



**Complete and Return to:**  
**Centerstone FCS Coordinator**  
 Foster Care Coordinator:

\_\_\_\_\_

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## PRELIMINARY APPLICATION FOR FOSTER PARENTING

How did you hear about us? \_\_\_\_\_

Applicant (Last Name, First name, Middle Name)			Social Security Number
Co-Applicant (Last Name, First name, Middle Name)			Social Security Number
Street Address (Apt #)			Home Phone (    )
City	State	Zip Code	Cell Phone(s) (    )

	Applicant	Co-Applicant
Birthdate		
Race/Sex		
Religion/Affiliation		
Are you a U.S. Citizen		
Last Grade Completed		
Marital Status <i>(include date)</i>		
Previous Marriage(s) <i>(date &amp; previous last names)</i>		
Date Terminated <i>(specify death, annulment or divorce)</i>		
Military Service <i>(dates)</i>		
While in Military Service, were you ever convicted by a General Court Martial? <i>(specify yes or no)</i>		
Occupation		
Employer		
Annual Income		
Work Phone Number		
Emergency Number		

### CHILDREN UNDER 18 CURRENTLY LIVING IN YOUR HOME

Name	Date of Birth	Gender	School/Grade or Occupation	Relationship

### OTHER ADULTS (ANYONE OVER 18) WHO IS LIVING IN YOUR HOME

Name	Date of Birth	Gender	School/Grade or Occupation	Relationship

### YOUR CHILDREN WHO HAVE MOVED OUT OF THE HOME

Name	Date of Birth	Gender	School/Grade or Occupation	Relationship

**REFERENCES** (Total of 4 references for **each** applicant. You may use some of the same non-relative references)

	NAME	ADDRESS	PHONE #	RELATIONSHIP
Applicant Relative				
Co-Applicant Relative				
Reference (non-relative)				
Reference (non-relative)				
Reference (non-relative)				

Have you had any previous involvement with the Department of Children's Services? Yes ☐ No ☐

If yes, please summarize your involvement and the timeframe during which this took place.

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Have you previously been or have you applied to be a foster and/or adoptive parent with another agency? Yes ☐ No ☐

If yes, when and with what agency?

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**TYPE OF CHILD YOU HOPE TO FOSTER/ADOPT:**

Sex: ☐ Male ☐ Female ☐ Either

Age Range: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Sibling Group: Yes ☐ No ☐

If yes, how many children would you consider fostering/adopting at this time? \_\_\_\_\_

What Race/Ethnicity Of Child Are You Willing To Parent? Is there a race/ethnicity of child you are unwilling to parent?

If so, please explain:

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*\*You may apply to foster or adopt a child of any racial or ethnic heritage.*

*Note: By the end of the preparation process, the description of the child you hope to foster or adopt may change. If so, you will have the opportunity to redefine the child you feel you can most successfully parent. As a foster or adoptive parent, you are encouraged to update this information as you continue to redefine the child you wish to parent.*

**LEGAL:**

Are you currently charged with, or have you ever been convicted, placed on probation or received a suspended sentence for:

a. Any crime involving children?

**APPLICANT**

Yes ☐ No ☐

**CO-APPLICANT**

Yes ☐ No ☐

b. Any crime of violence against another person?

Yes ☐ No ☐

Yes ☐ No ☐

c. Possession, sale manufacturing or transportation of drugs?

Yes ☐ No ☐

Yes ☐ No ☐

d. Any other crime? (explain) \_\_\_\_\_

Yes ☐ No ☐

Yes ☐ No ☐

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## HEALTHY HOME ENVIRONMENT INVENTORY

Centerstone Therapeutic Foster Care focuses provides care that is geared toward the overall well-being of the child. This means that we do not simply focus on behavioral health issues but recognize that the child's physical health plays a large part in their success. Because of this focus on the "whole-child" we are seeking homes that have a healthy home environment on all levels. We are seeking families who will provide not only a safe, understanding and loving home but families who will also model good habits in the area of physical health and wellness. We're excited about families who will partner with us in addressing the needs of the "whole-child".

Please rate your family's current stance on the following items and also rate your family on your willingness to learn new ways of addressing these areas:

### SMOKING:

Does anyone living in your home smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you / they willing to modify that behavior in order to model healthy lifestyle choices to the children in your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A

### SLEEP:

Does your family place an importance on getting 8 hours of sleep per night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you willing to learn about the importance of sleep and incorporate good sleep routines into your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A

### EXERCISE:

Does your family place an importance on getting regular physical activity and controlling negative health symptoms through your exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you willing to learn about the importance of exercise <b>and</b> incorporate exercise routines into your family life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A

### DIET:

Does your family place a high value on eating healthy foods, menu planning for health, and controlling negative health symptoms through your diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you willing to learn about the importance of a healthy diet and incorporate healthy diet choices into your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A

### PERSONAL HEALTH:

At this time, do you or anyone living in your home have any mental or physical health issues that would keep you from giving the children in your home intensive attention and "whole-child" care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are these issues ones that you are under treatment for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A
If you checked "yes" in the first box above but you are <b>not</b> currently receiving treatment, are you willing seek treatment in order to improve your health and also model healthy behaviors to the children in your care? (Using your own resources—such as your health insurance or community services)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N / A

*This form is merely a statement of intentions and can be withdrawn by the applicant at any time. We do \_\_\_\_\_ do not \_\_\_ consent to the release of our names for the mailing list of foster or adoptive parent associations, training and newsletters. Signature of applicant(s) authorizes the Centerstone to contact the references listed on the application form and authorizes said references to respond to the inquiry.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date