



CENTERSTONE

APPLICATION FOR FOSTER PARENTING

Complete and Return to:
Centerstone FCS Coordinator
Foster Care Coordinator:

FosterCare@centerstone.org
FAX: 931-503-4620

How did you hear about us? _____

Applicant	(Last Name, First name, Middle Name)	Social Security Number
Co-Applicant	(Last Name, First name, Middle Name)	Social Security Number
Street Address (Apt #)		Home Phone ()
City	State	Zip Code
		Cell Phone(s) ()

	Applicant	Co-Applicant
Birthdate		
Race/Sex		
Religion/Affiliation		
Are you a U.S. Citizen		
Last Grade Completed		
Marital Status <i>(include date)</i>		
Previous Marriage(s) <i>(date & previous last names)</i>		
Date Terminated <i>(specify death, annulment or divorce)</i>		
Military Service <i>(dates)</i>		
While in Military Service, were you ever convicted by a General Court Martial? <i>(specify yes or no)</i>		
Occupation		
Employer		
Annual Income		
Work Phone Number		
Emergency Number		

CHILDREN IN THE HOME

Name	Date of Birth	Sex	School/Grade or Occupation	Relationship

CHILDREN OUT OF THE HOME

Name	Date of Birth	Sex	School/Grade or Occupation	Relationship

OTHER ADULTS IN THE HOME

Name	Date of Birth	Sex	School/Grade or Occupation	Relationship

REFERENCES (Total of 4 references for each applicant. Can be the same reference)

	NAME	ADDRESS	PHONE #	RELATIONSHIP
Applicant Relative				
Co-Applicant Relative				
Reference (non-relative)				
Reference (non-relative)				
Reference (non-relative)				

Have you had previous involvement with the Department of Children's Services? Yes No

If yes, please summarize your involvement and the timeframe during which this took place.

Have you previously applied to be a foster and/or adoptive parent with another agency? Yes No

If yes, when and with what agency?

TYPE OF CHILD YOU HOPE TO FOSTER/ADOPT:

Sex: Male Female Either

Age Range: Youngest _____ Oldest _____

Sibling Group: Yes No

If yes, how many children would you consider fostering/adopting at this time? _____

What Race/Ethnicity Of Child Are You Willing To Parent? Is there a race/ethnicity of child you are unwilling to parent?

If so, please explain:

**You may apply to foster or adopt a child of any racial or ethnic heritage.*

Note: By end of the preparation process, the description of the child you hope to foster or adopt may change. If so, you will have the opportunity to redefine the child you feel you can most successfully parent. As a foster or adoptive parent, you are encouraged to update this information as you continue to redefine the child you wish to parent.

LEGAL:

Are you currently charged with, or have you ever been convicted, placed on probation or received a suspended sentence for:

	APPLICANT	CO-APPLICANT
a. Any crime involving children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any crime of violence against another person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Possession, sale manufacturing or transportation of drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Any other crime? (explain) _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

This form is merely a statement of intentions and can be withdrawn by the applicant at any time. We do _____ do not _____ consent to the release of our names for the mailing list of foster or adoptive parent associations, training and newsletters. Signature of applicant(s) authorizes the Department of Children's Services to contact the references listed on the application form and authorizes said references to respond to the inquiry.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____