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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**FOSTER/ADOPT HOME ASSESSMENT APPLICATION** |
| PRIMARY INTEREST[ ] FOSTERING[ ] ADOPTING |
| Please complete all spaces accurately and completely.Application does not place you under any obligation to Children's Division. |
| **I. APPLICANT(S)** |
| **APPLICANT 1** | **APPLICANT 2** |
| NAME LAST, FIRST, M.I., MAIDEN      | NAME LAST, FIRST, M.I., MAIDEN      |
| BIRTH DATE      | BIRTHPLACE      | BIRTH DATE      | BIRTHPLACE      |
| SEX      | RACE      | CHURCH AFFILIATION      | SEX      | RACE      | CHURCH AFFILIATION      |
| LAST SCHOOL GRADE ATTENDED      | COLLEGE DEGREE/MAJOR      | LAST SCHOOL GRADE ATTENDED      | COLLEGE DEGREE/MAJOR      |
| NAME/PLACE OF LAST SCHOOL      | NAME/PLACE OF LAST SCHOOL      |
| OCCUPATION      | DATE EMPLOYED (PRESENT JOB)      | OCCUPATION      | DATE EMPLOYED (PRESENT JOB)      |
| WORKING HOURS      | WORK TELEPHONE      | WORKING HOURS      | WORK TELEPHONE      |
| MILITARY SERVICE[ ] YES [ ] NO |  RANK      | MILITARY SERVICE[ ] YES [ ] NO | RANK      |
| TYPE OF DISCHARGE      | DATE      | TYPE OF DISCHARGE      | DATE      |
| **II. HOUSEHOLD COMPOSITION** |
| Complete for everyone living in the home unless listed above.Attach additional pages, if necessary. |
| NAME | BIRTH DATE | RELATIONSHIP | SCHOOL/EMPLOYER | GRADE/TIME EMPLOYED |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Complete for all children not living in the home. Attach additional pages if necessary. |
| NAME | BIRTH DATE | RELATIONSHIP | ADDRESS | PHONE |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **III. ADDRESS** |
| COUNTY OF RESIDENCE      | HOME TELEPHONE NUMBER      |
| EMAIL ADDRESS:       |
| HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)      |
| TYPE OF HOME[ ]  SINGLE FAMILY [ ] MULTI-FAMILY [ ]  APARTMENT [ ] NUMBER OF BEDROOMS [ ]  NUMBER OF ROOMS |
| Directions to your home |
|       |
| **IV. REFERENCES** |
| List 3 (three) unrelated people who know you well.  |
| NAME | ADDRESS | CITY , STATE  | ZIP CODE | PHONE  |
|       |       |       |        |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **V. SUPPLEMENTAL INFORMATION** |
| Give name of adoptive child(ren), date and location of adoption(s) completed |
| Name | Date | City, State, Zip |
|       |       |       |
|       |       |       |
|       |       |       |
| Have you previously applied to this agency? [ ]  YES [ ]  NO |
| Result of application      |
| Name other agencies to which you have applied to foster or adopt.       |
| Result of application(s)       |
| Have you had Foster or Adoptive placements through this or another agency? [ ]  YES [ ]  NO |
| Name of agency through whom you provide foster care or adopted.       |
| Have you previously been studied in regard to a child custody (divorce) matter? [ ]  YES [ ]  NO |
| If yes, where and for whom?       |
| Why do you wish to foster or adopt a child?       |
| Child(ren) desired: Age Range       Sex       Number        |
| Would you be willing to accept a child of a race/ethnicity/culture other than your own? [ ]  YES [ ]  NO |
| Would you be willing to accept teenaged children and sibling groups? [ ]  YES [ ]  NO |
| Would you be willing to accept a child from a different religious background than your own and allow that child to practice his/her own religious beliefs? [ ]  YES [ ]  NO |
| What are your family’s religious practices?       |
| Would you be willing to participate in the development and implementation of a treatment plan designed to provide permanency for a child? [ ]  YES [ ]  NO |
| Are you willing to participate in training sessions designed to increase your knowledge about foster/adoptive children? [ ]  YES [ ]  NO |
| Are you willing to work closely with the parents of a foster child toward reunification? [ ]  YES [ ]  NO |
| **DO YOU UNDERSTAND THE FOLLOWING:**If yes, place “y” in the box provided, if no, place “n”. If you need more information about this topic, place an “m” in the box. |
|    | THE DIFFERENCE BETWEEN FOSTER CARE AND ADOPTION? |
|    | THAT A FOSTER CHILD’S HISTORY IS CONFIDENTIAL? |
|    | THAT FOSTER PARENTS ARE RESPONSIBLE FOR THE DAY-TO-DAY CARE OF FOSTER CHILDREN? |
|    | THAT FOSTER PARENTS ARE EXPECTED TO BE PARTICIPATING MEMBERS OF THE FAMILY SUPPORT TEAM? |
|    | THAT FOSTER PARENTS ARE EXPECTED TO WORK WITH BIRTH FAMIILIES ON REUNIFICATION OF CHILDREN? |
|    | THAT FOSTER CARE DOES NOT AUTOMATICALLY LEAD TO ADOPTION? |
|    | THAT LICENSING AS A FOSTER HOME DOES NOT GUARANTEE PLACEMENT OF A CHILD? |
|    | THAT APPROVAL AS AN ADOPTIVE HOME DOES NOT GUARANTEE PLACEMENT OF A CHILD? |
| **VI. MARITAL STATUS AND HISTORY** |
| **MARITAL STATUS**: [ ]  SINGLE  [ ]  SEPARATED [ ]  MARRIED [ ]  DIVORCED [ ]  WIDOWED [ ]  CO-HABITATING |
| FORMER MARRIAGE(S), IF APPLICABLE (ATTACH ADDITIONAL PAGES IF NECESSARY) |
| APPLICANT 1 [ ]  SINGLE [ ]  SEPARATED [ ]  MARRIED [ ]  DIVORCED [ ]  WIDOWED [ ]  CO-HABITATING | APPLICANT 2[ ]  SINGLE [ ]  SEPARATED [ ]  MARRIED [ ]  DIVORCED [ ]  WIDOWED [ ]  CO-HABITATING |
| FORMER SPOUSE’S NAME      | FORMER SPOUSE’S NAME      |
| DATE OF MARRIAGE      | DATE OF DIVORCE      | DATE OF DEATH      | DATE OF MARRIAGE      | DATE OF DIVORCE      | DATE OF DEATH      |
| **PRESENT MARRIAGE, IF APPLICABLE** |
| DATE OF MARRIAGE      | PLACE OF MARRIAGE      |
| Have there been any separations during this marriage? [ ]  YES [ ]  NO If yes, when & how long?       |
| **LIST EVERY STATE THAT EACH HOUSEHOLD MEMBER 17 YEARS OF AGE AND OLDER HAS LIVED IN SINCE 17 YEARS OF AGE** |
| Applicant 1       |
| APPLICANT 2       |
| OTHER HOUSEHOLD MEMBERS       |
| **VII. FINANCIAL INFORMATION** |
| A. TOTAL MONTHLY INCOME       | B. TOTAL AVERAGE MONTHLY EXPENSES        |
| **VIII. LEGAL HISTORY** |
| Has anyone living in your home ever been arrested and convicted of any law violation, other than minor traffic offenses?       |
| If, so please give history of arrests, convictions, civil judgments and pending civil actions for all household members age 17 and older or any person under the age of 17 who has been certified as an adult.       |
| **IX. CHILD ABUSE AND NEGLECT HISTORY** |
| Please list the involvement of any household member, age 17 or older, with the children’s division or other child protection agency (list the type of agency, where and why the household member was involved with the agency)       |
| **X. HEALTH** |
| DESCRIBE THE PRESENT HEALTH OF ALL HOUSEHOLD MEMBERS (PLEASE INCLUDE MEDICATIONS, HANDICAPS, MEDICAL CONDITIONS AND MENTAL DISORDERS):       |
| I UNDERSTAND THAT THE COMPLETION/ SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE FOSTER/ADOPT PROGRAM.I UNDERSTAND THAT MY SIGNATURE ON THIS APPLICATION GIVES THE CHILDREN’S DIVISION THE RIGHT TO CONTACT ANY INDIVIDUAL OR AGENCY WHO MAY HAVE INFORMATION REGARDING MY SUITABILITY FOR FOSTER/RELATIVE/KINSHIP/ADOPTIVE PARENTING. I ALSO AUTHORIZE THE CHILDREN’S DIVISION TO COMPLETE CHILD ABUSE AND NEGLECT AND CRIMINAL BACKGROUND CHECKS FOR THE PURPOSE OF DETERMINING SUITABILITY FOR FOSTER/RELATIVE/KINSHIP/ADOPTIVE PARENTING. MY SIGNATURE ALSO CERTIFIES THAT INFORMATION THAT I PROVIDE TO THE DIVISION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.I FURTHER UNDERSTAND THAT THE FOSTER PARENT LICENSURE APPLICATION PROCESS AND SUBSEQUENT RELATED ACTIVITY IS A PUBLIC RECORD AND WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. I FURTHER UNDERSTAND THAT SOME INFORMATION FROM THIS APPLICATION AND SUBSEQUENT RELATED ACTIVITY MAY BE SHARED WITH PARENTS AND OTHER PARTIES INVOLVED IN THE PLACEMENT DECISIONS FOR CHILDREN IN DIVISION CUSTODY. SOME OF THE INFORMATION CONTAINED IN THIS APPLICATION CAN NOT BE RELEASED WITHOUT MY WRITTEN PERMISSION OR A COURT ORDER. |
| APPLICANT SIGNATURE► | SOCIAL SECURITY NUMBER       | DATE SIGNED |
| APPLICANT SIGNATURE► | SOCIAL SECURITY NUMBER       | DATE SIGNED |
| PLEASE ATTACH A PHOTOGRAPH (IF YOU HAVE ONE) OF ALL FAMILY MEMBERS STANDING IN FRONT OF YOUR HOME. |
| **THANK YOU FOR YOUR APPLICATION AND YOUR INTEREST IN OUR PROGRAMS.** |