

METHODIST CHILDREN'S HOME

Foster Home Application

Methodist Children's Home is a professional Christian ministry for children, youth and families. Our nationally recognized programs make us a leader in child care. We expect all of our employees to conduct their professional and personal affairs in a manner which presents a positive role model for our youth.

Mission Statement: Methodist Children's Home offers hope to children, youth and families through a nurturing, Christian community.

Please TYPE or PRINT (in blue or black ink) responses to the following questions.

Husband's Full Name (First, Middle, Last)

Wife's Full Name (First, Middle, Last)

Wife's Maiden Name

List other names you have gone by (such as a shortened first name or using a middle name as a first name).

Address

City/State/Zip

Home Phone

Husband's Work Phone & Cell Phone

Wife's Work Phone & Cell Phone

Husband's Email

Wife's Email

List children and others living in the home. (For those age 14 and older, please provide their social security number. We must have a copy of Driver's licenses for any driver.)

Name	Date of Birth	Sex	Grade/Occupation	SSN	Relationship
------	---------------	-----	------------------	-----	--------------

List children **not** living in your home (INCLUDE ALL GROWN CHILDREN).

Name	Date of Birth	Sex	Grade/Occupation	Address	Phone
------	---------------	-----	------------------	---------	-------

INFORMATION REGARDING HUSBAND

Birth Date _____ Birth Place _____

Social Security Number _____

Driver's License Number (must provide a copy) _____

Color of Hair _____

Color of Eyes _____

Color of Skin _____

Height _____ Weight _____

EDUCATION

Last Grade Completed (K-12) _____

Additional Education _____

Church Preference _____

Civic, Fraternal, Military & Social Affiliations _____

INFORMATION REGARDING WIFE

Birth Date _____ Birth Place _____

Social Security Number _____

Driver's License Number (must provide a copy) _____

Color of Hair _____

Color of Eyes _____

Color of Skin _____

Height _____ Weight _____

EDUCATION

Last Grade Completed (K-12) _____

Additional Education _____

Church Preference _____

Civic, Fraternal, Military & Social Affiliations _____

MARRIAGE

Present Marriage Date _____ Place Marriage Recorded _____

By Whom Married _____

HUSBAND'S PREVIOUS MARRIAGES

Previous Marriage Date _____ Place Recorded _____

Previous Marriage Date _____ Place Recorded _____

TERMINATION

Date _____ Place _____ How? _____

Date _____ Place _____ How? _____

WIFE'S PREVIOUS MARRIAGES

Previous Marriage Date _____ Place Recorded _____

Previous Marriage Date _____ Place Recorded _____

TERMINATION

Date _____ Place _____ How? _____

Date _____ Place _____ How? _____

INFORMATION REGARDING HUSBAND

Current occupation

Employer

Address

City/State/Zip

How long have you been employed there?

Gross annual salary

Additional Income Amount	Source
--------------------------	--------

LEGAL

Have you ever been arrested? If yes, explain.

Have you lived outside the state of Texas during the last 5 years? If yes, please list places lived.

List all cities in Texas where you have lived.

HEALTH

Do you have health problems? Please explain.

Have you been hospitalized in the past 5 years? Please explain.

Are you presently taking medication? Please explain.

INFORMATION REGARDING WIFE

Current occupation

Employer

Address

City/State/Zip

How long have you been employed there?

Gross annual salary

Additional Income Amount	Source
--------------------------	--------

LEGAL

Have you ever been arrested? If yes, explain.

Have you lived outside the state of Texas during the last 5 years? If yes, please list places lived.

List all cities in Texas where you have lived.

HEALTH

Do you have health problems? Please explain.

Have you been hospitalized in the past 5 years? Please explain.

Are you presently taking medication? Please explain.

PERSONAL REFERENCES

NOTE: List 2 relative references (one for each spouse). Also, list 3 non-relative references who have known you well for at least two years. Please list COMPLETE addresses and phone numbers.

Relative Name (Husband)	Address	City/State/Zip	Phone	How related?
-------------------------	---------	----------------	-------	--------------

Relative Name (Wife)	Address	City/State/Zip	Phone	How related?
----------------------	---------	----------------	-------	--------------

Reference 1 Name	Address	City/State/Zip	Phone	How long known?
------------------	---------	----------------	-------	-----------------

Reference 2 Name	Address	City/State/Zip	Phone	How long known?
------------------	---------	----------------	-------	-----------------

Reference 3 Name	Address	City/State/Zip	Phone	How long known?
------------------	---------	----------------	-------	-----------------

Additional Comments:

FOSTER CHILDREN

List preferred foster children **ages, gender** and **preferred number** of children.

Have you applied to be a foster parent before? Yes No

With Methodist Children's Home? Yes No

If yes, when? _____

With another agency? Yes No

If yes, when and with whom? _____

Have you ever applied to adopt a child? Yes No

If yes, when and with whom? _____

FOSTER CHILDREN

How did you hear about Methodist Children's Home foster care?

What experiences have you had working with children?

What led you to become interested in becoming a foster parent?

IMPORTANT - READ CAREFULLY

I certify that all of the information in this application is true. Methodist Children's Home is authorized to receive information from my references and to complete a criminal history, a Central Registry Check and a driver's license check. I agree that Methodist Children's Home is also released from any liability in connection with evaluating this application.

Husband's signature

Date

Wife's signature

Date

Please provide directions for reaching your home.