



APPALACHIAN FOSTER CARE ALLIANCE

FOSTER CARE/RESOURCE PARENT APPLICATION

ALL INFORMATION IN THIS APPLICATION IS CONFIDENTIAL

Name: _____ Date of Application _____

Address: _____

Street

City

State

Zip Code

County

Home Telephone Number: _____
Area Code _____ Number _____

Foster Mother Work Phone Number _____ Cell _____

Foster Father Work Phone Number _____ Cell _____

How long have you resided in the State of Virginia? _____

E-mail address if available: _____

Please list someone who we can contact if you have an emergency:

Emergency telephone no. _____
Area Code _____ Number _____ Name and Relationship to Contact

It is important that you have backup caregivers to take care of the child placed in your home during times you are not available to transport or provide supervision.

Will your emergency contact also be a backup caregiver for any child placed in your home?
 Yes No

Backup caregiver (if different than emergency contact):

Area Code _____ Number _____ Name and Relationship to Contact

Please Notify us if any changes occur in telephone numbers

Home: Own Rent (Check one please)

If married date: _____ /
Month/day/year _____ City _____ State _____ Church or Other _____

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How were you referred to this agency? _____

Resource Parent Demographic Information

Foster/Resource Father:

Full Name: _____

First

Middle

Last

Social Security Number: _____ - _____ - _____ **Age:** _____ **Date of Birth:** _____

Place of Birth: _____ U.S. Citizen? Yes No

If Naturalized: Place _____ Date _____

Ethnic Background: _____

Education: High School Graduate? Yes No If no, last grade completed: _____

Name of High School _____ Date of Graduation _____

Higher Education: 1 2 3 4 5 6+ (Please Check One)

Name of College: _____ Degree _____ Date _____

Military Service: _____
Branch _____ Dates Served _____ Type of Discharge _____

Occupation (please describe): _____

Present Employer: _____

Full Address: _____

Previous Employment (include military and other public services employment)

Employer

Dates of Employment

Reason for Leaving

Religious Preference: _____ Church Affiliation: _____

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Foster/Resource Mother:

Full Name: _____
First _____ Middle _____ Last _____

Social Security Number: _____ - _____ - _____ **Age:** _____ **Date of Birth:** _____

Place of Birth: _____ U.S. Citizen? Yes No

If Naturalized: Place _____ Date _____

Ethnic Background: _____

Education: High School Graduate? Yes No If no, last grade completed: _____

Name of High School _____ Date of Graduation _____

Higher Education: 1 2 3 4 5 6+ (Please Check One)

Name of College: _____ Degree _____ Date _____

Military Service: _____
Branch _____ Dates Served _____ Type of Discharge _____

Occupation (please describe): _____

Present Employer: _____

Full Address: _____

Previous Employment (include military and other public services employment)

<u>Employer</u>	<u>Dates of Employment</u>	<u>Reason for Leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Preference: _____ Church Affiliation: _____

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LIST ALL OTHER PERSONS LIVING IN THE HOME.

Name	DOB	Relationship	Sex	Occupation	Reside in Home
1.					
2.					
3.					
4.					
5.					

Name Any of Minor/ Adult Children Who Live Outside the Home.

Name	Address	Phone

MOTIVATION TO FOSTER/RESOURCE AND PREFERENCE

Have you applied to foster or adopt a child before? Yes No

Have you raised a child other than your own birth children? Yes No

If yes, what kind of an arrangement was it?

Foster Adoption Informal Arrangement Other

If you have fostered or adopted, what agency did you work with: _____

If previously married, please answer the following:

Foster/Resource Father

To Whom: _____ Date of Marriage: _____

How did marriage end? (e.g. divorce) _____ Date & Place: _____

Were there any other marriages besides the one listed above? Yes No

Foster/Resource Mother

To Whom: _____ Date of Marriage: _____

How did marriage end? (e.g. divorce) _____ Date & Place: _____

Were there any other marriages besides the one listed above? Yes No

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Have you or any of your immediate family member ever been involved in treatment or counseling?

Yes No

REFERENCES

You will need references from three (3) people who have known you for a minimum of four (4) years. Your choices should reflect a variety of relationships. Please be prepared to give complete addresses, phone numbers and other contact information.

Date _____

Signature of Foster/Adoptive Father

Signature of Foster/Adoptive Mother

APPALACHIAN FOSTER CARE ALLIANCE

RESOURCE FAMILY ACCEPTANCE POLICY

Appalachian Foster Care Alliance (AFCA) is a licensed private child placing agency (LCPA) in the Commonwealth of Virginia. AFCA links special needs children and teenagers with treatment foster families and provides a variety of support services designed to help youth adjust to their environment and become self-sufficient adults.

AFCA evaluates potential foster families for suitability as Treatment Foster Parents. Consideration must be given to such factors that might have an impact on the family's relationship with a foster child placed in the home. Information given by you as the applicant will be kept in strict confidence and will only be accessible to staff of Appalachain Foster Care Alliance.

The undersigned acknowledges and agrees that he/she is not obligated if called upon to perform the services herein applied for, and that the agency is not obligated to place, or actively seek to place foster children.

If for any reason the undersigned applicant is not accepted as a foster parent, all information obtained through intake procedures will remain the property of AFCA. Applicants who are not accepted will not necessarily be given reasons for non-acceptance as to do so could jeopardize screening policies. Furthermore, in the event the applicant is approved, the undersigned understands that AFCA may later exercise the right to close the home to future placements and terminate the relationship at any time. Contents of the closed file remain the property of AFCA as per policy. A copy of documents authored in their entirety or in part by the foster parents may be released to the foster parents.

In the event an applicant is approved and begins providing services to a AFCA foster child, the undersigned agrees that the legal guardian and/or AFCA reserves the right to terminate the relationship between a foster parent and the foster child, if that action is believed to be in the best interest of the minor. Further, in the event of such termination by the legal guardian or professional staff, AFCA is not obligated to provide the foster parent with any specific reasons for such termination.

It is the belief of AFCA that careful matching of children to foster families results in fewer disruptions for the foster child, promotes stronger connections between the child and the family and promotes successful placement and services. When families seek placement of children through other agencies and entities, AFCA's ability to ensure such careful matching is greatly restricted and AFCA is unable to ensure best interests of the AFCA foster children are preserved. Therefore, the undersigned applicants understand and acknowledge that AFCA approved foster homes offer services exclusively to children placed by and through AFCA. AFCA retains the right to withdraw approval of a home if the foster family seeks approval or affiliation with another agency or child placing entity.

Applicant(s) _____ Date _____

_____ Date _____

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