



**APPLICATION  
For  
PROSPECTIVE  
FOSTER/ADOPTIVE PARENT**

**DATE OF APPLICATION:** \_\_\_\_\_

**Requirements for Foster/Adoptive Applicants:**

- Age range: Foster parents must be at least 25 years of age. Age will be proven by a valid Texas Drivers License or Birth Certificate.
- Length of Relationship: The marriage of foster parents must be at least two years old. The length of marriage will be determined by a Marriage License. Applicants for single foster parent will be considered on a case-by-case basis.
- Education requirements: Foster parents must have graduated from high school or have a GED. They must successfully complete the screening program to determine that they are able to benefit from training and have the competencies to meet the needs of children in care in areas such as health, education, and discipline/behavior management. Proof of education will be a high school diploma, a GED, and a completed foster care application.

How did you hear about Olympus House?

- |  |  |
|--|--|
| <input type="checkbox"/> Agency Website      | <input type="checkbox"/> Newspaper                   |
| <input type="checkbox"/> Another Agency      | <input type="checkbox"/> Olympus House Foster Family |
| <input type="checkbox"/> BeAFosterParent.com | <input type="checkbox"/> Olympus House Staff         |
| <input type="checkbox"/> Church              | <input type="checkbox"/> Phone Book                  |
| <input type="checkbox"/> CPS                 | <input type="checkbox"/> Television                  |
| <input type="checkbox"/> Google              | <input type="checkbox"/> Other _____                 |

Directions to Home:

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

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**NAME (Adult # 1):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please attach copy of marriage license)

**SS #** \_\_\_\_\_ **DL #** \_\_\_\_\_

**RACE:** \_\_\_\_\_ **RELIGIOUS PREFERENCE:** \_\_\_\_\_

**History of Residence for Past Ten (10) Years:**

Address	City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Previous Marriage( previous name(s), date(s) of marriage(s), termination(s), reasons for termination):**

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

(Please attach copy of divorce decree (s) )

**CHILDREN:**

**AGE:**

**RESIDENCE:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT AND INCOME:**

\*\* Attach a copy of Adult #1's pay stub or W-2 to the completed application.

**Adult #1**

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

PERMISSION TO CONTACT EMPLOYER: YES \_\_\_\_\_ NO \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ MONTHLY SALARY: \_\_\_\_\_

WORK SCHEDULE: \_\_\_\_\_

**EDUCATION:**

**Adult #1**: HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_ (Attach Evidence)

**NAME OF SPOUSE (Adult # 2):** \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Place: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ Date: \_\_\_\_\_

SS # \_\_\_\_\_ DL # \_\_\_\_\_

RACE: \_\_\_\_\_ RELIGIOUS PREFERENCE: \_\_\_\_\_

**History of Residence for Past Ten (10) Years:**

Address	City	State	Dates of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Previous Marriage( previous name(s), date(s) of marriage(s), termination(s), reasons for termination):**

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

( Please attach copy of divorce decree(s) )

CHILDREN:	AGE:	RESIDENCE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT AND INCOME:**

\*\* Attach a copy of Adult #2's pay stub or W-2 to the completed application.

**Adult #2**

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

PERMISSION TO CONTACT EMPLOYER: YES \_\_\_\_\_ NO \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ MONTHLY SALARY: \_\_\_\_\_

WORK SCHEDULE: \_\_\_\_\_

**EDUCATION:**

**Adult #2:** HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_ (Attach Evidence)

**TOTAL MONTHLY HOUSEHOLD INCOME:**

SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

TOTAL: \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:**

**BUDGET**

BUDGET ITEM	AMOUNT ALLOTTED
RENT/MORTGAGE	
CAR PAYMENT AND INSURANCE	
UTILITIES	
GROCERIES	
CREDIT CARDS	
OTHER BILLS	
ENTERTAINMENT	
CLOTHING	
MISC.	
<b>TOTAL</b>	

**Authorization:** Submission of this signed application signifies that Applicant and Applicant's Spouse authorize Olympus House to verify any rental history, employment history, or any other information related to this application.

**RELEVANT HISTORY:**

**Adult #1:**

- Have you or any adult living in your home ever applied to any other agency to be a foster parent?  
Yes  No

Name of agency: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Have you or any adult living in your home ever been denied foster care license or license renewal?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Is your home currently licensed, regulated, approved, or operated by any other agency?  
Yes  No  If yes, Name of Agency: \_\_\_\_\_

- Have you ever been arrested or convicted of a felony or misdemeanor? Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been reported for abuse or neglect of a child or children? Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been convicted of child abuse or neglect Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Adult #2:**

- Have you or any adult living in your home ever applied to any other agency to be a foster parent?  
Yes  No

Name of agency: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Have you or any adult living in your home ever been denied foster care license or license renewal?  
Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Is your home currently licensed, regulated, approved, or operated by any other agency?  
Yes  No  If yes, Name of Agency: \_\_\_\_\_

- Have you ever been arrested or convicted of a felony or misdemeanor? Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been reported for abuse or neglect of a child or children? Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been convicted of child abuse or neglect? Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Both Adults:**

On a separate sheet of paper, please list those persons other than your own children who have lived with you. Give Name, Date of Birth, and Relationship to you.

On a separate sheet of paper, please list employment history for the past five years. Give company Name, Address, Phone, and length of employment.

Do you own or keep any pets in your home? Yes  No

Do you own or keep any guns or projectiles (e.g. darts, arrows, BB's) in your home?  
Yes  No

If yes, please attach a written plan of how you will keep these weapons locked up and secure from the children.

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

- Disorder/disease of the heart, lungs liver, pancreas, colon, back, bones, muscles or joints?  
Yes  No
- Disorder/disease of the digestive system, urinary tract, kidneys, reproductive system/infertility? Yes  No
- Immune disorder, AIDS, ACR or chronic lung disorder? Yes  No
- Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis, or birth defect? Yes  No
- Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction? Yes  No
- Diabetes? Yes  No
- High blood pressure? Yes  No

- Has any one been advised to have or contemplated having diagnostic tests, treatment(s) (including medications), counseling or hospitalization for any condition not already mentioned or is any one totally or partially disabled? Yes  No

Please provide details for any “Yes” answers as follows:

	<u>Name</u>	<u>Condition &amp;Diagnosis</u>	<u>Dates</u>	<u>Treatment &amp; results</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

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

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**ADDITIONAL PAPERWORK: (ALL DOCUMENT MUST BE RETURNED WITH APPLICATION)**

- 1) Please attach a floor plan of your home indicating the purpose of each room (e.g. bedroom for foster children, bedroom for foster parents, etc.) and the dimensions of each room. (The floor plan does not have to be to scale.) Also document the location of all fire extinguishers and smoke detectors. Also include a sketch or photo of the outside areas of your home showing buildings, driveways, fences, storage areas, gardens, recreation areas, pools, ponds, or other bodies of water. PLEASE SHOW EVACUATION ROUTES USING ARROWS.
- 2) Please attach an inspection report from the health department and fire department.
- 3) Please attach TB tests, dated within a year prior to date of application, for each person living in the house.
- 4) Please attach vaccinations, dated within a year prior to date of application, for each of your pets.
- 5) Please attach copies of driver’s license(s) and vehicle insurance with expiration date.
- 6) Please attach copies of Social Security Card(s).
- 7) Please attach copies of homeowners / renters insurance with expiration dates.
- 8) Please attach copies of High School Diploma(s) or GED(s)
- 9) Please attach proof of marriage or divorce (marriage must be at least 2 years old)
- 10) Please attach proof of income (2 most recent pay stubs or income proof)
- 11) Please attach List of house rules that help you manage your home and/or that you would expect a foster child to abide by.
- 12) Please attach a daily schedule for week days and weekends that help manage your home and/or that you would expect a foster child to abide by.

**PERSONAL REFERENCES (MUST HAVE COMPLETE ADDRESS)**

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

**Name:** \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

**Name:** \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

**Name:** \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

**Name:** \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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**Please list the names, addresses, and phone numbers of each adult child not living with you.**

**Name:** \_\_\_\_\_

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

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

**Name:** \_\_\_\_\_

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

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

**Name:** \_\_\_\_\_

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

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

**Name:** \_\_\_\_\_

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

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

**Others:**

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

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I hereby declare that the information provided by me in this application for foster parent is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified and understand that if any of this information is found to be inaccurate or false, this may be used to terminate any further consideration of my application. I give my consent for any agencies, employers, companies, friends, or family members to be contacted.

\_\_\_\_\_  
Adult #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult #2

\_\_\_\_\_  
Date

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Please send completed application to:  
Olympus House  
P.O. Box 152825  
Dallas, TX 75315

