



**Angels' Crossing  
Prospective Foster/Adoption Application**

Check Current Status:  New Applicant  Transfer Family  Respite Provider

**How did you hear about us? (please check one)**

- Agency Staff: \_\_\_\_\_
- Website
- Radio
- Military
- Other: \_\_\_\_\_
- AC Family: \_\_\_\_\_
- Relative/Friend
- Media
- Neighborhood Association
- Church/Faith-Based Organization

**Indicate your interest:**

- Foster Care
- Foster/Adoption

**NAME OF PROSPECTIVE PARENT #1:**

\_\_\_\_\_

(First)

(Middle)

(Last)

**NAME OF PROSPECTIVE PARENT #2:**

\_\_\_\_\_

(First)

(Middle)

(Last)

**CURRENT ADDRESS:**

\_\_\_\_\_

(Address)

(City)

(State)

(Zip Code)

**CONTACT NUMBERS:**

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESSES:**

\_\_\_\_\_

\_\_\_\_\_

**List previous (complete) addresses where your family has lived in the past ten (10) years:**

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

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

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

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

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**PROSPECTIVE PARENT #1 – PERSONAL IDENTIFYING INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

U.S. Citizen:  YES  NO If no, are you a legal U.S. Resident?:  YES  NO

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**Education:**

School	Name of School	City, State	Diploma/Degree Major	Years Attended (From/To)
Elementary				
High School				
College/University				
Graduate School				
Trade/Technical				

List any current professional licenses:

\_\_\_\_\_

Languages you speak fluently: \_\_\_\_\_

Languages you read fluently: \_\_\_\_\_

Languages you write fluently: \_\_\_\_\_

Activities, Interests, or Hobbies: \_\_\_\_\_

**Employment:**

Currently Employed:  YES  NO If yes, provide information on current employment:

\_\_\_\_\_  
(Company name) (Address) (City) (State) (Zip Code) (Phone #)

Occupation/Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Work days/Hours: \_\_\_\_\_

Gross Pay: \_\_\_\_\_ Net Pay: \_\_\_\_\_

Paid:  Weekly  Bi-Weekly  Monthly  Other, explain: \_\_\_\_\_

Work History: List previous employment for the past 5 years:

Years: \_\_\_\_\_ Employer: \_\_\_\_\_

Years: \_\_\_\_\_ Employer: \_\_\_\_\_

Years: \_\_\_\_\_ Employer: \_\_\_\_\_

**Military History:**  Not Applicable

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Enlisted: \_\_\_\_\_

Date and type of discharge: \_\_\_\_\_

Are you receiving Disability?  YES  NO Injuries in service: \_\_\_\_\_

If currently active, what is your estimated length of duty in this area? \_\_\_\_\_

**Health Information:**

Have you been hospitalized or had serious illnesses within the last five years?  YES  NO

If yes, list illnesses and dates:

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

Do you have any current health problems:  YES  NO

Physician contact information:

\_\_\_\_\_  
(Name) (Address) (Phone Number)

**Marital Status:**

Date of current marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Previous Marriages:  None

Name of former spouse	Date of marriage / end of marriage	Number of children

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**PROSPECTIVE PARENT #2– PERSONAL IDENTIFYING INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

U.S. Citizen:  YES  NO If no, are you a legal U.S. Resident?:  YES  NO

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**Education:**

School	Name of School	City, State	Diploma/Degree Major	Years Attended (From/To)
Elementary				
High School				
College/University				
Graduate School				
Trade/Technical				

List any current professional licenses:

\_\_\_\_\_

Languages you speak fluently: \_\_\_\_\_

Languages you read fluently: \_\_\_\_\_

Languages you write fluently: \_\_\_\_\_

Activities, Interests, or Hobbies: \_\_\_\_\_

**Employment:**

Currently Employed:  YES  NO If yes, provide information on current employment:

\_\_\_\_\_  
(Company name) (Address) (City) (State) (Zip Code) (Phone #)

Occupation/Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Work days/Hours: \_\_\_\_\_

Gross Pay: \_\_\_\_\_ Net Pay: \_\_\_\_\_

Paid:  Weekly  Bi-Weekly  Monthly  Other, explain: \_\_\_\_\_

Work History: List previous employment for the past 5 years:

Years: \_\_\_\_\_ Employer: \_\_\_\_\_

Years: \_\_\_\_\_ Employer: \_\_\_\_\_

Years: \_\_\_\_\_ Employer: \_\_\_\_\_

**Military History:**  Not Applicable

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Enlisted: \_\_\_\_\_

Date and type of discharge: \_\_\_\_\_

Are you receiving Disability?  YES  NO Injuries in service: \_\_\_\_\_

If currently active, what is your estimated length of duty in this area? \_\_\_\_\_

**Health Information:**

Have you been hospitalized or had serious illnesses within the last five years?  YES  NO

If yes, list illnesses and dates:

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

Do you have any current health problems:  YES  NO

Physician contact information:

\_\_\_\_\_  
(Name) (Address) (Phone Number)

**Marital Status:**

Date of current marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Previous Marriages:  None

Name of former spouse	Date of marriage / end of marriage	Number of children

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**CURRENT HOUSEHOLD**

How long have you lived at this address? \_\_\_\_\_

Do you currently hold a day care license?  YES  NO

Are you currently verified as a foster home?  YES  NO Name of Agency: \_\_\_\_\_

Have you ever applied or been verified as a foster or adoptive home with another agency?

YES  NO List agency/agencies: \_\_\_\_\_

Home many bedrooms do you have? \_\_\_\_\_ Bathrooms? \_\_\_\_\_

Does your home have smoke alarms?  YES  NO

How many and where are they? \_\_\_\_\_

Do you have fire extinguishers?  YES  NO

How many and where are they? \_\_\_\_\_

Does your home have a vented heating system?  YES  NO

Does your home have a swimming pool?  YES  NO If yes, is it fenced in?  YES  NO

Do you have a trampoline?  YES  NO

Do you have any pets?  YES  NO If yes, how many? \_\_\_\_\_

Residential Status:  Own Home  Rent Home  With relatives

Schools in your neighborhood:

Elementary: \_\_\_\_\_ Middle: \_\_\_\_\_ High School: \_\_\_\_\_

Nearest hospital to your home: \_\_\_\_\_

Do you plan to move or do construction within the next 6 months?  YES  NO

Do you own any guns?  YES  NO If yes, where are the guns and ammunition stored? \_\_\_\_\_

**Child Care Arrangements**

If a parent is working or away from home, who will care for the children? Give name, address, and phone number (even if it is a daycare).

Minor children in the home (17 years and under)				
Name	Birthdate	Social Security #	School	
Adult Children in the home (18 years and older)				
Name	Birthdate	Social Security #	School/Occupation	
Adult Children out of the home				
Name	Age	Phone #	Address, City, State, Zip Code	
Other Household Members				
Name	Birthdate	Relationship	Social Security #	Occupation

**Criminal History:**

Have you or any member of your household ever been **arrested** or **convicted** of any crime?  YES  
 NO      If yes, give the nature of the charges, dates, and disposition of charges/convictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or any member of your household ever had a family violence call to your home from law enforcement? ?  YES  NO      If yes, give the nature of the call, dates, and the outcome of the call:

\_\_\_\_\_

\_\_\_\_\_

Failure to provide this information will automatically result in disqualification from participating in Angels' Crossing Foster/Adopt program. CHAPTER 22 of the Human Services Code authorizes Angels' Crossing to obtain information on criminal history and involvement with the Department of Family and Protective Services (DFPS) on each prospective foster

and adoptive parent applicant as well as any person who will have contact with children. I authorize Angels' Crossing to release the necessary information to complete these checks.

**References:**

Please provide 6 references that have known you for three years or more (two references may be relatives). I understand that the references I have provided will be contacted regarding my application to provide foster or adoptive care. I understand that the information provided by these references is confidential and will only be available to designated Angels' Crossing staff. I understand that I WILL NOT have access to the information provided by these references.

Name	Address, Phone, Email, Address	Relationship

**Family's Emergency Contact Information:**

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

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

**Check the type of child you will and will not consider:**

<input type="checkbox"/> Foster care <input type="checkbox"/> Foster/Adopt <input type="checkbox"/> Respite	Yes	No	Emergency Placements?		Yes	No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Infant (birth-2 yrs)			School Age (6-12 yrs)				
Pre-school (3-5yrs)			Adolescent (13-17 yrs)				
Sibling Groups			Size of Sibling Group				
Developmental Needs			2	3	4	5	6

Estimated Monthly Income	Gross Income	Net Income
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Monthly Employment Income		
Prospective Parent #1	_____	_____
Prospective Parent #2	_____	_____
Income from Social Security, Retirement, Veteran's, or Disability (SSI)		
Prospective Parent #1	_____	_____
Prospective Parent #2	_____	_____
Prospective Parent #1	_____	_____
Prospective Parent #2	_____	_____



Other Monthly Income (Rent, Child Support Income from others in the home, Loans, etc)

Prospective Parent #1 \_\_\_\_\_  
 Prospective Parent #2 \_\_\_\_\_

**Total Monthly Income:** \_\_\_\_\_

Estimated Monthly Expenses	Monthly
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Mortgage Payment	_____	_____
Rent	_____	_____
Utilities (include electricity, water, phone, cable, internet)	_____	_____
Food	_____	_____
Medical/Dental/Medications	_____	_____
Loans	_____	_____
Car Payment	_____	_____
Child Support	_____	_____
Day Care	_____	_____
Credit Cards	_____	_____
Clothing	_____	_____
Gas	_____	_____
Recreation/Miscellaneous	_____	_____
<b>Total Monthly Expenses Owed:</b>	_____	_____

Asset Information
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Value of Personal Property: Vehicle(s), Real Estate	_____
Savings Account	_____
Checking Account (Average Balance)	_____
Investments, Bonds, 401K, etc.	_____
<b>Total Value:</b>	_____

**Records Policy:**

All records are the property of Angels' Crossing and access to the information they contain is restricted. Generally, only individuals who have a legitimate reason to review information in a file may do so. These individuals include: Angels' Crossing Program Staff, Agency Management Personnel, Licensing Representatives of DFPS, Staff of DFPS Child Protective Services, and other child-placing agencies who have contractual arrangements to place children in Angels' Crossing agency homes. As required by state law, a verified foster or adoptive home's study and compliance history will be provided to child-placing agencies who are seeking to verify the family's home. This includes DFPS third-party contractor employees (Your for Tomorrow), upon receipt of a signed "Release of Information."

Clients who wish to review their own file should submit a written request to the Executive Director of Foster Care Program. Foster or Adoptive parents may review their records with a proper request giving at least seven days (workdays) notification. The record may only be reviewed in the immediate office of the Executive Director, or in a supervised area designated by the Executive Director. This excludes the family's home study and references, due to confidentiality. The records may not photo copied or taken by the foster or adoptive parent.

**Grievance Policy:**

A prospective foster or adoptive parent applicant who submits an application and engages in the process to include required training and the home study process is not guaranteed acceptance Angels' Crossing to provide foster/adoptive care to children placed through Angels' Crossing Foster Program.

Foster or Adoptive Parent Applicants have the right to appeal a decision made by Angels' Crossing that directly impacts them or their ability to provide care for the agency. The grievance procedure has several levels for review, but the grievance may be resolved at any point in time. The client will begin the process in the first level by meeting and discussing the issue with the assigned Home Development Specialist. The second level consists of a meeting with the assigned Foster Care Manager. The third level is a meeting with the Assistant Executive Director, and the fourth and final level is a meeting with the Executive Director. The decision made by the Executive Director is final.

*I/We certify the information on this application is accurate and complete. I/We understand that submitting this application does not represent a commitment by any of the parties involved. I/We understand that all documentation submitted/received throughout the pre-verification process becomes property of Angels' Crossing. If my/our application is denied, I/we have the right to appeal the decision. I have read and understand the grievance procedure stated above.*

\_\_\_\_\_  
Signature of Prospective Parent #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prospective Parent #2

\_\_\_\_\_  
Date

**APPLICATION CHECKLIST**

1. Have you completed all applicable sections and signed by both parents?
2. Have you attached the Authorization to Release Information Form?
3. Have you completed a Health Status form for all persons living in the home?
4. Have you completed and attached the information needed to submit for Criminal History and Central Registry Checks? (copies of driver's license, social security cards, and birth certificates, naturalization certificate or permanent residency cards) for **all persons living in the home over the age of 14 years old?**
5. Return the completed application and other forms to:

Angels' Crossing CPA  
 305 County Road 473  
 Castroville, Texas 78009  
 Office Phone: 830-538-3456  
 Office Fax: 830-538-3457  
[www.angelscrossingtx.org](http://www.angelscrossingtx.org)

Date Received: \_\_\_\_\_

Staff Signature/Title: \_\_\_\_\_