

Perfection Children Services "PCS" Child Placing Agency

Foster/Adopt Parent Application

(Please type or print legibly)

Applicant #1

Name: Last Name Maiden Name First Middle

Social Security #: \_\_\_\_\_

Applicant #2

Name: Last Name Maiden Name First Middle

Social Security #: \_\_\_\_\_

Complete Address

Address: \_\_\_\_\_

City: \_\_\_\_\_, Texas Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Years of Residence: \_\_\_\_\_

Directions to home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: His ( ) \_\_\_\_\_ Hers ( ) \_\_\_\_\_

Cell Phone / Pager: \_\_\_\_\_

Please list all places of residence during the previous 10 years (use additional pages if necessary):

Table with 5 columns: Street Address, City, State, County, Dates of Residence. Includes 4 rows of blank lines for data entry.

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Employment History

(Please show all employment for the last five years)

Applicant #1

Present Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Salary or Wage: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Applicant #2**

**Present Employment:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Salary or Wage: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**Previous Employment:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## Marital History

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

**Date and Length of Marriage(s):** \_\_\_\_\_

If you are married, both you and your spouse must apply together. You must attach a copy of your marriage license or declaration of marriage.

**Date Divorce Finalized:** \_\_\_\_\_

If divorced, you must supply a copy of your divorce decree.

**Applicant #1 Previous Marriages** (If more than one, use a separate page)

Name of previous spouse \_\_\_\_\_

Date of Marriage: From \_\_\_\_\_ to \_\_\_\_\_

How ended:     Death     Divorce

If divorced, where was divorce recorded? (County, State) \_\_\_\_\_

Name of previous spouse \_\_\_\_\_

Date of Marriage: From \_\_\_\_\_ to \_\_\_\_\_

How ended:     Death     Divorce

If divorced, where was divorce recorded? (County, State) \_\_\_\_\_

Name of previous spouse \_\_\_\_\_

Date of Marriage: From \_\_\_\_\_ to \_\_\_\_\_

How ended:     Death     Divorce

If divorced, where was divorce recorded? (County, State) \_\_\_\_\_

**Applicant #2 Previous Marriages** (If more than one, use a separate page)

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Name of previous spouse \_\_\_\_\_

Date of Marriage: From \_\_\_\_\_ to \_\_\_\_\_

How ended:     Death     Divorce

If divorced, where was divorce recorded? (County, State) \_\_\_\_\_

Name of previous spouse \_\_\_\_\_

Date of Marriage: From \_\_\_\_\_ to \_\_\_\_\_

How ended:     Death     Divorce

If divorced, where was divorce recorded? (County, State) \_\_\_\_\_

Name of previous spouse \_\_\_\_\_

Date of Marriage: From \_\_\_\_\_ to \_\_\_\_\_

How ended:     Death     Divorce

If divorced, where was divorce recorded? (County, State) \_\_\_\_\_

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**Household Information**

Please provide the following information on every other member of your household besides you and/or your spouse. Please note that we will be running criminal background checks on every person in your home over the age of 13 years old

<b>Name</b>	<b>Relationship</b>	<b>DOB</b>	<b>Sex</b>	<b>Social Security #</b>

Does anyone in the house have a serious illness, a handicap, a chronic problem, or nervous condition?

Yes       No

If “Yes,” who and since when? (Give dates, describe their medical treatment and/or counseling):

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**Perfection Children Services “PCS” Child Placing Agency**

Give the names of any of your children or your spouse’s children who live outside your household. Include grown children. Please know that we are required to obtain references from all of your children and your spouse’s children living outside your household.

Name	Sex	Age	Complete Address	Whose Child? (Husband/Wife)

Have you discussed foster/adopt parenting with your spouse, members of your household?

Yes       No

Are they supportive of your decision?       Yes       No

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Academic History

### Applicant #1

High School Diploma/GED, College Degrees, Professional Licenses or Certifications \_\_\_\_\_

Special Training or Expertise \_\_\_\_\_

Foreign Languages \_\_\_\_\_  Spoken  Written

### Applicant #2

High School Diploma/GED, College Degrees, Professional Licenses or Certifications \_\_\_\_\_

Special Training or Expertise \_\_\_\_\_

Foreign Languages \_\_\_\_\_  Spoken  Written

## Military Service

### Applicant #1

Branch(es) of Service \_\_\_\_\_ Years of Service \_\_\_\_\_

Highest Rank/Rate Attained \_\_\_\_\_

Type of Discharge(es) \_\_\_\_\_ Years(s) \_\_\_\_\_

### Applicant #2

Branch(es) of Service \_\_\_\_\_ Years of Service \_\_\_\_\_

Highest Rank/Rate Attained \_\_\_\_\_

Type of Discharge(es) \_\_\_\_\_ Years(s) \_\_\_\_\_



## Previous Child Care Experience

**Applicant #1**

(Include church, community, volunteer, family, etc.) Do not include foster care experience.

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**Applicant #2**

(Include church, community, volunteer, family, etc.) Do not include foster care experience.

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## Foster Parenting History

- Have you or your spouse ever applied to another child placing agency to provide foster care or adoption?  Yes  No

If "Yes," please list all agencies to which you have applied starting with the most recent.

### Agency #1

Date of Application \_\_\_\_\_

Name & Address of Agency \_\_\_\_\_  
\_\_\_\_\_

What disposition was made of your application? \_\_\_\_\_  
\_\_\_\_\_

### Agency #2

Date of Application \_\_\_\_\_

Name & Address of Agency \_\_\_\_\_  
\_\_\_\_\_

What disposition was made of your application? \_\_\_\_\_  
\_\_\_\_\_

- How did you learn about Perfection Children Services program? (if you heard about us from a friend, please list that person by name so we may thank them) \_\_\_\_\_

- Have you or your spouse ever been a foster parent?  Yes  No

- Have you or your spouse ever been a house parent?  Yes  No

If "Yes," please list the name(s) of the organization(s) \_\_\_\_\_  
\_\_\_\_\_

Describe your experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What age, sex and number of youth do you and your spouse currently prefer? \_\_\_\_\_  
\_\_\_\_\_

- What youth behaviors or problems would be generally unacceptable to you and your spouse?  
\_\_\_\_\_  
\_\_\_\_\_

- Other information helpful in matching youth to your family: \_\_\_\_\_  
\_\_\_\_\_

## Personal Interests

### Applicant #1

How do you like to spend your leisure time? \_\_\_\_\_

\_\_\_\_\_

List specific hobbies and areas of interest: \_\_\_\_\_

\_\_\_\_\_

### Applicant #2

How do you like to spend your leisure time? \_\_\_\_\_

\_\_\_\_\_

List specific hobbies and areas of interest: \_\_\_\_\_

\_\_\_\_\_

## Religious Background

**Applicant # 1** – What is your religious preference/affiliation? \_\_\_\_\_

**Applicant # 2** – What is your religious preference/affiliation? \_\_\_\_\_

Briefly explain your and your spouse's spiritual motivation for foster/adopt parenting: \_\_\_\_\_

\_\_\_\_\_

Do you or your spouse prefer to work with children of any particular religious background?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

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## Transportation

Please list all vehicles that might be involved in transportation of foster/adopt children.

Year	Make	Model	Condition

Do you have liability and personal injury protection insurance on your vehicle(s)?  Yes  No

Name of your auto insurance company: \_\_\_\_\_

Auto Insurance Policy Number: \_\_\_\_\_

**(Please provide current photocopies of each applicant's driver's license and proof of auto insurance.)**

## Personal References

Please list the **names and complete addresses** of **two personal and one professional person or couples not related** to you who have known you well enough for **at least two years** to inform us accurately regarding your moral character and lifestyle. Local references are preferred. Please try to vary the nature of your references, including those from spiritual, business or employment relationships, as well as social relationships.

### Personal Reference #1

Name: _____	
Nature of Relationship: _____	
Address: _____	
Email: _____	
Phone: _____	Other Phone _____

### Personal Reference #2

Name: _____	
Nature of Relationship: _____	
Address: _____	
Email: _____	
Phone: _____	Other Phone _____

### Professional Reference #1

Name: _____	
Nature of Relationship: _____	
Address: _____	
Email: _____	
Phone: _____	Other Phone _____

### Professional Reference #2

Name: _____	
Nature of Relationship: _____	
Address: _____	
Email: _____	
Phone: _____	Other Phone _____

## Personal Background Information Applicant #1

- Yes  No Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child molestation, or child neglect?
- Yes  No Have you been convicted or charged, or are you currently charged with a felony or misdemeanor classified as an offense against a person, family, public indecency, or any violation of the Controlled Substance Act?
- Yes  No Are you now receiving or have you ever received treatment for chemical dependency?
- Yes  No Have you ever been hospitalized for an emotional or mental illness?
- Yes  No Are you now receiving or have you ever received psychiatric treatment?
- Yes  No Do you have any significant acute or chronic medical condition that could affect your ability to parent foster/adopt children?
- Yes  No Have any of your children ever been placed in foster/adopt care, a treatment facility for emotional or mental disturbance, or been committed to a state correctional facility?
- Yes  No Do you expect any change in marital status, employment, family size or place of residence within the next year?

Please explain your answers: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Background Information  
Applicant #2

Yes  No Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child molestation, or child neglect?

Yes  No Have you been convicted or charged, or are you currently charged with a felony or misdemeanor classified as an offense against a person, family, public indecency, or any violation of the Controlled Substance Act?

Yes  No Are you now receiving or have you ever received treatment for chemical dependency?

Yes  No Have you ever been hospitalized for an emotional or mental illness?

Yes  No Are you now receiving or have you ever received psychiatric treatment?

Yes  No Do you have any significant acute or chronic medical condition that could affect your ability to parent foster/adopt children?

Yes  No Have any of your children ever been placed in foster/adopt care, a treatment facility for emotional or mental disturbance, or been committed to a state correctional facility?

Yes  No Do you expect any change in marital status, employment, family size or place of residence within the next year?

Please explain your answers: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

## Criminal Record Check

In accordance with Perfection Children Services policy and Texas Department of Protective and Regulatory Services licensing standards, a criminal background check is conducted on all foster/adopt parent applicants to determine whether any offenses have been committed which might adversely affect foster/adopt parenting eligibility. **This policy applies to any resident of the foster home over the age of 14 (excluding other foster children).** Perfection Children Services staff must visually verify the valid ID or Social Security Card. To comply with this policy, please furnish the following information (use additional sheets if necessary):

### Applicant #1:

Social Security Number: \_\_\_\_\_

Texas Driver's License Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Please list all cities you have lived in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Applicant #2:

Social Security Number: \_\_\_\_\_

Texas Driver's License Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Please list all cities you have lived in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Other Resident (14 years old or older):

Social Security Number: \_\_\_\_\_

Texas Driver's License Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Please list all cities you have lived in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Perfection Children Services "PCS" Child Placing Agency**

Signature of Other Resident \_\_\_\_\_

Date \_\_\_\_\_

**Other Resident (14 years old or older):**

Social Security Number: \_\_\_\_\_

Texas Driver's License Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Please list all cities you have lived in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Other Resident \_\_\_\_\_

Date \_\_\_\_\_

**Other Resident (14 years old or older):**

Social Security Number: \_\_\_\_\_

Texas Driver's License Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Please list all cities you have lived in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Other Resident \_\_\_\_\_

Date \_\_\_\_\_

**Other Resident (14 years old or older):**

Social Security Number: \_\_\_\_\_

Texas Driver's License Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Please list all cities you have lived in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Other Resident \_\_\_\_\_

Date \_\_\_\_\_

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No Obligation Acknowledgement

Applicant #1

The undersigned acknowledges that he/she is not obligated to provide foster/adopt care, nor is PCS CPA obligated to assign, or actively seek to assign, a foster/adopt child to the applicant.

\_\_\_\_\_  
Signature of Applicant #1

\_\_\_\_\_  
Date

Applicant #2

The undersigned acknowledges that he/she is not obligated to provide foster/adopt care, nor is PCS CPA obligated to assign, or actively seek to assign, a foster/adopt child to the applicant.

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Date

Release of Information

Applicant #1

I hereby declare the information I have provided on this foster/adopt parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on this application could be considered cause for disapproval as a foster/adopt parent.

I authorize Perfection Children Services to obtain any information that would assist in the evaluation of my application to participate in the foster/adopt care program.

As part of PCS CPA's matching process, I authorize PCS personnel upon request may elicit additional personal information from the applicant.

\_\_\_\_\_  
Signature of Applicant #1

\_\_\_\_\_  
Date

Applicant #2

I hereby declare the information I have provided on this foster/adopt parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on this application could be considered cause for disapproval as a foster/adopt parent.

I authorize PCS CPA to obtain any information that would assist in the evaluation of my application to participate in the foster/adopt care program.

As part of PCS CPA's matching process, I authorize PCS personnel upon request may elicit additional personal information from the applicant.

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Date

Perfection Children Services "PCS" Child Placing Agency

Consent For Release Of Information

Please list all agencies or related service office with whom you have been involved as a foster or adoptive parent, applicant, or volunteer, either in or outside the State of Texas.

Agency Name \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Agency Name \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Agency Name \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

I (We) have not been involved with any agency or related service office as a foster/adoptive parent, applicant, volunteer, or in any other capacity.

I (We) understand the above agencies will be contacted for verification of my (our) statement(s) and hereby authorize, as a condition of and in consideration of becoming a foster/adoptive parent with PCS CPA, the release of any information from the above agencies regarding my (our) character, past conduct, foster or adoptive experience and other related matters.

\_\_\_\_\_  
Signature – Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Applicant #2

\_\_\_\_\_  
Date