

## Application for Approval by the Department of Human Services to Care for a Child in the Care or Custody of Public Child Welfare

The Oregon Department of Human Services, Child Welfare (*the Department*) acknowledges your interest in caring for a child needing a temporary or permanent home due to involvement in the child welfare system. The Department needs caring families and individuals committed to providing a safe and nurturing home. Children in care or custody are the responsibility of the Department and the safety of children is paramount. The Department must conduct a thorough assessment of families wishing to foster or adopt. The assessment process is thorough and in-depth, covering information people do not generally share with family, friends or neighbors.

The assessment process will include gathering current and historical information about, but not be limited to:

- |                   |                            |                             |
|-------------------|----------------------------|-----------------------------|
| • Physical health | • Public assistance        | • Child welfare involvement |
| • Mental health   | • Legal system involvement | • Substance abuse           |
| • Family dynamics | • Finances                 | • Employment                |

Documentation of marriages, divorces, deaths, or other dynamics of ones life may be required.

### Acknowledgements

- The Department is required by law to report cases of suspected child abuse and child welfare policy requires employees to report disclosures of child abuse, when the abuse has not previously been reported.
- The Department maintains an applicant's information as confidential and will only release information after obtaining a signed release of information or when legally permitted, or when legally required.
- Assessment information may be gathered by any means available to the Department.
- The request to view your social security number and consent to its use is voluntary. It will be used only as an identification number for background and record checks and will not be given to the general public. By signing this application you consent to disclosure of your social security number to others if such disclosure is necessary for the purpose stated above. Failure to provide your social security number **will not** be used as a basis to deny you any right, benefit or privilege provided by law.
- Falsification or omission of information on this application or supporting documentation could disqualify an applicant(s).
- The application may be denied if requested information is not submitted within 90 days from a written request from the Department.
- The interview process includes couples being interviewed together and requires sharing information with each other. When a home study document is completed the applicants receive a copy of the completed home study document.
- Your name and phone number may be provided to the Oregon Foster Parent Association

**Your signature below indicates you understand the information above.**

\_\_\_\_\_  
Signature applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature applicant 2

\_\_\_\_\_  
Date

This document can be provided upon request in alternative formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact us at 503-945-6653, email Foster.CARE@state.or.us **or 711 for TTY.**

**Type of applicant:** *(Check all that apply.)*

- Foster care       Child specific       Relative  
 Adoption       Assisted guardianship       General       Non-relative

<b>Applicant 1</b>	Last name:		First name:		Middle name:	
	Other names used:				US Citizen or legal resident <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gender:	Date of birth:	Birthplace:			
	Relationship status:		<input type="checkbox"/> Never married	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	
			<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Domestic partner	
	Highest grade completed:		Degree:	Social Security number:		Religion:
Primary phone:		Second phone:		Email address:		
<b>Race</b>	<i>(optional, check all that apply)</i>					
	<input type="checkbox"/> Asian (A)		<input type="checkbox"/> Black or African American (B)			
	<input type="checkbox"/> American Indian or Alaskan Native (I)		<input type="checkbox"/> Native Hawaiian or other Pacific Islander (P)			
<input type="checkbox"/> Unable to determine (U)		<input type="checkbox"/> White (W)				
<b>Ethnic background</b> <i>(optional)</i> : <input type="checkbox"/> Hispanic or Latino (H) <input type="checkbox"/> Not Hispanic or Latino (O)						
<input type="checkbox"/> Multi-Racial <i>(specify)</i> :						

<b>Applicant 2</b>	Last name:		First name:		Middle name:	
	Other names used:				US Citizen or legal resident <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gender:	Date of birth:	Birthplace:			
	Relationship status:		<input type="checkbox"/> Never married	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	
			<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Domestic partner	
	Highest grade completed:		Degree:	Social Security number:		Religion:
Primary phone:		Second phone:		Email address:		
<b>Race</b>	<i>(optional, check all that apply)</i>					
	<input type="checkbox"/> Asian (A)		<input type="checkbox"/> Black or African American (B)			
	<input type="checkbox"/> American Indian or Alaskan Native (I)		<input type="checkbox"/> Native Hawaiian or other Pacific Islander (P)			
<input type="checkbox"/> Unable to determine (U)		<input type="checkbox"/> White (W)				
<b>Ethnic background</b> <i>(optional)</i> : <input type="checkbox"/> Hispanic or Latino (H) <input type="checkbox"/> Not Hispanic or Latino (O)						
<input type="checkbox"/> Multi-Racial <i>(specify)</i> :						

<b>Residential information</b>	Home address:			Apartment no.:		
	City:		State:	County:		ZIP code:
	Mailing address <i>(if different than above home address)</i> :					Apartment no.:
	City:		State:	County:		ZIP code:
	Cell phone/home:		Other number:		Email address:	
	Length of time living together?		If married, date and place of marriage:			

## References and emergency contacts

Please provide **four references** who have known you well as an individual, couple or family only two may be your relatives. The individuals you list must be able to answer questions regarding your character, relationship skills and parenting abilities. The Department may contact other individuals not listed by you as part of the assessment process. Please provide the names and contact information of at least two individuals with whom you are likely to remain in contact if displaced due to a natural disaster; one should be in a different city or state. If emergency contacts are other than your references, list them at the end of this section.

### References

1. Name: _____		Relative:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/home phone: _____	Phone number (work): _____	
Other number: _____	Email address: _____	
Street address: _____		City: _____
State: _____	ZIP code: _____	Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Name: _____		Relative:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/home phone: _____	Phone number (work): _____	
Other number: _____	Email address: _____	
Street address: _____		City: _____
State: _____	ZIP code: _____	Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Name: _____		Relative:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/home phone: _____	Phone number (work): _____	
Other number: _____	Email address: _____	
Street address: _____		City: _____
State: _____	ZIP code: _____	Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Name: _____		Relative:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/home phone: _____	Phone number (work): _____	
Other number: _____	Email address: _____	
Street address: _____		City: _____
State: _____	ZIP code: _____	Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Emergency contacts (if not indicated above)

Name: _____	Phone no.: _____	Email: _____
Name: _____	Phone no.: _____	Email: _____

**Address at which you are likely to stay in case of disaster**

Street address:	City:	County:
ZIP code:	Phone number ( <i>home</i> ):	Email address
		Cell number:

**List all individuals living at the applicant's address**

Name:	Birth date:	Gender:	Relationship to applicant(s):	Applicant 1 or 2:

**List all applicants' children not living in the home – Include adult children**

Name:	Birth date:	Gender:	Current city/area code and phone number:	Child of applicant 1 or 2:
			/	
			/	
			/	
			/	
			/	
			/	
			/	

**Applicant 1 — former marriages**

Name:	Date married:	State:	Divorce date:	State:

**Applicant 2 — former marriages**

Name:	Date married:	State:	Divorce date:	State:

**List applicant's parents and/or step parents**

Name:	Age:	Phone number:	Relationship to applicant(s):	Applicant 1 or 2:

**Siblings of applicant 1**

Name:	Age:	Phone number:	Relationship to applicant(s):

**Siblings of applicant 2**

Name:	Age:	Phone number:	Relationship to applicant(s):

- Has either applicant ever been the victim of child abuse, assault, domestic violence or other violent event/act?      **Applicant 1**    **No**       **Yes**      **Applicant 2**    **No**       **Yes**
- Has any certificate, license or approval issued to either applicant, for the purpose of caring for a child or adult, been suspended, revoked, withdrawn or denied?       **No**       **Yes**  
*(If yes, complete below.)*
- Has either applicant ever applied to care for a child or adult with any public or private agency - this would include daycare, adult foster care, or developmental disabilities services?    **No**    **Yes**  
*(If yes, complete below.)*

Applicant 1	Applicant 2:	Agency name:	Date:	State:	Adult or child:
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

- Has either applicant, or any member of your household been involved in or have been the subject of any allegation regarding child, adult, or animal abuse or neglect?    **No**       **Yes**  
*(If yes, complete below.)*

Applicant/household member name:	Date:	Allegation:	Location:	Disposition:

**Current employment**

Applicant 1		Applicant 2	
Occupation:		Occupation:	
Current employer (if applicable):		Current employer (if applicable):	
Address:		Address:	
Phone:	Start date:	Phone:	Start date:
Email:		Email:	
Supervisor:		Supervisor:	

**Residential history**

When did you move to your current residence? Month: \_\_\_\_\_ Year: \_\_\_\_\_

If you have lived at your current residence less than five years, complete the following for the last five years.

1. Complete address:(street address)	(city)	(state)	(ZIP code)
Dates at address:	From (month/year):	To (month/year):	

2. Complete address:(street address)	(city)	(state)	(ZIP code)
Dates at address:	From (month/year):	To (month/year):	

3. Complete address:(street address)	(city)	(state)	(ZIP code)
Dates at address:	From (month/year):	To (month/year):	

4. Complete address:(street address)	(city)	(state)	(ZIP code)
Dates at address:	From (month/year):	To (month/year):	

5. Complete address:(street address)	(city)	(state)	(ZIP code)
Dates at address:	From (month/year):	To (month/year):	



