

## Noble Children's Services

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### APPLICATION FOR POTENTIAL FOSTER PARENTS

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

Name of Applicant(s)			
Physical Street Address	City	State	Zip
Mailing Address if Different from Above			
Home Phone	Cell Phone (His)	Cell Phone (Hers)	
Email Address (His)	Email Address (Hers)	Preferred Contact Method Phone      Text      Email	

Name of Potential Foster Father	Date of Birth	Age
Education  HS Diploma      GED	If not HS Diploma/GED - Other:	College Education (degree/certifications)
Are you a US Citizen? Yes      No	Social Security Number	Dr License #
Occupation:	Employer:	Date of Employment:
Work Schedule – Day of the Weeks (M-F)	Time of Day (8-5pm, etc)	Total Hours per Week (30, 40, etc)
Languages Spoken:		
List all places of EMPLOYMENT and dates for the last ten years		DATES
<i>(Use Back of Page if Needed)</i>		

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Previous Marriages, Divorces and/or Death of Spouse		
<u>Married To Whom</u>	<u>Dates Married/Divorced/Deceased</u>	<u>Reason for Divorce/Death of Spouse</u>
<i>(Use Back of Page if Needed)</i>		
List all Psychological, Psychiatric and/or Mental Health Treatment	List all disabilities, operations, serious illnesses or chronic Health problems you have had in last 10 yrs	List all Current Medications

Name of Potential Foster Mother	Date of Birth	Age
Education HS Diploma      GED	If not HS Diploma/GED - Other:	College Education (degree/certifications)
Are you a US Citizen? Yes                  No	Social Security Number	Dr License #
Occupation:	Employer:	Date of Employment:
Work Schedule – Day of the Weeks (M-F)	Time of Day (8-5pm, etc)	Total Hours per Week (30, 40, etc)
Languages Spoken:		
List all places of EMPLOYMENT and dates for the last ten years		
DATES		

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<i>(Use Back of Page if Needed)</i>		
Previous Marriages, Divorces and/or Death of Spouse		
<u>Married To Whom</u>	<u>Dates Married/Divorced/Deceased</u>	<u>Reason for Divorce/Death of Spouse</u>
<i>(Use Back of Page if Needed)</i>		
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### Other Household Members

Name	Date of Birth	Age	Relation to the Household (Child, etc.)

### Children Outside the Household (Adult Children, Step-Children, Children from a previous marriage and etc. )

Name	Address	Telephone #	Who's Child Husband/Wife	Age & Sex

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### Motivation

Describe why you want to be a foster parent(s) and how long you have been thinking about becoming a foster parent(s).

### Monthly Income and Expenses

*Please attach paycheck stubs or copy of your most recent tax return or other documentation of your monthly income*

Prospective Foster Father's Income	Gross	Net
Source:    Employment        Retirement        Other		
Prospective Foster Mother's Income		
Source:    Employment        Retirement        Other		
All Other Household Income Source: Rental Income, Alimony, Child Support, Dividends, Adoption Assistance, Foster Care Reimbursement, etc.		
<b>Total</b>		

Do you own your own home or rent?    Own    Rent        Other (Specify)

Enter your Household's average monthly expenses for the following items. (Do not include expenses that are deducted from paychecks)

House/Rent Payments	\$	Household Supplies	\$
Other Property Pymts	\$	Clothing	\$
Automobile Payments	\$	Groceries	\$

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Gas & Auto Maintenance	\$	Child Support	\$
Telephone/Internet	\$	Child Care	\$
Utilities	\$	Recreation/Leisure Activities	\$
Auto Insurance	\$	Credit Card Pymts.	\$
Medical/Dental Insurance	\$	Other Debt	\$
Life/Other Insurance	\$	Miscellaneous Expenses	\$
Pets	\$		
Medical & Dental Expenses not covered by Insurance	\$	<b>TOTAL MONTHLY EXPENSES</b>	\$

### References

List Two (2) Relatives (Other Than Adult Children) PLEASE PRINT CLEARLY

Name	Address(full mailing address) OR email	Telephone #	Relation	Years Known

List three (3) people who have known you for at least one year: Need 2 references from **your community** (No Relatives Here)

Name	Address (full mailing address) OR email	Telephone #	Relation	Years Known

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What child-care arrangements (ie. Babysitting, after-school care and summer care) do you have in place and/or plan to put in place.

Have you, your spouse or any members of your household been convicted of and/or are facing charges for a criminal offense?    Yes    No

If "yes", give details below:

Have you, your spouse or any members of your household ever been investigated for child abuse and/or neglect?    Yes    No

If "yes", give details below:

Have you ever applied to be a foster parent with the Texas Department of Family and Protective Services or any private foster/adopt agency?    Yes    No

If "Yes" provide the following information:

Name of Agency	Address	Telephone Number

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My signature verifies that the information contained on this application is true and correct to the best of my knowledge. I understand with this application that Noble Children's services, will conduct criminal history checks, child abuse and neglect checks (CANRIS), FBI checks, and may acquire a certified copy of my driving record if necessary. I grant Noble Children's Services permission to make inquires and/or consultations with law enforcement agencies, other Child Placing Agencies, the Department of Family and Protective Services and the persons listed as references in this application.

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Applicant Signature

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