

**Therapeutic Family Life**  
**Application for Prospective Foster/Adoptive Parents**

**Phone Numbers:**

Home: \_\_\_\_\_  
Head of HH1 Work: \_\_\_\_\_ Head of HH 2 Work: \_\_\_\_\_  
Head of HH1 Mobile: \_\_\_\_\_ Head of HH 2 Mobile: \_\_\_\_\_

**Physical Address:**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

HH1 Email Address: \_\_\_\_\_ HH2 Email Address: \_\_\_\_\_

**Heads of Household:**

Head of Household No. 1:

Name: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
SS No: \_\_\_\_\_  
Drivers Lic No.: \_\_\_\_\_ Expires: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Languages Spoken: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Yearly Gross Salary: \_\_\_\_\_  
Highest Grade Completed: \_\_\_\_\_  
 GED  High School  
 Vocational School  Associate's Degree  
 Bachelor's Degree  Master's Degree  
Marital Status: \_\_\_\_\_  
If Married, Date of Marriage: \_\_\_\_\_

Head of Household No. 2

Name: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
SS No: \_\_\_\_\_  
Drivers Lic No.: \_\_\_\_\_ Expires: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Languages Spoken: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Yearly Gross Salary: \_\_\_\_\_  
Highest Grade Completed: \_\_\_\_\_  
 GED  High School  
 Vocational School  Associate's Degree  
 Bachelor's Degree  Master's Degree

**Directions to the Home from Local TFL Office:**

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



**Other Household Members- include part-time:**

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Relationship to HH1: \_\_\_\_\_

Relationship to HH2: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Relationship to HH1: \_\_\_\_\_

Relationship to HH2: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Relationship to HH1: \_\_\_\_\_

Relationship to HH2: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Relationship to HH1: \_\_\_\_\_

Relationship to HH2: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Relationship to HH1: \_\_\_\_\_

Relationship to HH2: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Relationship to HH1: \_\_\_\_\_

Relationship to HH2: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Relationship to HH1: \_\_\_\_\_

Relationship to HH2: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Relationship to HH1: \_\_\_\_\_

Relationship to HH2: \_\_\_\_\_



Are you considered a relative or fictive kin of a foster child?  
If yes, please discuss your relationship with the child in care.

Yes  No

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

**Pets in Household:**

	Pet 1	Pet 2	Pet 3
<b>Name</b>			
<b>Breed</b>			
<b>Date of Last Vaccination</b>			
<b>List of Vaccinations done on that Date</b>			

**EMPLOYMENT and INCOME**

**Head of Household #1**

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

**Present Employer:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Permission to contact previous employer:  Yes  No

Monthly Salary: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Permission to contact previous employer:  Yes  No Work Hours: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for employment ending: \_\_\_\_\_

**Head of Household #2**

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

**Present Employer:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Permission to contact previous employer:  Yes  No



Monthly Salary: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Permission to contact previous employer:  Yes  No Work Hours: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for employment ending: \_\_\_\_\_

**Please list any other source of income pertinent to your application:**

For families transferring from another Child Placing Agency, do not list the expenses that incur due to fostering children. Foster care reimbursement should not be included as a source of income.

Social Security \_\_\_\_\_  
 Food Stamps \_\_\_\_\_  
 Retirement Pension \_\_\_\_\_  
 Public Assistance \_\_\_\_\_

Child Support \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Rental Property \_\_\_\_\_  
 Other \_\_\_\_\_

MONTHLY HOUSEHOLD EXPENSE	COST PER MONTH
Mortgage/Rent/Home Insurance	
Utilities	
Transportation (Car Notes/Gas)	
Food	
Medical	
Clothing	
Medical Insurance	
Car Insurance	
Life Insurance	
Credit Card Debt and Loans	
Legal (Attorney Fees, Alimony, or Child Support)	
Pet	
Entertainment	
Telephone	
Miscellaneous	
<b>TOTAL</b>	

**If monthly reported expenses exceeds income, justify your ability to care and meet the needs of the children in care:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever applied to another agency to be a foster parent?** Yes  No

*Letting His light shine through*

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

Agency address: \_\_\_\_\_

Agency phone number: \_\_\_\_\_

**Is your home currently licensed, regulated, approved or operated by another agency?** Yes  No

If yes, list agency name and dates with the agency: \_\_\_\_\_

**Is your home currently licensed to provide Daycare services?** Yes  No

If yes, list agency name: \_\_\_\_\_

**Have you ever been denied foster care license or renewal?** Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**FREQUENT VISITORS**

*Any person 14 years of age or older who will regularly or frequently be staying or present at the home, must obtain a criminal history and Abuse/Neglect background check. If the person is a relative or will have unsupervised access to the home, a FBI check is also necessary.*

Name	Relationship	Phone Number	Email

**ADOPTION ONLY**



**Contingency Plan: Discuss who will take care of the adopted children should something happen to adoptive parents.**

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**REFERENCES**

*Please list 4 persons who have known you or your family for a minimum of 1 year, including one family member (other than an adult child) not living in your home, and 2 neighbors, school officials, clergy, or other community members that are well acquainted with your family, and who we may contact for a reference.*

**1.) Name:**

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**Address:**

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**City, State, Zip Code:**

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**Telephone Number:**

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**Relationship:**

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**Email:**

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**2.) Name of a Family Member not living in the Home:**

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**Address:**

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**City, State, Zip Code:**

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**Telephone Number:**

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**Relationship:**

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**Email:**

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**3.) Name a Neighbor,  
School Official, Clergy,  
or other Member of the  
Community:**

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**Address:**

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**City, State, Zip Code:**

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**Telephone Number:**

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**Relationship:**

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**Email:**

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**4.) Name of a Neighbor,  
School Official, Clergy,  
or other Member of the  
Community :**

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**Address:**

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**City, State, Zip Code:**

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**Telephone Number:**

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**Relationship:**

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**Email:**

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**DISASTER EMERGENCY PLAN COMMUNICATION PLAN**

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

1) **IN-TOWN CONTACT NAME:** \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone#s \_\_\_\_\_  
Email \_\_\_\_\_

2) **OUT OF -TOWN CONTACT NAME:** \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone#s \_\_\_\_\_  
Email \_\_\_\_\_

3) **OUT OF -TOWN CONTACT NAME:** \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone#s \_\_\_\_\_  
Email \_\_\_\_\_

**Additionally, identify a person that will provide support as a Caregiver during and unexpected event or crisis situation:**

4) **BACK-UP EMERGENCY CAREGIVER NAME:** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone#s \_\_\_\_\_  
Email \_\_\_\_\_

**Where do you go in an emergency? Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare, workplaces and apartment buildings all have site- specific emergency plans.**

Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone#s \_\_\_\_\_

Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone#s \_\_\_\_\_

Hospital Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone#s \_\_\_\_\_

If you plan to stay at a hotel, which city would you be staying in? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone#s \_\_\_\_\_

**Vehicle Information**

License Plate # _____	License Plate # _____
Model _____	Model _____
Year _____	Year _____
Color _____	Color _____
# of Passengers _____	# of Passengers _____





**HOME ENVIRONMENT**

**Describe your home and neighborhood: (number of rooms, who stays in what rooms, etc.)**

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**Do you own a pool or have any bodies of water nearby your home?** Yes  No

If yes, please answer questions a-e

a. **Do you have fence or wall that is at least 4 feet high to enclose the pool area?** Yes  No

b. **Is the gate self closing and self latching?** Yes  No

c. **Do you have a door that leads from the home to the pool that only adults or children over 10 years old can reach?** Yes  No

d. **Do you have 2 life saving devices available?** Yes  No

e. **Is the pool above ground?** Yes  No

If yes

1) **Does it have a barrier that prevents a child's access?** Yes  No

2 **Is it inaccessible to children when it is not in use?** Yes  No

*\*A backyard fence may serve as the pool fence wall if the meets all the requirements, however the foster home must be willing to consider the entire back yard as the pool area, and treat it as such. This means that children may not have unsupervised access to the back yard and that doors leading to the back yard must comply. If the entire backyard is serving as the pool area, children may not be in the backyard without direct caregiver supervision.*

f. **Describe any additional safety precautions:**

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**Do you own a gun? (any type)**

Yes  No

If so, please list ALL firearms, how they are stored, how ammunition is stored, and explain how you will provide for a child's safety:

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<b>TYPE OF FIREARM</b>	<b>NUMBER</b>	<b>STORAGE LOCATION</b>

**CHILD CARE ARRANGEMENTS**

List the address of the school the foster child would attend if placed in your home: *(If applicable)*

<b>FACILITY</b>	<b>NAME</b>	<b>ADDRESS</b>
<b>DAY CARE</b>		
<b>PRE K</b>		
<b>ELEMENTARY</b>		
<b>MIDDLE SCHOOL</b>		
<b>JUNIOR HIGH</b>		
<b>HIGH SCHOOL</b>		



When both parents are working away from home, who will care for the children?

<u>Name/Facility Name</u>	<u>Age of Caregiver (If not a facility)</u>	<u>Relationship to you (If not a facility)</u>	<u>Address</u>	<u>Phone Number</u>

**CHILD CARE MANAGEMENT**

Discuss how as a foster parent you would handle the following types of behaviors in a child (Please list an answer for all types of behaviors, even if it does not apply to age range you are willing to accept) :  
An older child who tantrums:

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Argumentative:

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Bedtime problems:

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Child sexually perpetrating another child in home

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Child who engages in destroying your property

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Child who masturbates:

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Cursing:

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**Hyperactivity:**

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**Lying:**

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**Oppositional/defiant:**

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**Physical aggression:**

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**Poor school performance:**

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**Refusal to attend church:**

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**Running away:**

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**Stealing:**

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**Withdrawal:**

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**CHILD CARE PREFERENCE**

**Do you have a preference concerning the age group or gender of children with who you would like to work with? Why?**

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**What age range of children would you consider?** (Circle all that apply)

**GIRLS :** 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

**BOYS:** 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

**What type of racial/ethnicities would you consider?** (Check all that apply)

- Caucasian    African American    Hispanic Asian or Pacific Islander  
Native American Indian    Other

**Are you willing to care for sibling groups?**

- Yes    No

**Check the types of child behaviors you would consider? (Check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alcohol use   | <input type="checkbox"/> History of runaway   | <input type="checkbox"/> Physically aggressive toward peers                      |
| <input type="checkbox"/> Attachment disorder                                 | <input type="checkbox"/> History of setting fires                                       | <input type="checkbox"/> Poor boundaries, invades personal space                 |
| <input type="checkbox"/> Attention deficit hyperactivity disorder            | <input type="checkbox"/> History of sexual abuse  | <input type="checkbox"/> Poor hygiene  |
| <input type="checkbox"/> Autistic  | <input type="checkbox"/> History of sexual perpetration                                 | <input type="checkbox"/> Prenatal exposure to drugs or alcohol                   |
| <input type="checkbox"/> Bedwetting  | <input type="checkbox"/> History of suicidal attempts                                   | <input type="checkbox"/> Primary medical needs                                   |
| <input type="checkbox"/> Bi polar disorder                                   | <input type="checkbox"/> History of suicidal ideation                                   | <input type="checkbox"/> Reactive attachment disorder                            |
| <input type="checkbox"/> Blames others                                       | <input type="checkbox"/> History of truancy   | <input type="checkbox"/> Refuses to eat  |
| <input type="checkbox"/> Destroys other's property                           | <input type="checkbox"/> Homosexual   | <input type="checkbox"/> Schizophrenia   |
| <input type="checkbox"/> Destroys own property                               | <input type="checkbox"/> Lies about accomplishments, etc (braggadocios lying)           | <input type="checkbox"/> Severe developmental delays                             |
| <input type="checkbox"/> Difficulty going to sleep                           | <input type="checkbox"/> Lies about everything  | <input type="checkbox"/> Severe mental retardation                               |
| <input type="checkbox"/> Does not take responsibility for actions            | <input type="checkbox"/> Lies to get out of trouble                                     | <input type="checkbox"/> Severe tantrums, one hour or longer several times a day |
| <input type="checkbox"/> Drug Use  | <input type="checkbox"/> Little white lies  | <input type="checkbox"/> Sex traffic victim                                      |
| <input type="checkbox"/> Eating disorders                                    | <input type="checkbox"/> Masturbating in front of others                                | <input type="checkbox"/> Sexual acting out                                       |
| <input type="checkbox"/> Engages in sex talk/sexually suggestive with adults | <input type="checkbox"/> Masturbating privately   | <input type="checkbox"/> Shows no empathy toward others                          |
| <input type="checkbox"/> Engages in sex talk/sexually suggestive with peers  | <input type="checkbox"/> Mild developmental delays                                      | <input type="checkbox"/> Sibling rivalries                                       |
| <input type="checkbox"/> Family history of bi polar disorder                 | <input type="checkbox"/> Mild mental retardation  | <input type="checkbox"/> Smearing feces  |
| <input type="checkbox"/> Family history of schizophrenia                     | <input type="checkbox"/> Mild tantrums  | <input type="checkbox"/> Soiling self  |
| <input type="checkbox"/> Gang history  | <input type="checkbox"/> Moderate developmental delays                                  | <input type="checkbox"/> Stealing from family members                            |
| <input type="checkbox"/> Gender confusion                                    | <input type="checkbox"/> Moderate mental retardation                                    | <input type="checkbox"/> Stealing from stores                                    |
| <input type="checkbox"/> Gets up several times a night                       | <input type="checkbox"/> Moderate tantrums, 15 minutes to one hour several times a week | <input type="checkbox"/> Takes psychotropic medication                           |
| <input type="checkbox"/> Gorges self   | <input type="checkbox"/> Nightmares   | <input type="checkbox"/> Teen who is sexually active                             |
| <input type="checkbox"/> Handicapped   | <input type="checkbox"/> NO HISTORY   | <input type="checkbox"/> Verbally aggressive toward adults                       |
| <input type="checkbox"/> Hides or hoards food                                | <input type="checkbox"/> Oppositional defiant behavior                                  | <input type="checkbox"/> Verbally aggressive toward biological children          |
| <input type="checkbox"/> History of animal cruelty                           | <input type="checkbox"/> Physically aggressive toward adults                            | <input type="checkbox"/> Verbally aggressive toward peers                        |
| <input type="checkbox"/> History of depression                               | <input type="checkbox"/> Physically aggressive toward biological children               | <input type="checkbox"/> Wetting self during day                                 |
| <input type="checkbox"/> History of psychiatric hospital admissions          |   |  |
| <input type="checkbox"/> Juvenile Probation                                  |   |  |

**If there are any behaviors that you did not check off, but feel that you may consider with additional training, please list:**

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*I hearby declare the information provided by me in this Application for Foster/Adoptive Parent(s) is true, accurate and complete to the best of my knowledge. I give my permission for any of this information to be verified and I 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 agency, employers, companies, friends or family to be contacted.*

**Signature, Head of Household No. 1:** \_\_\_\_\_

**Signature, Head of Household No. 2:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Therapeutic Family Life-Austin 5810 Trade Center Drive Ste. 500 Austin, TX 78744 Phone: 512-451-7310 Fax: 512-451-0394	Therapeutic Family Life-Conroe 100 I-45N Freeway Suite 220 Conroe, TX 77301 Phone: (936) 756-1800 Fax (936) 756-1808	Therapeutic Family Life-Kerrville 101 Fairway Kerrville, Texas 78028 Phone: (830) 257-4734 Fax: (830) 257-4784
Therapeutic Family Life-Nederland 1455 S. Highway 69 Nederland, TX 77627 Phone: (409) 722-3000 Fax (409) 722-3012	Therapeutic Family Life-Houston 1415 North Loop W, STE 800, Houston, TX 77008 Phone: (713) 861-1500 Fax (713) 861-3777	Therapeutic Family Life-Temple 3500 SW HK Dodgen Loop Suite 101 Temple, Texas 76504 Phone: (254) 773-3313 Fax: (254) 773-3322
Therapeutic Family Life-Arlington 2229 Avenue J, Suite 105 Arlington, Texas 76011 Phone: (817) 265-2328 Fax (817) 469-8345	Therapeutic Family Life-San Antonio 7704 S Loop 1604E Elmendorf, TX 78112 Phone: (210) 348-6544 Fax (210) 348-6370	<p style="text-align: center;"><b>ALL OFFICES</b>  <b>Toll Free (800) 394-4939</b></p>

**IN ORDER TO COMPLETE THE FOSTER CARE PROCESS, THE FOLLOWING DOCUMENTS  
WILL BE REQUESTED:**

1. Signed acknowledgement for to submit a criminal history and child abuse check required for all residents 14 years old and older and frequent visitors\* To be completed ASAP, a risk evaluation may be necessary if applicant/household member has a criminal or abuse/neglect history.
2. Form 2970c for all household members 14 and older
3. A signed and notarized affidavit from you stating that you have never abused a child sexually, physically, and/or emotionally (For each applicant)
4. 2954 Domestic Violence (For each applicant)
5. Copy of driver's license (Required for any individual that requires a background check)
6. Copy of social security card (Required for any individual that requires a background check)
7. FBI Fingerprint receipt for applicant, all household members 14 years and older, (unless transferring from another Child Placing Agency), and frequent visitors that are related or would have access to have unsupervised access to children.
8. Consent of Release of Information (If transferring from another agency. Fill out one per agency previously verified with.)
9. Copy of vehicle liability insurance (With expiration date)
10. Copy of homeowner's insurance (or renter's insurance) (With expiration date)
11. Proof of health insurance (for adoptive applicants only)
12. Copy of high school diploma or equivalent
13. Pet vaccinations
14. Current marriage license
15. All divorce or death certificates, if married previously
16. Copy of proof of U.S. citizenship
17. Proof of income (2 bank statements for the past 60 days & Tax Return)
18. Supply verification of all "Other" sources of income in addition to your employment income.
19. A completed Health Status form for all household members
20. Adult, Child, and Infant CPR & First Aid Training Care (Applicants only, may not be completed online)
21. \*\*TB tests will be required for all household members within 30 days before or after application. The FHD will alert you when you are within the 30 day range.
22. Fire and Health Inspections. (Contact your local fire and health department to schedule or your local TFL office if the department refuses an inspection)
23. Contact your local TFL office for additional trainings and homestudy required



*Letting His light shine through*

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