

ANGELHEART
APPLICATION
For
PROSPECTIVE FOSTER/ADOPTIVE PARENT

Date of Application: _____

Requirements for Foster/Adoptive Applicants:

- At least 21 years old
- Married for at least one year or single. Both spouses complete the process to become verified.
- If divorced, legally divorced for at least 6 months.
- Minimum Income: \$10,000/single applicants - \$15,000/couple (add \$3000 per child living in the home) – Expenses must not exceed income
- Proof of homeowner's/renter's insurance with liability coverage.
- Home is free of burglar bars.

How did you hear about ANGELHEART? _____

Directions to Home:

General Information

Adult 1	Adult 2
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
County: _____	County: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Drivers Licenses # and State of Issue: _____	Drivers Licenses # and State of Issue: _____
Race: _____	Race: _____
Religious Preference: _____	Religious Preference: _____

History of Residence for past 10 years

Adult 1

Adult 2

Years Location

Years Location

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Marriages (previous name(s), dates of marriage(s), termination date(s), reason(s) for termination)

Adult 1:

Adult 2:

Children (list all biological, step and adoptive children)

Child 1

Name: _____

Address: _____

County: _____

Date of Birth: _____

Social Security #: _____

Drivers Licenses and State of Issue: _____

Phone Number if Different _____

Email Address if child does not live with you any longer: _____

Child 2

Name: _____

Address: _____

County: _____
Date of Birth: _____
Social Security #: _____
Drivers Licenses and State of Issue: _____
Phone Number if Different _____
Email Address if child does not live
with you any longer: _____

Child 3
Name: _____
Address: _____
County: _____
Date of Birth: _____
Social Security #: _____
Drivers Licenses and State of Issue: _____
Phone Number if Different _____
Email Address if child does not live
with you any longer: _____

Child 4
Name: _____
Address: _____
County: _____
Date of Birth: _____
Social Security #: _____
Drivers Licenses and State of Issue: _____
Phone Number if Different _____
Email Address if child does not live
with you any longer: _____

Please list those persons other than your own children who have lived with you.

Person #1
Name: _____
Date of Birth: _____
Relationship to you: _____

Person #2

Name: _____

Date of Birth: _____

Relationship to you: _____

Employment Income

Adult 1

Adult 2

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Immediate Supervisor: _____

Immediate Supervisor: _____

Permission to Contact: _____

Permission to Contact: _____

Hire Date: _____

Hire Date: _____

Monthly Salary: _____

Monthly Salary: _____

Work Schedule: _____

Work Schedule: _____

Employment History

Please list employment history for the past five years.

Adult 1

Adult 2

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Length of Employment: _____

Length of Employment: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Length of Employment: _____

Length of Employment: _____

Employer: _____

Employer: _____

Address: _____ _____ _____ Phone: _____ Length of Employment: _____	Address: _____ _____ _____ Phone: _____ Length of Employment: _____
Employer: _____ Address: _____ _____ _____ Phone: _____ Length of Employment: _____	Employer: _____ Address: _____ _____ _____ Phone: _____ Length of Employment: _____

Total Monthly Household Income

Source of Income: _____	Amount: _____	
Source of Income: _____	Amount: _____	
Source of Income: _____	Amount: _____	
Source of Income: _____	Amount: _____	
Source of Income: _____	Amount: _____	
Source of Income: _____	Amount: _____	
	Total Amount: _____	

Total Monthly Expenses

Budget Item	
Rent/Mortgage	_____
Car Payment and Insurance	_____
Utilities	_____
Groceries	_____
Credit Cards	_____
Other Bills	_____
Entertainment	_____
Clothing	_____
Miscellaneous	_____
Total	_____

Authorization:

Submission of this signed application signifies that Applicant and Applicant’s Spouse authorize Angelheart to obtain a copy of any consumer or credit report related to this application and to verify any rental history, employment history, or any other information related to this application.

Education

Adult 1

Adult 2

Highest level of Education: _____ Highest level of Education: _____

Relevant History

Adult 1

Adult 2

Have you or any adult living in you home ever applied to any other agency to be a foster parent?

Name of Agency: _____
Date: _____
Address: _____

Have you or any adult living in you home ever been denied foster care license or license renewal?

If yes, explain: _____

Is your home currently licensed, regulated, approved, or operated by any other agency?

If yes, Name of Agency: _____

Have you ever been arrested or convicted of a felony or misdemeanor?

If yes, explain: _____

Have you ever been reported for abuse or neglect of a child or children?

If yes, explain: _____

Have you ever been convicted of abuse or neglect of a child or children?

If yes, explain: _____

Do you own or keep any pets in your home? _____

If yes, please list pet names and types of pet. _____

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home?

If yes, please list items.

Licensing Standards state that these items must be properly stored and out of the reach of children. You must store your guns and ammunition in separate double locked areas.

Has anyone in you household had difficulties in the following areas?

	YES	NO
Disorder/disease of the heart, lungs, liver, pancreas, colon, back, bones, muscles or joints?	<hr/>	<hr/>
Disorder/disease of the digestive system, urinary tract, kidneys, reproductive system/infertility?	<hr/>	<hr/>
Immune disorder, AIDS, ACR or chronic lung disorder?	<hr/>	<hr/>
Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis or birth defect?	<hr/>	<hr/>
Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction?	<hr/>	<hr/>
Diabetes?	<hr/>	<hr/>
High blood pressure?	<hr/>	<hr/>
Has any one been advised to have or contemplated having diagnostic tests, treatments (including medication), counseling or hospitalization for any condition not already mentioned or is any one totally or partially disabled?	<hr/>	<hr/>

Please provide details for any "YES" answers as follows:

Name:	Condition & Diagnosis	Dates	Treatment & Results
1.	<hr/>	<hr/>	<hr/>
2.	<hr/>	<hr/>	<hr/>
3.	<hr/>	<hr/>	<hr/>
4.	<hr/>	<hr/>	<hr/>

5.

Please list any other known serious illnesses, handicaps, chronic conditions or emotional problems, past or present for all persons living in the home.

Please list four non relative references that you have known for a minimum of three years. Please list only those with whom your family is well aquatinted, and we may contact.

Reference #1

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Email address: _____

Reference #2

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Email address: _____

Reference #3

Name: _____

Address: _____

Telephone:

Relationship:

Email Address:

Reference #4

Name:

Address:

Telephone:

Relationship:

Email Address:

Please list two relative references:

Reference #1

Name:

Address:

Telephone:

Relationship:

Email address:

Reference #2

Name:

Address:

Telephone:

Relationship:

Email address:

