



## Foster Care/Adoption Application

High Sky Children's Ranch 8613 West County Road 60

Phone: 432.694.7728 Fax: 432.697.9596

<b>HIGH SKY CHILDREN'S RANCH DATA COLLECTION FORM FOR PROSPECTIVE FOSTER/ADOPTIVE PARENTS</b>
---

- Foster Care       Foster/Adopt       Adopt       Respite

*Please complete all information as requested. Do not leave blank spaces. If any item does not apply to you, please write "NA" or write "None" in the space.*

### DEMOGRAPHICS

Caregiver 1 Name (first, middle, last)	
Caregiver 2 Name (first, middle, last)	Maiden (other last names used)
Residence 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**

**Marital Status:** Married  Single  Separated  Divorced  Widowed

**Note:** *If you are married, both you and your spouse must apply together.*

**Date of Marriage**

**Place of Marriage** (City, County, State)

### **DIVORCE INFORMATION**

	<b>Caregiver 1</b>	<b>Caregiver 2</b>
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		
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)		

Has either caregiver ever been ordered to pay child support?

Yes  No

If "Yes," out of what state? \_\_\_\_\_

Is child support current?

Yes  No

**PERSONAL INFORMATION**

Please provide the following personal information about you and your spouse.

	Caregiver 1	Caregiver 2
Date of Birth		
Place of Birth		
Citizenship- Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, where is your citizenship?	_____	_____
Are you a permanent Resident Alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how long?	_____ Years _____ Months	_____ Years _____ Months
Social Security #		
How long have you lived in Texas?	_____ Years _____ Months If less than five years, list below the name of the state from which you moved.	_____ Years _____ Months If less than five years, list below the name of the state from which you moved.
Racial/Ethnic Background		
What languages do you speak?		
Physical Health: List all physical disabilities, serious illnesses, operations, and chronic conditions you have experienced during the past ten years. Please list all medications you are currently taking for a physical health problem. Use extra pages if more space is needed.		

<p>Mental Health: List all psychological and/or psychiatric treatment for which you have ever been treated.</p> <p>Please list all medications you have taken for any mental health diagnosis. Please be specific if you are currently taking any medication for a mental health condition.</p> <p>Use extra pages if more space is needed.</p>		
<p>Life Changing Events: List any losses/changes you have had in the past year (bankruptcy, death in the family, divorce, etc.)</p>		
<p>Physical Description:</p>	<p>Height _____ Weight _____</p> <p>Physical Build _____</p> <p>Eye Color _____</p> <p>Hair Color _____</p>	<p>Height _____ Weight _____</p> <p>Physical Build _____</p> <p>Eye Color _____</p> <p>Hair Color _____</p>
<p>Describe your personality:</p>		

**EDUCATION**

Please provide the following educational information.

	Caregiver 1	Caregiver 2
<p>Did you graduate from high school?</p> <p>If you graduated give the date and place of graduation. (Include the name of the school and the city and state where the school is located)</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Date _____</p> <p>Place _____</p> <p>_____</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Date _____</p> <p>Place _____</p> <p>_____</p>

<p>If you dropped out of high school, have you obtained a G.E.D.?</p> <p>Do you have a college degree?</p> <p>If yes, what level degree did you earn? (circle all degree programs that apply)</p> <p>What was your major field of study?</p> <p>If you attended college, but did not obtain a degree, how many credit hours do you have?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Associates Bachelors Masters Doctorate</p> <p>_____</p> <p>_____</p> <p>Credit Hours _____</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Associates Bachelors Masters Doctorate</p> <p>_____</p> <p>_____</p> <p>Credit Hours _____</p>
<p>How important will a foster child's grades and school performance be to you?</p>		
<p>Do you have experience with special education programs?</p> <p>If yes, please explain your experience.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**OTHER HOUSEHOLD MEMBERS**

List all other members of your household. (If more space is needed, use another sheet of paper)

NAME	SEX	RELATIONSHIP TO APPLICANTS	DATE OF BIRTH	HEALTH
				<input type="checkbox"/> Good  <input type="checkbox"/> Fair  <input type="checkbox"/> Poor

				<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
				<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
				<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

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

If “Yes,” explain 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.

---



---



---



---

**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	SEX	AGE	ADDRESS	PHONE NUMBER	WHOSE CHILD?

**CURRENT EMPLOYMENT**

<b>Caregiver 1</b>	<b>Caregiver 2</b>
Occupation:	Occupation:
Employer:	Employer:
Employer Address (Street/P.O. Box, City State, Zip):	Employer Address (Street/P.O. Box, City State, Zip):
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?

---

---

What childcare arrangements will you make for foster/adoptive children placed in your home?

---

---

What schools will the foster/adoptive children placed with you attend?

---

---



**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?

---

---

Are child safety seats and seat belts available in the vehicle?  Yes  No  N/A

If "No" or "N/A," how do you plan to transport the children safely?

---

---

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

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

If you currently have liability insurance coverage, please provide verification and the following information.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**INCOME AND EXPENSES**

Provide the following information about your financial status.

**Monthly Income**

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

All Other Household Income	Gross \$	Net \$
Source: <input type="checkbox"/> Rental Income <input type="checkbox"/> Dividends <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Adoption Assistance <input type="checkbox"/> Foster Care Reimbursements <input type="checkbox"/> Other		

**Total Combined Monthly Income** \_\_\_\_\_

**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.)	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"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Either	Age Range: From: _____ To: _____	Races/Ethnicities (Check all that apply) <input type="checkbox"/> Anglo <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> African <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____
------------------------------	--	--	---

**MOTIVATION**

Why do you want to be a foster parent?

---



---



---

How long have you considered becoming a foster parent?

---



---

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

---



---



---

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?

---



---

Based on the list of special needs listed below, using your family’s abilities and strengths, which children are you most qualified to help?

<input type="checkbox"/> Adopted Previously	<input type="checkbox"/> History of Fire Setting	<input type="checkbox"/> HIV Positive/AIDS	<input type="checkbox"/> Developmentally Delayed
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Assaultive Behavior	<input type="checkbox"/> Enuresis/Encopresis	<input type="checkbox"/> Failure to Thrive
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Gang Activity/Affiliation	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Sexual Acting Out	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Emotionally Delayed
<input type="checkbox"/> Self-Abuse	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Mobility Impaired	<input type="checkbox"/> Limited English Proficiency
<input type="checkbox"/> Infant Alcohol Addiction	<input type="checkbox"/> Oppositional Defiant Disorder	<input type="checkbox"/> Other Physical Impairment	<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Infant Drug Addiction	<input type="checkbox"/> Other Behavior Problem	<input type="checkbox"/> Speech Disabled	<input type="checkbox"/> Pregnant
<input type="checkbox"/> History of Animal Cruelty	<input type="checkbox"/> Sexually Transmitted Diseases	<input type="checkbox"/> Intellectually Disabled	<input type="checkbox"/> Sibling Group
<input type="checkbox"/> Runaway			

Comment about your family’s abilities or strengths on any of the boxes that have been checked:

---



---



---



---



---

**REFERENCE INFORMATION**

List three ***non-relative*** references that have known you for more than a year, have visited in your home, and can be contacted by High Sky. Husband and wife should provide different references. ***(Provide a complete mailing address.)***

<b>Caregiver 1</b>				
Name	Address	Telephone Number	Relationship	Years Known

  

<b>Caregiver 2</b>				
Name	Address	Telephone Number	Relationship	Years Known

List two ***relatives*** that High Sky may contact as references. ***(Married couples, please list a reference from each side of the family. Provide a complete mailing address.)***

Name	Address	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 child care 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.

---

---

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.

---

---

**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. 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.**

**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.**

Have you or any member of your household ever been convicted of, or are currently facing charges for any criminal offense?  Yes  No

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

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

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

Yes  No

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.

\_\_\_\_\_  
Prospective Foster/Adoptive Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Foster/Adoptive Parent 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.

\_\_\_\_\_  
Prospective Foster/Adoptive Parent 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Foster/Adoptive Parent 2

\_\_\_\_\_  
Date