hold, 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:**

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:*

Age Range:

Gender:  Male  Female  Any gender

Sibling Group:  0  2  3  4+

Mental/Developmental Delays:  Mild  Moderate  Severe

Medical Problems:  Mild  Moderate  Severe

A child who has suffered from:

Physical Abuse  Sexual Abuse  Drug-Exposure  Fetal Alcohol Syndrome  HIV Positive

Would you consider caring for a pregnant or teen parent with child?  Yes  No

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

Have you ever been a foster parent before?  Yes  No

If, so with whom and for how long?

·What was the reason for closure of your license?

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

·If so, who?

**REGISTRATION :**

Yes, please register me/us for C.A.R.E. class:

Winter (Jan-Mar)  Spring (April-June)  Summer (July-Sept)  Fall (Oct-Dec)

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. What are your Christian beliefs?**

Applicant:

Spouse:

**2. How do you practice your Christian beliefs?**

Applicant:

Spouse:

**3. How would you accommodate a child of a different religion?**

Applicant:

Spouse:

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

*Licensing Department: [ddecoste@hhch.org](mailto:ddecoste@hhch.org) / 786-419-9782*

*His House Children's Home | Licensing Department | 20000 NW 47 Avenue, Bldg. 2 | Miami, Florida 33055 [www.hhch.org](http://www.hhch.org)*

Call (305) 430-0085 ext. 237 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date