



Dear Parent(s),

We are so thrilled that you have started the process of becoming a foster and/or adoptive parent. There are many children here in Texas who are in need of safe, nurturing and skilled homes.

Enclosed you will find a timeline for our application and verification process. If you choose to proceed with this process, please submit your application as soon as possible so our staff can contact you for an orientation. During the orientation, we will provide a list of all supplemental application materials.

As a reminder, Pre-Service Training gives you an opportunity to learn, in depth, about fostering and adopting children through the foster care system. It is also a period of time to ensure that The Settlement Home for Children is a good fit for you, and for us to do the same with our families. At any point prior to verification, the family and the agency has the ability to terminate this process.

The Settlement Home for Children is a private agency. We contract with the State of Texas to provide foster care and adoption services. Any concerns that arise during the application process regarding application materials, background checks and participation in Pre-Service Training will be addressed with families immediately.

We very much look forward to working with you!

Warmly,

Megan Zellner, LPC-S, LCPAA  
Foster & Adoption Program Director

# **The Settlement Home for Children Foster & Adoption Program**

## **Application Timeline**

### **Prior to Pre-Service Training**

- Complete online application to determine eligibility
- Attend an orientation with The Settlement Home for Children

### **During Training**

- Return Criminal History and Driving Record check during the first Pre-Service Training Class
  - Your background checks and driving record will be run at the first week of class
  - A valid driver's license and social security card will need to be submitted to complete the background check
- Attend all Pre-Service Training Classes
  - Please note that all adults living in the home, such as grandparents, who will provide routine care for foster children are required to have the same pre-service and on-going training classes as foster parents
- Schedule & complete FBI Fingerprints for parents and any child over 14 in the home
- Schedule & complete CPR/First Aid classes
- All supporting documents for your application are due by the last day of Pre-Service Training

### **After Pre-Service Training**

- Contact Foster & Adoption Program Staff about scheduling either your 10 or 40 hours of observation with one of our current families or respite care
- Schedule your Health Inspection
- Schedule your Fire Inspection
- Schedule your Home Study Interview with Foster & Adoption Program Staff
  - Environmental Standards Checklist will be completed and photos of the exterior of your home will be taken on this day
- Schedule & complete TB tests for all household members
- After home study approval, parents meet with Program Staff to sign their contract

### **After Verification**

- Adoptive families complete their PowerPoint photo book to be submitted with their home study
- We encourage regular contact with Program Staff during your submission and matching process
- We also encourage involvement with other foster and adoption families through the Facebook page, respite, babysitting, and mentorship



Are you a Permanent Resident?  Yes  No

❖ Please provide documentation

**Tell us about your family. What qualities make you a good candidate for foster care and adoption?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is your motivation to become a foster or adoptive family with us?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Residence History:**

How long have you lived at your current address? \_\_\_\_\_

List the street address, city, state and length of time at each residence for the past ten years?  
Please list specific dates for any residence for the past two years. We must contact local law enforcement to inquire about any emergency phone calls made from your address(es) over the past two years.

(1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address Dates from to

Reason for move: \_\_\_\_\_

(2) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address Dates from to

Reason for move: \_\_\_\_\_

(3) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address Dates from to

Reason for move: \_\_\_\_\_

(4) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address Dates from to

Reason for move: \_\_\_\_\_

(5) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address Dates from to

Reason for move: \_\_\_\_\_

(6) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address Dates from to

Reason for move: \_\_\_\_\_

**Please tell us about your home.**

Do you rent or own your home? \_\_\_\_\_

Do you have renters or homeowners insurance?  Yes  No

Are you planning construction projects on your home in the next 12 months?  Yes  No

How many bedrooms are in your home? \_\_\_\_\_ Is each bedroom at least 80 square feet? \_\_\_\_\_

❖ **Please attach a floor plan of your home showing the dimensions of each room, (i.e. 15' X 18') and labeling each room, (i.e. Bedroom, Kitchen).**

❖ **Please also indicate where foster or adoptive children would sleep.**

Do you have a swimming pool?  Yes  No

If yes, does it have a protective fence around it that locks?  Yes  No

Does it have a protective cover?  Yes  No

Is there safety equipment nearby?  Yes  No

If yes, what kind? \_\_\_\_\_

Do you have a trampoline?  Yes  No

Do you have pets?  Yes  No

If yes, please tell us the kinds of pets you have and their names.

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❖ **If you have pets, please attach a copy of their current vaccinations.**

❖ **Please initial to indicate that you understand that you are required to notify this agency prior to placing a new animal in your home: \_\_\_\_\_**

Is your family anticipating any major life changes within the next year? (i.e. relocating, becoming pregnant, major job change, etc.). If yes, please explain:

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Is there anything that you think a child should know about your family before being placed in your home? For example:

Religious practices:

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Values, Hobbies, Other:

**Please tell us about your academic history.**

**Parent #1:** Name \_\_\_\_\_

Grade School  Junior High  High School  GED

Trade School  Some College

Four Year Degree \_\_\_\_\_

Post Graduate Degree \_\_\_\_\_

Major/Area of Study: \_\_\_\_\_

**Parent #2:** Name \_\_\_\_\_

Grade School  Junior High  High School  GED

Trade School  Some College

Four Year Degree \_\_\_\_\_

Post Graduate Degree \_\_\_\_\_

Major/Area of Study: \_\_\_\_\_

Informal Education:

\_\_\_\_\_

**Please provide information on anyone living in your home:**

Has either parent ever been arrested?  Yes  No

If so, what was the charge and how was it resolved? \_\_\_\_\_

\_\_\_\_\_

Has anyone in the home had any involvement with DFPS?  Yes  No

Has anyone in your home been involved in an act of assault (as the aggressor or the victim) of child battering, child abuse, child molestation, or child neglect?  Yes  No

Have you or anyone living in your home ever been convicted of a felony and/or misdemeanor classified as an offense against a person, family, public indecency, or any violation of the Controlled Substance Act?  Yes  No

Has anyone in your home ever been involved in a domestic dispute?  Yes  No

If yes, when and what was the outcome of the conviction? **Attach additional pages if necessary.**

\_\_\_\_\_

Has anyone living in your home ever been convicted of Driving While Intoxicated or Public Intoxication?  Yes  No

If yes, when and what was the outcome of the conviction (i.e. sentence, substance abuse counseling, removal of license, etc)

\_\_\_\_\_

\_\_\_\_\_

Individuals, including yourself, living in your home (attach additional pages if necessary) :

\*Please note that as a general guideline, we do not license foster or adoptive homes where roommates, or adults who are not the foster parents, are also living. If this pertains to you, contact our office to discuss further. Exceptions may be made in extenuating circumstances.

\*\*Any adults other than foster parents who live in the home and who will care for children (such as your parents) must also go through pre-service training with our agency and will be required to have 20 hours of ongoing training annually.

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

- ❖ **Please initial to indicate that you understand that you are required to notify this agency prior to a new person moving into your home:** \_\_\_\_\_

**Please provide information about any children living away from home (Adult and/or Minor). If these individuals will be regular or frequent visitors to the home, they will also require a background check with possible fingerprints.**

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Educational Level Completed: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Educational Level Completed: \_\_\_\_\_

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

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

Do you have an employee or anyone else who will be in your home on a regular basis?

Yes  No

- ❖ **If yes, please provide their name, age and what they do.**

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- ❖ **Anyone regularly in the home must obtain a negative TB (Tuberculosis) test and provide the documentation.**
  - ❖ **A background check is required by the state. Please fill out the Criminal History Request form and provide a copy of their driver's license and Social Security Card.**

**Please provide the following financial information:**

- ❖ **The Settlement Home must demonstrate to the state that its families are not dependent on the state foster care reimbursement or adoptive assistance.**
- ❖ **Please attach a copy of your pay stubs for two months from your current employer and your most recent tax return.**
- ❖ **Please provide a copy of your current Auto Liability Insurance card.**

Do you have health insurance for your family?  Yes  No Through whom? \_\_\_\_\_

Do you have liability insurance other than auto liability coverage?  Yes  No

How many vehicles do you own? \_\_\_\_\_

Are you:  Buying  Leasing or are they  Paid off?

Have you ever declared bankruptcy?  Yes  No

If yes, when? What were the circumstances? \_\_\_\_\_

**Employment and Monthly Budget**  
**Please Attach 10 Year Employment History or Resume**

<b>Income:</b>	<b>Parent 1</b>	<b>Parent 2</b>
Current Employer		
Occupation		
Annual Salary		
Monthly <i>Take-home</i> Income		
<b>Totals Combined:</b>		

Other Sources of Income	
Other Assets	

<b>Expenses:</b>	Monthly	Balance	To Whom
Rent/Mortgage			
Property Tax			
Property Payments Other Than Home			
Electric			
Gas			
Water and Trash			
Telephone			
Cell Phones			
Satellite/Cable			
Groceries			
Automobile 1: Year/Make Model			
Automobile 2: Year/Make/Model			
Automobile 3: Year/Make/Model			
Auto Insurance			
Auto Maintenance			
Doctor/Hospital Visits			
Medical			
Child Care			
Child Support/legal			



Church/Charitable Giving			
Finance Companies			
Credit Cards			
Home Insurance			
Recreation			
Other Expenses: (Amazon, school lunches, pets etc)			
<b>Totals:</b>			

Do you currently have life insurance?  Yes  No

What is the policy value per parent? \_\_\_\_\_

Do you currently have a retirement account/401K?  Yes  No

What is the policy value per parent? \_\_\_\_\_

What is the balance of your savings account? \_\_\_\_\_

Families who are pursuing adoption through foster care are **STRONGLY** encouraged to obtain health insurance, life insurance and to have enough in savings equivalent to the cost of living for three months.

If your family does not currently have these in place, please indicate your plan to meet this recommendation below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Employment:**

**Parent #1**

Are you a stay-at home parent?  Yes  No

If you work outside the home, how many hours per week do you work? \_\_\_\_\_

Do you travel for work?  Yes  No How often? \_\_\_\_\_

Are you aware that foster care/adoption may require taking time off work?  Yes  No

How much time are you able and willing to take from your job after children are placed? \_\_\_\_\_

If you are currently unemployed, please provide the date of unemployment and details of the situation, including future plans:

\_\_\_\_\_

\_\_\_\_\_

Military experience:

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**Parent #2**

Are you a stay-at home parent?  Yes  No

If you work outside the home, how many hours per week do you work? \_\_\_\_\_

Do you travel for work?  Yes  No How often? \_\_\_\_\_

Are you aware that foster care/adoption may require taking time off work?  Yes  No

How much time are you able and willing to take from your job after children are placed? \_\_\_\_\_

If you are currently unemployed, please provide the date of unemployment and details of the situation, including future plans:

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Military experience:

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**Previous Experience:**

Do you have previous experience as a foster or adoptive family?  Yes  No

Has your foster or adoptive home ever been denied or closed?  Yes  No

Have you ever been turned down by another foster or adoptive agency?  Yes  No

If yes, reason why:

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If yes, please fill out below:

Agency Name: \_\_\_\_\_

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

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Telephone Number: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

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

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If yes, please fill out below:

Agency Name: \_\_\_\_\_

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

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Telephone Number: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

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

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## **Foster and Adoptive Parent Job Description and Expectations**

### **QUALIFICATIONS:**

- Must be at least 24 years old
- Must provide proof of at least a GED or High School Diploma
- Must be able to learn and benefit from Pre-Service Training & pass the assessments provided in that training
- Must have proof of citizenship
- Must obtain a TB test or chest x-ray with negative results before being around foster children
- Must have a valid driver's license, a good driving record and proof of automobile insurance
- Must be healthy, both medically and emotionally, and capable of meeting the needs of children in your care
- Must have a willingness to follow Settlement Home for Children's policies, The State of Texas Minimum Standards as well as standards and guidelines from Youth For Tomorrow in parenting the children placed with you
- Must provide a non-smoking environment for the children placed with you
- Must have the physical space in your home to accommodate a foster child
- Must not have any indictment alleging commission of any misdemeanor classified as an offense against a person or family, or of public indecency; must not have any official complaints that have been accepted by a district or county attorney alleging the commission of a misdemeanor classified as an offense against a person, family or of public indecency; and must not have any indictment alleging commission of any felony classified as an offense against a person or family, or of public indecency or of violation of the Texas Controlled Substances Act.
- Must not be or become dependent upon the reimbursement from providing foster care services to support you or your family
- Must have dependable transportation
- Must be willing to foster or adopt children in at least one of the following categories:
  - Teenagers
  - Sibling groups of two with at least one child 7 or older
  - Minority children over age 6
  - Siblings groups of three or more
  - Children with medical needs, though not Primary Medical Needs
  - Children with behavioral needs

### **DUTIES:**

- Provide a safe environment, supervision, care, guidance and quality nutrition to children placed in your care
- Provide consistent therapeutic interventions for the children placed in your care which are informed by the training you receive about trauma, development and attachment
- Obtain medical, dental and psychological services for the children placed in your care within the time limits prescribed by standards
- Assist children in your care with formal education including attending ARD meetings at school, having conferences with teachers as necessary, supervising and assisting with homework and encouraging children to work to their ability
- Provide transportation for children in your care to therapy, sibling & family visits, school and all necessary functions

- Educate children in your care regarding physical health, hygiene, social skills, family living, sexual health and independent living
- Attend and benefit from attendance at on-going training and meet the requirements for the amount of training needed specific to the services you provide in your home
- Give input to creating and follow through with implementing individual service plans for the children placed in your care
- Follow all Settlement Home for Children policies and procedures as well as the State's Minimum Standards and those of Youth For Tomorrow
- Complete and turn in the appropriate documentation for the children in your care, and report serious incidents immediately after they occur
- Read the monthly Foster & Adoption Program newsletter, and pay attention to the due dates for your home and children in your care
- Attend mandatory training meetings per year

Foster/Adoptive Parent Initials: \_\_\_\_\_

## Initial Costs

For both foster and adoptive homes, families should expect to pay the following approximate amounts for expenses related to becoming licensed:

TB skin tests	Varies by medical provider
FBI Fingerprinting	\$39 - \$42 per person over age 14
CPR and First Aid	\$30 per person through CPR Resources
Health Inspection	Free - \$60, varies by county
Fire Inspection	Free - \$150, varies by county

Parents should also expect to pay for whatever modifications are needed to be made to their home in order to meet the minimum standards set by the State of Texas. These costs are incurred by the family and are not reimbursable by The Settlement Home for Children.

## Ongoing Foster Home Costs

The following are costs that may be initially incurred by the foster family, but that the monthly Foster Care Reimbursement is meant to alleviate:

- Shelter, Clothing, Food
- Hygiene, hair care, hygiene supplies
- Transportation for children in care
- Non-prescription, over-counter medications
- Allowance for chores, academic achievement, etc.
- Recreation, entertainment and family trips
- Dances and dates
- Daycare costs until state-covered daycare is approved and during lapses in coverage
- School expenses, including:
  - Field trips
  - Participation in sports
  - Extracurricular activities
  - Band choir, pep squad, etc
  - Gym clothes
  - School supplies as needed
  - School pictures
  - Graduation costs (if CPS does not reimburse)
  - Yearbook
  - Afterschool care for age 6 and up

Foster/Adoptive Parent Initials: \_\_\_\_\_

## Family Relationships Fact Sheet

To help us accurately capture your family history, please tell us a little bit about you family of origin:

	<b>Parent 1</b>	<b>Parent 2</b>
Parent's Name		
Age		
Health Status		
Occupation		
Address		
Parent's Name		
Age		
Health Status		
Occupation		
Address		

Sibling's Name		
Location		
Occupation		
Age		
Sibling's Name		
Location		
Occupation		
Age		
Sibling's Name		
Location		
Occupation		
Age		
Sibling's Name		
Location		
Occupation		
Age		

## Documentation of Previous Marriages and Divorces

Foster Parent Name: \_\_\_\_\_

Former Spouse's Name: \_\_\_\_\_

Date Married: \_\_\_\_\_

Date Divorced: \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_

Former Spouse's Name: \_\_\_\_\_

Date Married: \_\_\_\_\_

Date Divorced: \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_

Former Spouse's Name: \_\_\_\_\_

Date Married: \_\_\_\_\_

Date Divorced: \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_

Former Spouse's Name: \_\_\_\_\_

Date Married: \_\_\_\_\_

Date Divorced: \_\_\_\_\_

# Self-Declaration Medical and Mental Health History

## Parent #1

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

### Medical History

Date of last Physical Exam: \_\_\_\_\_

Do you currently have or have a history of any of the following:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Epilepsy                      | <input type="checkbox"/> Migraine Headache    | <input type="checkbox"/> Hepatitis                            | <input type="checkbox"/> Lung Disease                     |
| <input type="checkbox"/> Stroke                        | <input type="checkbox"/> Thrombophlebitis     | <input type="checkbox"/> Heart Disease                        | <input type="checkbox"/> Arthritis                        |
| <input type="checkbox"/> Hypertension                  | <input type="checkbox"/> Back Problems        | <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Emotional/Psychological Problems |
| <input type="checkbox"/> Alcohol/Chemical Dependency   | <input type="checkbox"/> Panic Attacks        | <input type="checkbox"/> Other limiting Emotional or Problems |   |
| <input type="checkbox"/> Vision or Hearing impairments | <input type="checkbox"/> Cancer (Type: _____) |   |   |
| <input type="checkbox"/> Other: _____                  |   |   |   |

If any of the above is checked, describe any limitations it may cause in providing foster care to children:

\_\_\_\_\_

What medications are you currently taking?

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

Have you experienced any of the following in the last 12 months?

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| Pregnancy                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Childbirth                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adoption                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Miscarriage                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fertility treatments       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Death of a loved one       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Serious accident or injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Major surgery              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain:

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

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

If yes, please explain:

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

If you have biological children, are they current on vaccines?  Yes  No

\* If biological children are unvaccinated, you must provide a letter from your pediatrician stating that this will not pose a risk to children placed for foster care, as well as a recommendation on the minimum age for a child being placed in your home.



**Parent #2**

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

**Medical History**

Date of last Physical Exam: \_\_\_\_\_

Do you currently have or have a history of any of the following:

- Epilepsy       Migraine Headache       Hepatitis       Lung Disease
- Stroke       Thrombophlebitis       Heart Disease       Arthritis
- Hypertension       Back Problems       Diabetes       Emotional/Psychological Problems
- Alcohol/Chemical Dependency       Panic Attacks       Other limiting Emotional or Problems
- Vision or Hearing impairments       Cancer (Type: \_\_\_\_\_)
- Other: \_\_\_\_\_

If any of the above is checked, describe any limitations it may cause in providing foster care to children:

\_\_\_\_\_

What medications are you currently taking?

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

Have you experienced any of the following in the last 12 months?

- Pregnancy       Yes  No
- Childbirth       Yes  No
- Adoption       Yes  No
- Miscarriage       Yes  No
- Fertility treatments       Yes  No
- Death of a loved one       Yes  No
- Serious accident or injury       Yes  No
- Major surgery       Yes  No

If yes, please explain:

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

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

If yes, please explain:

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

**This Form Must Be Completed For Any Person (Children Included) Living in the Home:**

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

**Medical History:**

Date of last Physical Exam: \_\_\_\_\_

Do you currently have or have a history of any of the following:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Epilepsy                      | <input type="checkbox"/> Migraine Headache    | <input type="checkbox"/> Hepatitis                            | <input type="checkbox"/> Lung Disease                     |
| <input type="checkbox"/> Stroke                        | <input type="checkbox"/> Thrombophlebitis     | <input type="checkbox"/> Heart Disease                        | <input type="checkbox"/> Arthritis                        |
| <input type="checkbox"/> Hypertension                  | <input type="checkbox"/> Back Problems        | <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Emotional/Psychological Problems |
| <input type="checkbox"/> Alcohol/Chemical Dependency   | <input type="checkbox"/> Panic Attacks        | <input type="checkbox"/> Other limiting Emotional or Problems |   |
| <input type="checkbox"/> Vision or Hearing impairments | <input type="checkbox"/> Cancer (Type: _____) |   |   |
| <input type="checkbox"/> Other: _____                  |   |   |   |

If any of the above is checked, describe any limitations it may cause in providing foster care to children:

\_\_\_\_\_

What medications are you currently taking?

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

Have you experienced any of the following in the last 12 months?

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| Pregnancy                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Childbirth                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adoption                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Miscarriage                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Death of a loved one       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Serious accident or injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Major surgery              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain:

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

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

If yes, please explain:

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

## Firearm Safety Agreement

I/We understand that explosive materials, firearms, and projectiles such as darts, arrows and B-B's must be stored out of the reach of children

I understand that fully automatic weapons are not allowed on my property as a licensed foster home through The Settlement Home for Children

I/We do not have any of the above listed items in our (my) home / on our (my) property.

**OR**

I/We have the following items in my home / on my property that fall under the items listed above:

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I/We understand that weapons must be kept in a locked storage container made of strong, unbreakable material and stored separately from the ammunition

**Storage of weapons and ammunition:**

The locked storage container does have a glass or other breakable front or enclosure and the weapons are secured with a locked cable or chain placed through their trigger guards

**OR**

The locked storage container does not have a glass or other breakable front or enclosure

Ammunition is stored separately from the weapons in a locked storage container made of strong unbreakable material

**OR**

Ammunition is stored with the weapons in the same location, though access to both the ammunition and weapons cannot be obtained by using the same key and/or combination

All verified foster families must provide proof of an in-person firearm safety course within the last five years.

The Settlement Home for Children prohibits foster or adoptive parents from carrying a weapon on their person in the foster home or in the community. Foster parents in law enforcement positions are exempt. Weapons for hunting and target practice must be secured and transported as outlined in the TDFPS Minimum Standards. Unsecured weapons may result in immediate termination of the foster home verification.

Foster/Adoptive Parent Initials: \_\_\_\_\_

## Emergency and Disaster Plan

As per TDFPS Minimum Standards for foster and foster/adopt parents, families verified through The Settlement Home for Children are required to alert the agency if they must evacuate their home for any reason. If any changes are made to a family's disaster and emergency plan, the agency must be informed immediately.

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**In-town evacuation location:** \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Out-of-town evacuation location:** \_\_\_\_\_

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

Phone: \_\_\_\_\_

How will children under the age of two or who are mobility impaired be relocated to a designated safe area?

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

In an emergency, how will medication and medical equipment be made available to children?

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

## **Confidentiality Statement**

Any information regarding foster children of The Settlement Home for Children is strictly confidential. No information about the foster child will be divulged to persons except as it directly relates to the care and treatment of the child, and only with prior approval from the Managing Conservator obtained by the Settlement Home for Children. In order to communicate about a foster child with local schools, community agencies involved with the child, hospitals, physicians, therapists, and other medical personnel who may be involved, the Foster and Adoption Program will get verbal or written approval from the Managing Conservator or referring agency prior to providing any information.

At times, foster children will want a foster or foster/adopt parent or the parent's family to promise to keep information secret from agency staff, the Managing Conservator, or the child's Therapist. It is important for everyone involved to understand that any information revealed to him or her by the foster child will be communicated immediately to the Program Team. This requirement to communicate such information is for the purpose of strengthening the child's treatment process and experience. It is also for the purpose of teaching children from families with dysfunctional dynamics that trust and authenticity are possible, expected, and lead to a better family life.

Written information about the foster child will be kept confidential and unavailable to unauthorized individuals. When disposing of written materials, foster and foster/adopt parents will shred or otherwise destroy the paper so that no identifying information can be found in or around wastebaskets, garbage containers, etc. Parents are also prohibited from discussing and/or publishing photos of their foster and foster to adopt children via social media outlets, as this also violates confidentiality.

I have read and understand the confidentiality statement above and agree to uphold this policy with regard to my children placed by The Settlement Home for Children Foster and Adoption Program.

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**Foster Parent/Adoptive Parent Signature**

**Date**

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**Foster Parent/Adoptive Parent Signature**

**Date**



I/We certify that the information provided above is true and complete to the best of my knowledge. I/We understand that any purposeful misrepresentation of our family on this application could be considered cause for denial as a prospective foster or adoptive home.

I/We authorize The Settlement Home for Children to obtain any additional information that will assist in the evaluation of my family and home in the Foster and Adoption Program.

I/We acknowledge that in addition to submitting the above information, I/we must also pass Criminal History, Central Registry and FBI background checks.

I/We understand that completion of these steps does not guarantee licensure with this agency.

I/We understand that I am not obligated to provide foster or adoptive care through The Settlement Home for Children, nor that The Settlement Home for Children obligated to seek placement of children in my home.

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**Foster Parent/Adoptive Parent Signature**

**Date**

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**Foster Parent/Adoptive Parent Signature**

**Date**