

Foster /Adoptive Parent Application

(All information will be considered as confidential to the extent permitted by law.)

I. PERSONAL DATA:

Please indicate of which you are applying for: Foster Care Only Adoption Only Both

1) How did you hear of Try-Again Homes Inc.? _____

Identifying Information:

2) (Primary Caregiver)

Name: First Middle Last Birth Date Social Security #

Maiden Name: _____

3) (Secondary Caregiver)

Name: First Middle Last Birth Date Social Security #

Maiden Name: _____

4) List any other names by which either of you have been known.

5) Home Address

Email Address: _____

(Street/Apartment Number)

(Home Telephone Number)

(City/State/Zip)

(Mobile Telephone Number)

(County)

(School District)

How long have you resided at the present address? _____

Do you own _____ or rent _____ your home?

If you rent, when will your lease expire? _____

Please attach a copy of your lease.

Total number of rooms: _____

Number of bedrooms: _____

6) Children:

List the names and ages of any children born to either of you.

Born of current marriage:

Name:	Date of Birth:	Resides (City & State):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Born of other marriages or relationships:

Name:	Date of Birth:	Resides (City & State):
_____	_____	_____
_____	_____	_____
_____	_____	_____

7) Marriages

Date and place of current marriage: _____

If either of you have previously been married, complete the following, for any prior marriage:

Husband: Date and place of Marriage _____ Name of Spouse _____

Date and place of Termination: _____ (Provide a copy of any divorce decree.)

Wife: Date and place of Marriage: _____ Name of Spouse _____

Date and place of Termination: _____ (Provide a copy of any divorce decree.)

Use the space below, or the reverse side, to list any other marriages:

8) List **everyone** (including primary caregiver, secondary caregiver, and any children) who resides in your home:

Name: First, Middle, Last	Date of Birth	Sex	Relationship	School, Address, & Grade

9) List all address at which you have resided in the past (10) years, along with the dates of residence:

(Primary Caregiver)

(Address)	(Dates)
(Address)	(Dates)
(Address)	(Dates)

(Secondary Caregiver)

(Address)	(Dates)
(Address)	(Dates)
(Address)	(Dates)

10) Educational History . . . (Circle highest grade/level completed) Name of school
Highest Level

(Primary Caregiver)

(8 9 10 11 12)	(13 14 15 16)	(17+)	Name of school
High School	College/Tech.	Graduate School	_____

(Secondary Caregiver)

(8 9 10 11 12)	(13 14 15 16)	(17+)	Name of school
High School	College/Tech.	Graduate School	_____

II.EMPLOYMENT HISTORY (Including Military)

*****Please supply complete Addresses**

Primary Caregiver

(Employment history dating back 10 years is mandatory)

Foster Parent: _____

Company: _____

Telephone #: _____

Address: _____

Start Date: _____

End Date: _____

Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _

.....
Company: _____ Telephone #: _____

Address: _____

Start Date: _____

End Date: _____

Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _

.....
Company: _____ Telephone #: _____

Address: _____

Start Date: _____

End Date: _____

Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _

II. EMPLOYMENT HISTORY (Including Military) - Continued

Secondary Caregiver

(Employment history dating back 10 years is mandatory)

Foster Parent: _____

Company: _____

Telephone #: _____

Address: _____

Start Date: _____

End Date: _____

Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _____

.....
Company: _____ Telephone #: _____

Address: _____

Start Date: _____ End Date: _____ Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _____

.....
Company: _____ Telephone #: _____

Address: _____

Start Date: _____ End Date: _____ Position held: _____

Description of duties: _____

Reason for Leaving Company: _____

Supervisor's name and title: _____

III. FINANCIAL RESOURCES

1) Primary Caregiver's Income is \$ _____/hr. and _____/yr. net

2) Secondary Caregiver's Income is \$ _____/hr. and _____/yr. net

3) Other Sources of Income are:

_____ @ \$ _____/ hr. and \$ _____/yr. net.

_____ @ \$ _____/ hr. and \$ _____/yr. net.

_____ @ \$ _____/ hr. and \$ _____/yr. net.

_____ @ \$ _____/ hr. and \$ _____/yr. net.

4) Are you currently receiving public assistance? _____

If yes, state type and monthly amount received: _____

5) Normal monthly expenses for home/family (total bills, include food) are:

_____ /month (Complete the attached budget form.)

6) We may request that you contact your credit bureau to obtain a credit check, and provide us with a copy.

IV. FOSTER / ADOPTIVE PARENTING BACKGROUND

1) Have you ever applied to any other agency to be a foster / adoptive parent? ___ Yes ___ No

a) If Yes, please complete the following information:

County: _____ State: _____ When: _____

Name of Agency: _____

Address: _____

Phone Number: _____

2) Is your home currently licensed, regulated, approved, or operated by any other agency? Yes No

a) If yes, please complete the following information:

County: _____ State: _____ When: _____

Name of Agency: _____

Address: _____

Phone Number: _____

3) Have you ever been denied an initial or renewal foster care license? ___ Yes ___ No

If yes, give reason(s) for denial:

V. CRIMINAL HISTORY

Criminal history, child abuse background, and driving history checks will be made, but it is important that you disclose to us any involvement you have had with the criminal justice system, whether in relation to major crimes (felonies), minor crimes (misdemeanors), or even summary offenses (such as moving traffic violations, first offense shoplifting, etc.). We need to be able to trust your willingness to disclose information to us, even if unfavorable. If there are explanations or justifications you wish to offer, please do so. This might include having made reparation, youthfulness at the time of the offense, community service, or rehab/education pertinent to the offense, and so forth.

Have you ever been arrested or charged with a crime? Yes No

If Yes, please explain and give details.

(Disclose to us any criminal history, no matter how minor or how long ago it occurred.)

VI. REFERENCES

These persons will be used as character/professional references. Please list six persons, four of whom are not related to you. Do not use your current employer as a reference, because we obtain a separate employment reference, but you may use co-workers. You may wish to contact your references in advance for permission to use their names, to confirm current addresses and telephone numbers, and to let them know they will be contacted by us. Please list the name, complete mailing address, zip code, and telephone number. Please be certain the information provided is current and correct, because all references are sent a letter and are telephoned. Please feel free to contact us if you have any questions.

Name	Complete Mailing Address	Telephone Number
1.		
2.		
3.		
4.		
5.		
6.		

WE HEREBY VERIFY THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION IS TRUE, CORRECT AND COMPLETE.

Primary Caregiver's Signature _____ Date _____
 Secondary Caregiver's Signature _____ Date _____

Please return completed application to:
 Try Again Homes
 365 Jefferson Avenue
 Washington, PA 15301
 TAHRecruiters@caswg.org

*****Below for Administrative Use Only*****
 Application Sent _____ Application Received _____
 Reference Sent _____ Follow Up _____

BUDGET WORKSHEET page 1

There is no requirement for any set income level. This worksheet is to give us a snapshot of your circumstances, to assess financial stability before any foster care reimbursements may be paid.

MONTHLY REVENUE

Monthly Take Home Pay:

1. _____ \$ _____
Employer Name

2. _____ \$ _____
Employer Name

Other Income:

1.. _____ \$ _____
Source

2.. _____ \$ _____
Source

TOTAL REVENUE> \$ _____

Feel free to note any additional revenue below.

MONTHLY EXPENSES

Rent/Mortgage \$ _____
Auto 1 \$ _____
Auto 2 \$ _____
Gasoline \$ _____
Parking/Tolls \$ _____
Bus/ Taxi \$ _____
Other Transportation \$ _____
Insurance (if paid out of take-home pay):
Life Ins. \$ _____
Health Ins. \$ _____
Property Ins. \$ _____
Disability Ins. \$ _____
Other Ins. \$ _____
Day Care \$ _____
School Lunches \$ _____
Alimony/Child Support \$ _____
Groceries/Supplies \$ _____
Gas \$ _____
Electricity \$ _____
Water \$ _____
Garbage Collection \$ _____
Phone \$ _____
Doctor \$ _____
Dentist \$ _____
Tuition \$ _____

Loan/Credit Card 1 _____ \$

Name
Loan/Credit Card 2 _____ \$

Name
Loan/Credit Card 3 _____ \$

Name
Loan/Credit Card 4 _____ \$

Name

Other _____
Other _____
Other _____
Other _____

TOTAL EXPENSES > \$ _____
Are you presently behind on any bills? _____