



TWIN PINES FAMILY SERVICES, LLC
 FOSTER AND ADOPTION FAMILY APPLICATION



Name(s) _____

Full Address _____

County _____ School District _____

How long have you resided at this address? _____

Home Phone number _____

Cell Number(s) _____

Email Address _____

How did you hear about Twin Pines? _____

Children born or adopted of this relationship:

Name	DOB	Address (If different from above)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children born or adopted of other relationships:

Name	DOB	Address (If different from above)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other residents in the home:

Please note: Anyone 18 years of age or older must submit all clearances, a signed release of information for Children and Youth, a copy of state identification, and a completed physical. Please inform Twin Pines staff of household members over the age of 18 when contacted to schedule your home visit.

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied to any other agency to foster or adopt? _____ Yes _____ No
Have you ever been licensed by another agency? _____ Yes _____ No
Is your home currently licensed by another agency? _____ Yes _____ No
Have you ever been denied an initial or renewal foster care license? _____ Yes _____ No

If you have answered “yes” to any of the following questions above:

Name of Agency: _____

Address: _____

Telephone Number: _____

Reason for leaving/change: _____

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BUDGET WORKSHEET

There is no minimum income level set for foster parents. We use this worksheet to help us to assess your financial stability.

MONTHLY REVENUE

NAME OF RECIPIENT	SOURCE	AMOUNT	FREQUENCY

Total monthly income _____

MONTHLY EXPENSES

CATEGORY	COST	CATEGORY	COST
Mortgage/Renter's		Medical Insurance	
Owner's/Renter's Insurance		Life Insurance	
Auto Loan/Lease 1		Entertainment Subscriptions	
Auto Loan/Lease 2		Groceries/Supplies	
Auto Insurance		Other:	
Gas – in vehicle(s)		Other:	
Vehicle Maintenance		Alimony/Child Support	
Gas/Electric		Day Care/Tuition	
Water		Life Insurance	
Sewage		Credit Card(s)	
Garbage		Student Loan(s)	
Cell Phone		Personal Loan(s)	
Internet		Other Debts:	

TOTAL EXPENSES \$ _____

Are you presently behind on any bills? _____ Yes _____ No

Caregiver 1: NAME _____

DOB _____ Social Security Number _____

Other Marriages/Divorces _____

EDUCATIONAL HISTORY

Highest level/degree completed _____

Elementary School: _____

Address: _____

Middle School: _____

Address: _____

High School: _____

Address: _____

College/Technical/Trade School: _____

Address: _____

Other (_____): _____

Address: _____

CRIMINAL HISTORY

Criminal history and child abuse background check will be made, but it is important that you disclose any legal involvement that you have had. Please note that a criminal history does not necessarily disqualify you from fostering; however, a criminal history that is not disclosed may prevent you from fostering.

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

If yes, please give details including crime(s) you were charged with, date(s), location(s) and disposition(s).

CAREGIVER 1: EMPLOYMENT HISTORY (For at least past 10 years)

Company _____ Phone _____

Address _____

Start date: _____ End Date: _____ Position: _____

Reason for leaving: _____

Company _____ Phone _____

Address _____

Start date: _____ End Date: _____ Position: _____

Reason for leaving: _____

Company _____ Phone _____

Address _____

Start date: _____ End Date: _____ Position: _____

Reason for leaving: _____

Company _____ Phone _____

Address _____

Start date: _____ End Date: _____ Position: _____

Reason for leaving: _____

Company _____ Phone _____

Address _____

Start date: _____ End Date: _____ Position: _____

Reason for leaving: _____

CAREGIVER 1: ALCOHOL AND MEDICATION USE HISTORY

Note: Twin Pines does not discriminate against medical or medication needs. This information is important to have all appropriate information when completing the application process. Providing this information does not necessarily mean that you will be denied as a resource parent. However, further explanation from your medical provider may be requested.

1. Do you drink alcohol? _____ Yes _____ No

If yes, how often? (Please check any that apply.)

_____ Special occasions (birthdays, holidays, etc.)

_____ Socially

_____ Once per month

_____ Once per week

_____ Once per day

Please specify amount: _____

2. Have you ever used illegal drugs/been enrolled in Drug and Alcohol treatment?

_____ Yes _____ No

If yes, please explain _____

3. Have you ever been diagnosed with a mental health disorder?

_____ Yes _____ No

If yes, please explain _____

4. Are you currently prescribed any medications? _____ Yes _____ No

If yes, please specify type and reason: _____

5. Are you currently prescribed medical marijuana? _____ Yes _____ No

If yes, please inform Twin Pines staff when they contact you to schedule your home visit. You will be required to complete our *Medical Marijuana Use Agreement* for further explanation of prescription reason, use, storage, etc.

NOTE: Please inform Twin Pines if anyone in the home is currently prescribed medical marijuana. The *Medical Marijuana Use Agreement* will need to be completed.

CAREGIVER 1: REFERENCES

Please list six people, at least four of whom are not related to you, that we may contact for character references. Please list their complete name, email address, and telephone number.

Name	Email Address	Telephone Number

Caregiver 2: NAME _____

DOB _____ Social Security Number _____

Other Marriages/Divorces _____

EDUCATIONAL HISTORY

Highest level/degree completed _____

Elementary School: _____

Address: _____

Middle School: _____

Address: _____

High School: _____

Address: _____

College/Technical/Trade School: _____

Address: _____

Other (_____): _____

Address: _____

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

If yes, please give details including crime(s) you were charged with, date(s), location(s) and disposition(s).

CAREGIVER 2: EMPLOYMENT HISTORY (For at least past 10 years)

Company _____ Phone _____

Address _____

Start date: _____ End Date: _____ Position: _____

Reason for leaving: _____

Company _____ Phone _____

Address _____

Start date: _____ End Date: _____ Position: _____

Reason for leaving: _____

Company _____ Phone _____

Address _____

Start date: _____ End Date: _____ Position: _____

Reason for leaving: _____

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