



Therapeutic Foster Care/Adoption Application

High Sky Children's Ranch 8701 West County Road 60

Phone: 432.694.7728 Fax: 432.697.9596

**HIGH SKY CHILDREN'S RANCH DATA COLLECTION FORM  
FOR PROSPECTIVE FOSTER/ADOPTIVE PARENTS**

- Foster Care     
  Foster/Adopt     
  Adopt     
  Respite

*Complete all information as requested. Do not leave blank spaces. If any item does not apply to you, please write NA.*

**DEMOGRAPHICS**

<b>Caregiver 1 Name</b> (first, middle, last)	
<b>Caregiver 2 Name</b> (first, middle, last)	Maiden (other last names used)
Home Address (Street, City, State, Zip)	
County	School District
If you have lived at your current address less than five years, please list your previous addresses including those out of state:	
Mailing Address (if different)	

Directions to your home:			
Home Telephone #	Email Address		
Caregiver 1's Cell #	Caregiver 1's Work #	Caregiver 2's Cell #	Caregiver 2's Work #

**MARITAL INFORMATION**

<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <i>Note: If you are married, both you and your spouse must apply together.</i>	
<b>Date of Marriage</b>	<b>Place of Marriage</b> (City, County, State)

**DIVORCE INFORMATION**

	Caregiver 1	Caregiver 2
Name of previous spouse		
Dates of Marriage (From-To)		
How the Marriage Ended <input type="checkbox"/> Divorce <input type="checkbox"/> Death		
Recording of Divorce/Death (City, County, State)		
Name of previous spouse		
Dates of Marriage (From-To)		
How the Marriage Ended <input type="checkbox"/> Divorce <input type="checkbox"/> Death		
Recording of Divorce/Death (City, County, State)		
Name of previous spouse		



Physical Description:	Height _____ Weight _____ Physical Build _____ Eye Color _____ Hair Color _____	Height _____ Weight _____ Physical Build _____ Eye Color _____ _____ Hair Color _____
Describe your personality:		

**EDUCATION**

	Caregiver 1	Caregiver 2
Did you graduate from high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you graduated, provide the date, school name, and city.	Date _____ School _____ _____	Date _____ School _____ _____
If you dropped out of high school, have you obtained a G.E.D.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a college degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what level degree did you earn? (check all that apply)	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
What were major and minor fields of study?	_____ _____	_____ _____

**OTHER HOUSEHOLD MEMBERS**

Include other adult and child household members.

Name	Male or Female	Relationship to Applicants	Date of Birth

Have any household members ever been diagnosed with a serious illness, disability, chronic problem, or an emotional or nervous condition?      Yes      No

If yes, disclose who has the condition, describe the condition, and how it affects the individual. Please provide details related to any medical treatment or counseling this individual has received.

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**CHILDREN LIVING OUTSIDE OF THE HOUSEHOLD**

List the names of any of your children or your spouse’s children who live outside of your household. Include children who are now adults. *Note: All children living outside of the home who are 12 years and older must be contacted for an interview during the home study process.*

Name	Age	City and State of Residence	Phone Number	Whose child?

**CURRENT EMPLOYMENT**

Caregiver 1	Caregiver 2
Occupation:	Occupation:

Employer:	Employer:
Employer Address:	Employer Address:
Date Employed:	Date Employed:
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what company?	Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what company?
Work Schedule From: _____ To: _____ _____	Work Schedule From: _____ To: _____ _____
Days Per Week: _____ Total Hours Per Week: _____	Days Per Week: _____ Total Hours Per Week: _____

**CHILD CARE AND SCHOOL**

If there are children currently in the home, what are your current childcare arrangements?

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What childcare arrangements will you make for foster/adoptive children placed in your home outside of school hours (ex. Daycares, after school programs, babysitters, etc.)?

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What schools will the foster or adoptive children placed with you attend? Please include the elementary, middle, and high school in your area.

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**CHILD TRANSPORTATION**

Transporting foster children to and from appointments is an important task for foster parents. Will you agree to transport children to appointments (counseling sessions, doctor visits, school meetings, visits with parents if appropriate, etc.)?  Yes  No

If yes, how will you transport the children?

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Is there room to transport foster or adoptive children safely in your vehicles?  Yes  No

If no, what plans do you have to ensure the children are going to be transported safely?

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Do you currently have liability insurance coverage for your vehicle?  Yes  No

***Note: All families are required to maintain liability insurance coverage on the vehicle used to transport foster children.***

**INCOME AND EXPENSES**

Caregiver 1's Monthly Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement <input type="checkbox"/> Other	Gross \$	Net \$
Caregiver 2's Monthly Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Retirement <input type="checkbox"/> Other	Gross \$	Net \$

***Note: The agency must verify that your monthly income is enough to cover your monthly expenses and any additional expenses that may come with accepting placement of a foster/adoptive child.***

**Assets**

Specify Sources (Stocks, Bonds, Savings, Investments, Interest Bearing Accounts, etc.):	Estimated Total Value \$
Do you own your own home, or do you rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain):	

## Household Expenses

Enter your household's average monthly expenses for the following items. *Do not include expenses that are deducted from your paycheck.*

<b>Monthly Expenses:</b>	
<b>Rent/Mortgage</b>	
<b>Vehicle Payments</b>	
<b>Car Maintenance &amp; Fuel</b>	
<b>Water</b>	
<b>Electric</b>	
<b>Gas</b>	
<b>Telephone</b>	
<b>Cable</b>	
<b>Internet</b>	
<b>Groceries</b>	
<b>Medical Care Not Covered by Insurance</b>	
<b>Child Care Expenses</b>	
<b>Voluntary Health and/or Life Insurance Premiums</b>	
<b>Auto Insurance</b>	
<b>Credit Card Payments (Total Credit Card Debt: _____)</b>	
<b>Child Support Payments</b>	
<b>Clothing</b>	
<b>Personal Loans</b>	
<b>Entertainment</b>	
<b>Pets</b>	
<b>Other Debts/Expenses: Specify-</b>	
<b>TOTAL MONTHLY EXPENSES:</b>	



**INTERESTS: TYPES OF CHILDREN**

Number of children:  _____	Sex:  <input type="checkbox"/> Female  <input type="checkbox"/> Male  <input type="checkbox"/> Either	Age Range:  From: _____  To:  _____	Races/Ethnicities (Check all that apply):  <input type="checkbox"/> Anglo American <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> African <input type="checkbox"/> Hispanic
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**MOTIVATION**

Why do you want to be a foster parent?

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How long have you considered becoming a foster parent?

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Why do you feel this is the right time for you to become a foster parent?

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Why have you decided you would like to become a foster parent for High Sky Children's Ranch? If you are already a foster parent for another agency, please explain why you are interested in transferring to High Sky at this time?

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Comment on your family's abilities or strengths that you feel will make you good candidates to parent children who have experienced abuse and or neglect.

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**REFERENCE INFORMATION**

List three *non-relative* references who can be contacted by High Sky for a brief interview during the home study process. *Please include references that are familiar with both applicants.*

Name	Telephone Number	Relationship	Years Known

List *two relatives* who can be contacted by High Sky for a brief interview during the home study process. *Married couples, please list a reference from each side of the family.*

Name	Telephone Number	Relationship	Years Known

**BACKGROUND CHECKS**

Have you provided or applied to provide foster care before?     Yes     No

Have you ever worked at or lived at a childcare facility of any kind in the past?     Yes     No

If you answered yes to either of the above questions, please provide High Sky with the name, address, and telephone number of the agency with which you were involved.

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In the past, has a home study ever been conducted on your family for any reason?

Yes     No

If you answered yes, please provide High Sky with the name, address, and telephone number of the agency who completed the home study. ***Our agency is required to review previous compliance and home study information from agencies you have been licensed with in the past.***

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**NOTE:** Each applicant is required to complete an FBI, DPS, and Central Registry background check. If an applicant has lived outside of the state of Texas within the past five years, their background check will also include an out of state Central Registry check for the state(s) they have previously resided. All household members 14 years and older are also required to complete an FBI, DPS, and Central Registry background check. If a household member has lived outside of the state of Texas within the past five years, their background check will also include an out of state Central Registry check for the state(s) they have previously resided.

In addition, High Sky checks for domestic/family violence calls made to your home address involving applicants through records request to the local police department or county Sheriff's department. High Sky staff will provide you with forms to complete, so all required background checks and family/domestic violence records can be requested from the appropriate agencies.

**FAILURE TO DISCLOSE CRIMINAL, CPS, OR FAMILY VIOLENCE HISTORY AT THE TIME OF APPLYING COULD RESULT IN YOUR FAMILY NO LONGER BEING CONSIDERED AS FOSTER OR ADOPTIVE PARENTS WITH OUR AGENCY. ENSURE TO DISCLOSE ALL PAST CRIMINAL, CPS, OR FAMILY VIOLENCE HISTORY EVEN IF IT WAS DISMISSED OR RESOLVED.**

Have you or any member of your household ever been convicted of, or are currently facing charges for any criminal offense?

If you answered yes to the above question, please complete the section below.

Caregiver	Date	Offense	Location (City, County, State)	Resolution (Jail, Probation, etc.)

Have you or any household members been investigated for child abuse or neglect?

If you answered yes to the above question, please complete the section below.

Alleged Perpetrator	Alleged Victim	Date(s)	Location	Disposition

My/Our signature(s) verifies that the information contained on this application is true and correct to the best of my/our knowledge and that I/we agree to abide by High Sky Children's Ranch and Texas Department of Family and Protective Services (TDFPS) policy prohibiting physical discipline of children in the conservatorship of High Sky and/or TDFPS.

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Caregiver 1 Date

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Caregiver 2 Date

**Confidentiality Statement**

I/We understand that all information and history of any child and family involved in High Sky programs is to be respected and trusted with the strictest confidence and discussed only with appropriate staff. All records and documentation are to be filed, locked, and unavailable except to appropriate staff. Only general information is to be shared when needed with staff or volunteers working with a child or family. The Texas Department of Family and Protective Services has the right to records of those served under their contract.

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Caregiver 1 Date

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Caregiver 2 Date