



The Children's Home, Inc.

10909 Memorial Highway, Tampa, FL 33615 *
 SEARCH Services * 813-864-1434 * Fax: 813-864-1325 *

Website: www.thechildrenshomeinc.com

SEARCH Services Parenting Application / Part One

DATE: _____

This Application is Confidential.

- Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.
- It is unlawful for any person to make a willful or intentional misstatement on any license application or other document required to be filed in connection with an application for a license (Section 409.175(11)(a) s, F.S.). Violation of such is a first-degree misdemeanor.

Name (Applicant #1)		Age	Date of Birth	Religion (optional)	Social Security #
Name (Applicant #2)		Age	Date of Birth	Religion (optional)	Social Security #
Address		City	State	Zip Code	How Long Telephone
County of Residence	School District	Applicant #1 / Florida Drivers License #		Applicant #2 / Florida Drivers License #	

Do you carry valid Florida vehicle insurance? _____ Name of insurance carrier _____

Directions to Home:

Has any person living in your household (excluding the applying parents) ever been convicted of a felony or been investigated for or charged with abuse or neglect? _____ If yes, please explain:

Names of all others currently living at this address	D.O.B.	Age	Sex	Relationship

Names of children not living in your home at this time	D.O.B.	Age	Sex	Current Living Arrangements

Foster Mother / Health Information

Describe your general health, including any physical limitations, major illnesses, or chronic health problems:

Describe any past or present mental health issues (treatment, nervous or emotional difficulties, drug or alcohol abuse, past physical/sexual abuse and/or neglect, etc.):

Foster Mother / Educational Information

High School / Grade Completed

7 8 9 10 11 12

If you attended college please indicate years completed and any degrees earned.

List all other education / experience that has relevance to adoption or foster care:

Foster Mother / Employment Information

Current Employer

Telephone Number

Address (Street, City, State, Zip Code)

Job Title

May we contact your employer concerning your job stability, working hours and approximate annual gross salary? Yes No

Years / Months Employed

Description of duties

Foster Mother / Legal Information

Have you ever been convicted of a felony or charged with the abuse / neglect of a child? If "yes," please explain: Yes No

Foster Father / Health Information

Describe your general health, including any physical limitations, major illnesses, or chronic health problems:

Describe any past or present mental health issues (treatment, nervous or emotional difficulties, drug or alcohol abuse, past physical/sexual abuse and/or neglect, etc.):

Foster Father / Educational Information

High School / Grade Completed	If you attended college please indicate years completed and any degrees earned.
7 8 9 10 11 12	

List all other education / experience that has relevance to adoption or foster care:

Foster Father / Employment Information

Current Employer	Telephone Number	
Address (Street, City, State, Zip Code)		
Job Title	May we contact your employer concerning your job stability, working hours and approximate annual gross salary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years / Months Employed
Description of duties		

Foster Father / Legal Information

Have you ever been convicted of a felony or charged with the abuse / neglect of a child? If "yes," please explain: Yes No

Marital Information / Current Marriage		
Husband	Marriage Date:	Wife
<p style="text-align: center;">List three strengths in your current relationship</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p style="text-align: center; margin-top: 20px;">List three improvements that could be made</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>		<p style="text-align: center;">List three strengths in your current relationship</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p style="text-align: center; margin-top: 20px;">List three improvements that could be made</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Marital Information / Previous Marriages	
(Single women, please enter present legal name <i>and</i> maiden name, if different) You will need to provide copies of marriage license(s), divorce decree(s) and proof of custody.	
Husband	Wife
<p>Date Married: _____ Date Divorced: _____</p> <p>Reasons for Divorce: _____</p> <p>Date Married: _____ Date Divorced: _____</p> <p>Reasons for Divorce: _____</p> <p>Date Married: _____ Date Divorced: _____</p> <p>Reasons for Divorce: _____</p>	<p>Maiden / other legal names: _____</p> <p>_____</p> <p>Date Married: _____ Date Divorced: _____</p> <p>Reasons for Divorce: _____</p> <p>Date Married: _____ Date Divorced: _____</p> <p>Reasons for Divorce: _____</p>

OTHERS Living in Your Home
<p>Please describe any medical, mental health, legal, or other conditions related to other members currently living in your home that would significantly impact the placement of a foster / adoptive child in your home:</p>

References		
Name	Address	Telephone



The Children's Home, Inc.

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SEARCH SERVICES PARENTING APPLICATION / PART TWO

This application is confidential

- The questions contained in this section of the application packet allow us to better understand your family structure and the ways in which we may be helpful in your search for adoptive/foster child placements.
- It is unlawful for any person to make a willful or intentional misstatement on any license application or other document required to be filed in connection with an application for a license (Section 409.175(11)(a) s, F.S.). Violation of such is a first-degree misdemeanor.

Applicant Information

Applicant Names: _____ Date: _____

Motivations to Foster or Adopt

What are your reasons for wanting to become adoptive/foster parents?

Family Dynamics

Describe your family's use of recreational and leisure time at home and in the community.

Having a new child in your home will change your family's lifestyle significantly. Talk about your own expectations for change and how you are planning to make the necessary adjustments.

What causes the most arguments in your family? What are they about and how are they resolved?

Family Dynamics (continued)

How are the following emotions expressed in your family? Love/affection Anger

Love/affection: _____

Anger: _____

Expectations

What types of things (beliefs, behaviors, emotions, reactions, etc.) might you expect to see in an adopted/foster child that you might not expect to see in a child who had been raised in a healthy nuclear family?

What types of chores or other duties would be assigned to an adoptive/foster child?

Discipline and Behavior

Who is the stronger disciplinarian in your family? Why?

What forms of discipline will be (or are) used in your home? Which forms would you avoid?

In your opinion, what is the role of discipline the home?

Under each heading listed below please (1) indicate how you would deal with the behaviors described and (2) list behaviors (or extremes in behavior) that you could/would not tolerate in a child:

1. School (failing grades, trouble with peers or teachers, truancy, etc.):

Discipline and Behavior (continued)

2. Expressions of anger (yelling, hitting, property destruction, withdrawal, foul language, etc.):

3. Sexuality (seductive behavior toward family members, inappropriate dress, hyper-sexuality, etc.):

4. Social behaviors (poor social skills, embarrassing behaviors, lack of respect, etc.) :

5. Clothing choices (provocative, dirty, vulgar, or alternative clothing, etc.):

6. Language use (foul words, yelling, disrespectful tone, etc.):

7. General level of energy (“hyperactive,” sedentary and apathetic, mood swings, etc.):

8. Dating choices (mixed race, homosexuality, dating age, etc.):

9. Personal hygiene (poor personal care, body odor, room odor, etc.):

10. Condition of bedroom (choice of wall decorations, cleanliness, stereo volume, etc.):

11. Dishonesty (repeated lying, unwillingness to disclose, distortions of fact, etc.):

12. Willingness to help around the house (refusal to complete chores, not volunteering, sloppy performance, etc.):

13. Expressions of gratitude (taking and not giving, inability to appreciate, etc.):

14. Respect toward adults (ignoring, insulting, defying, etc.)

Spirituality

How important of a role does spirituality or religion play in your family?

Does your family have any religious or personal beliefs that exclude or discount the role of a qualified medical consult when your children are ill? If "yes," please explain.

How would you deal with a child who did not share your religious/spiritual values and beliefs?

Foster Mother / Family of Origin History

Describe your relationship with your parents / primary caretakers as you were growing up.

Describe the personality of each of your parents / primary caretakers.

How did your parents relate with each other during your childhood?

Tell how many children were in your home and your relationships with each of them.

Foster Mother / Family of Origin History (continued)

What methods of discipline were used with you as a child?

As you were growing up, how were conflicts in your home handled?

At what age did you leave home and why?

What level of relationship do you currently have with members of your family?

Describe significant losses in your life and how you have handled these.

Were you ever sexually/emotionally/physically abused or neglected? If "yes," please specify type, duration, and mental health supports received.

Is there a history of emotional / psychiatric or drug / alcohol problems in your family? If "yes," please explain.

Foster Father / Family of Origin History

Describe your relationship with your parents / primary caretakers as you were growing up.

Describe the personality of each of your parents / primary caretakers.

How did your parents relate with each other during your childhood?

Tell how many children were in your home and your relationships with each of them.

What methods of discipline were used with you as a child?

As you were growing up, how were conflicts in your home handled?

At what age did you leave home and why?

Foster Father / Family of Origin History (continued)

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Is there a history of emotional / psychiatric or drug / alcohol problems in your family? If “yes,” please explain.
