



## Foster Care Program Application to Provide Licensed Foster Care

FOR OFFICE USE ONLY	
DATE RECEIVED	RECEIVED BY

TYPE OF APPLICATION (Check all that apply) <input type="checkbox"/> TREATMENT FOSTER CARE <input type="checkbox"/> REGULAR FOSTER CARE <input type="checkbox"/> RESPITE CARE			
APPLICANT NUMBER 1		APPLICANT NUMBER 2	
NAME (Last, First, Middle)		NAME (Last, First, Middle)	
BIRTH DATE	BIRTH PLACE	BIRTH DATE	BIRTH PLACE
SOCIAL SECURITY NUMBER - - -		SOCIAL SECURITY NUMBER - - -	
MAIDEN NAME		MAIDEN NAME	
FORMER MARRIED NAMES/ALIASES		FORMER MARRIED NAMES/ ALIASES	
RELIGIOUS PREFERENCE (if any)		RELIGIOUS PREFERENCE (if any)	
EDUCATION (highest grade completed)	GENDER	EDUCATION (highest grade completed)	GENDER
PRIMARY LANGUAGE SPOKEN IN HOME		PRIMARY LANGUAGE SPOKEN IN HOME	
OTHER LANGUAGE(S) SPOKEN IN HOME		OTHER LANGUAGE(S) SPOKEN IN HOME	
ARE YOU A U.S. CITIZEN (or authorized to work in the U.S.)? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A U.S. CITIZEN (or authorized to work in the U.S.)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OCCUPATION (Previous 3 Years)		OCCUPATION (Previous 3 Years)	
CURRENT/LAST EMPLOYER		CURRENT/LAST EMPLOYER	
POSITION TITLE		POSITION TITLE	
START DATE	END DATE	START DATE	END DATE
PREVIOUS EMPLOYER/TITLE		PREVIOUS EMPLOYER/TITLE	
START DATE	END DATE	START DATE	END DATE
PREVIOUS EMPLOYER/TITLE		PREVIOUS EMPLOYER/TITLE	
START DATE	END DATE	START DATE	END DATE

Applicant Last Name(s): \_\_\_\_\_

TELEPHONE NUMBERS (Include Area Code)		TELEPHONE NUMBERS (Include Area Code)	
Work: _____		Work: _____	
Home: _____		Home: _____	
Cell: _____		Cell: _____	
Email: _____		Email: _____	
MEDICAL HISTORY			
QUESTION	APPLICANT 1	APPLICANT 2	
PRESENT MEDICAL CONDITIONS			
PAST MEDICAL CONDITIONS			
HOSPITALIZATIONS			
CURRENT MEDICATIONS			
MARRIAGES/SIGNIFICANT ADULT INTERPERSONAL RELATIONSHIPS			
CURRENT MARRIAGE/RELATIONSHIP (Town, Country, State)			START DATE
RELATIONSHIP 1	APPLICANT 1	APPLICANT 2	
SIGNIFICANT OTHER'S NAME			
DATE/STATE OF RELATIONSHIP			
DATE/STATE OF DIVORCE			
DATE OF SIGNIFICANT OTHER'S DEATH			
RELATIONSHIP 2	APPLICANT 1	APPLICANT 2	
SIGNIFICANT OTHER'S NAME			
DATE/STATE OF RELATIONSHIP			
DATE/STATE OF DIVORCE			
DATE OF SIGNIFICANT OTHER'S DEATH			
<b>If more than 2 previous marriages/relationships, please list on a separate sheet of paper.</b>			

Applicant Last Name(s): \_\_\_\_\_

<b>PERSONAL HISTORY (For all adults and children living in the home)</b>				
Have any of the adults or children living in the home ever been arrested as a juvenile?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have any of the adults or children living in the home ever been arrested as an adult?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have any of the adults or children living in the home ever received treatment for behavioral disorders?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have any of the adults or children living in the home ever been institutionalized?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have any of the adults or children living in the home ever been referred to the Protective Services Division?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have any of the adults or children living in the home ever been previously attempted to become a foster parent/adopt/been licensed through another agency?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES/HISTORY IN DETAIL INCLUDING WHO, WHAT, WHERE, AND WHEN.				
<b>APPLICANT CHILDREN INFORMATION</b>				
<b>NAMES OF CHILDREN LIVING IN THE HOME</b>	<b>BIRTH DATE</b>	<b>GRADE/ OCCUPATION</b>	<b>BIRTH/ADOPTED</b>	
<b>NAME OF CHILDREN NOT LIVING IN THE HOME</b>	<b>BIRTH DATE</b>	<b>MAILING ADDRESS</b>	<b>PHONE NUMBER</b>	

Applicant Last Name(s): \_\_\_\_\_

APPLICANT CHILDREN INFORMATION(continued)				
DECEASED CHILD NAME			DATE OF DEATH	
FAMILY INFORMATION-APPLICANT 1				
NAME	RELATIONSHIP	MAILING ADDRESS	AGE	OCCUPATION
	FATHER			
	MOTHER			
	SIBLING			
	SIBLING			
	SIBLING			
FAMILY INFORMATION-APPLICANT 2				
NAME	RELATIONSHIP	MAILING ADDRESS	AGE	OCCUPATION
	FATHER			
	MOTHER			
	SIBLING			
	SIBLING			
	SIBLING			
CURRENT HOUSING INFORMATION				
STREET ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOUSING TYPE				
<input type="checkbox"/> HOUSE		<input type="checkbox"/> APARTMENT		<input type="checkbox"/> MOBILE HOME
			NUMBER OF BEDROOMS:	
NAMES OF NEAREST SCHOOLS				
ELEMENTARY		MIDDLE SCHOOL	HIGH SCHOOL	
PREVIOUS ADDRESSES (Last 5 years)			DATES (From-To)	
<b>If more than 4 previous housing locations in the last 5 years, please list on a separate sheet of paper.</b>				

Applicant Last Name(s): \_\_\_\_\_

HOME OCCUPANTS				
OTHERS LIVING IN/ FREQUENTING THE HOME	RELATIONSHIP	BIRTH DATE	ADDRESS	TELEPHONE NUMBER

REFERENCES		
APPLICANT 1- FOUR PEOPLE WHO KNOW YOU WELL AND WE CAN CONTACT (one may be related to you).		
NAME	MAILING ADDRESS	TELEPHONE NUMBER
APPLICANT 2- FOUR PEOPLE WHO KNOW YOU WELL AND WE CAN CONTACT (one may be related to you).		
NAME	MAILING ADDRESS	TELEPHONE NUMBER

**CHILDAHVEN HAS ZERO TOLERANCE FOR ANY CHILD ABUSE OR NEGLECT**

Please check/sign in the appropriate field:

I have **NO** pending or prior arrests or charges related to child sexual abuse. I have no convictions related to any other form of child abuse and/or neglects. I have no pending or prior arrests and/or substantiated referrals to a child protective services agency.

Applicant 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I **HAVE** been arrested, charged and/or convicted of child sexual abuse, child abuse and/or neglect, felonies, including violent felonies, and/or have had a substantiated referral to a child protective services agency.

Applicant 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Last Name(s): \_\_\_\_\_

**ACKNOWLEDGEMENT OF CONDITIONAL APPLICATION**

By signing this portion of the application, the undersigned applicant(s) are acknowledging they have received a copy of and agree to adhere to the following conditions of the licensure approval process:

1. The persons given as references/past employers/adult children will be contacted and interviewed.
2. Background records and fingerprinting will be checked and verified.
3. A completed statement of monthly income/expenditures for the applicants.
4. All history listed, including but not limited to employment, marriages and divorces, will be verified.
5. Full attendance and participation in Childhaven’s Pre-Service training is required prior to the start of a home study.
6. Consent to and participate in the completion of a full home study.
7. An application for foster care does NOT guarantee a license/approval for placement of a child. An approval or denial is based on the suitability of the family for children for whom Childhaven has responsibility.
8. If my/our application is approved, I/we are NOT guaranteed placement in my/our home.

Applicant 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RULES/REGULATIONS**

By signing this portion of the application, the undersigned applicant(s) are acknowledging that if approved for licensure, they will adhere to all applicable agency and state statutes, rules, and regulations applying to foster homes including, but not limited to:

1. Working with children and families on reunification or alternate case plan;
2. Working with Childhaven to ensure placement stability, such as accepting only children who can remain in the placement until adopted or discharged from care;
3. Ensuring that the safety of children is paramount;
4. Adherence to foster parent responsibilities as set forth in Placement Services, 8.26.2.12 NMAC.
5. Childhaven has the right and the duty to visit the foster children in the foster home at-will.
6. A foster child shall never be surrendered to the care and control of any person, or relative of the child other than a social worker with CYFD or Tribal, Protective Service Division, or Childhaven, without prior written authorization from Protective Service Division.
7. No independent planning, including adoption planning, for foster children shall be made by Foster Parent(s).
8. If a law officer takes protective custody of any foster child (under Section 32A-4-6 of the Children’s Code) foster parents shall surrender custody of the foster child to the law officer and notify Childhaven immediately.

Applicant 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF INFORMATION**

I, \_\_\_\_\_ & \_\_\_\_\_ the undersigned applicant(s), certify that all the information I/we have provided on this application is true and complete to the best of my/our knowledge. I/we understand that omitting requested information or willfully misrepresenting information on my/our application, in my interview(s), or in the progress of my/our evaluation may result in rejection of my/our application or, if I/we are licensed, termination of licensure.

I/we understand that Childhaven, Inc. will contact my/our references for the purpose of obtaining information relating to or about my/our character/employment history. I/we authorize the release of any information from references/employers to Childhaven. I/we release and discharge Childhaven and my /our current/former employers and/or references from any and all claims or liability which may arise from Childhaven inquiring about me/us in connection with my/our application for licensure with Childhaven.

I/we understand that Childhaven will conduct background searches/criminal records checks to include but not limited to the following: State Court, Sex Offender Registries, Child abuse and neglect check, State, Local, & Federal Law Enforcement, Motor Vehicle Reports, and Children, Youth & Family Departments.

Applicant 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_