

NAME OF APPLICANT(S):

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
FOSTER/ADOPTIVE PARENT APPLICATION

Instructions:

Applicant(s): Each applicant must complete a separate application form. The home finder will notify the applicant if supporting documentation is required.

APPLICANT INFORMATION		
APPLYING FOR: FOSTER CARE ONLY <input type="checkbox"/> FOSTER CARE AND ADOPTION* <input type="checkbox"/> *Complete Family Adoption Registry (OCFS-5183C)		
Are you or have you ever been a certified or approved emergency foster parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of expiration:		
Are you applying for certification or approval for a specific child(ren)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes:		
NAME OF CHILD	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
NAME OF APPLICANT:		
LAST, FIRST, MIDDLE INITIAL:		
DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER: - -	EMAIL ADDRESS:
PHONE CONTACT INFORMATION: HOME PHONE: () - <input type="checkbox"/> N/A CELL PHONE: () - <input type="checkbox"/> N/A		
CURRENT ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOW LONG HAVE YOU: <input type="checkbox"/> Owned <input type="checkbox"/> Rented	SCHOOL DISTRICT:	
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together		
DEMOGRAPHICS ¹		
SEX: ² <input type="checkbox"/> Female <input type="checkbox"/> Male		
WHAT ARE YOUR PRONOUNS? <input type="checkbox"/> She/her/hers <input type="checkbox"/> He/him/his <input type="checkbox"/> They/them/theirs <input type="checkbox"/> OTHER _____		
GENDER IDENTITY: ³ <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer		
SEXUAL ORIENTATION: ⁴ <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer		
RACE:	ETHNICITY:	RELIGIOUS AFFILIATION:
LANGUAGES SPOKEN:		

¹ Applicant has the right to decline to answer questions in this section without any impact to their application.

² "Sex" refers to a person's biological and physiological characteristics.

³ "Gender Identity" refers to a person's internal sense of themselves, regardless of anatomy.

⁴ "Sexual Orientation" refers to a person's emotional, romantic and sexual attraction to other persons.

NAME OF APPLICANT(S):

NATIVE AMERICAN? No Yes *If yes, Tribal/Nation affiliation:*

HOUSEHOLD MEMBER INFORMATION *Social Security Number (SSN) is required for individuals 18 years of age or older							
	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME
DATE OF BIRTH							
RELATIONSHIP TO APPLICANT							
RELIGION							
SEX							
ETHNICITY							
LANGUAGE							
MARITAL STATUS							
*SSN							

Are any children in your household in foster care and awaiting adoption?
 No Yes *If yes, please explain:*

Applicable for children surrendered directly to a voluntary authorized agency: Are any children in your household awaiting adoption finalization?
 No Yes
If yes, please explain:

OTHER CHILDREN (UNDER 18) RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
<input type="checkbox"/> N/A			
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

ADULT CHILDREN RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
<input type="checkbox"/> N/A			
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

BOARDERS/RENTERS	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
<input type="checkbox"/> N/A		
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

PETS/OTHER ANIMALS – TYPE PER LOCAL ORDINANCE	VACCINATED?	LICENSED?
<input type="checkbox"/> N/A		
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

NAME OF APPLICANT(S):

	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

FOSTER/ADOPTIVE PARENTING EXPERIENCE

Are you currently an approved adoptive parent? No Yes
 If yes, please provide approval dates and the approving agency's name and contact information.

APPROVAL DATE:	APPROVING AGENCY:	CONTACT INFORMATION:
/ /		
/ /		
/ /		
/ /		

Have you previously applied to be a foster or adoptive parent in this state or another state? No Yes
 If yes, please provide agency name and contact information.

AGENCY:	CONTACT INFORMATION:

Were you accepted, withdrawn, or denied? Accepted Withdrawn Denied *If withdrawn or denied, what was the reason?*

Have you had a foster parent certification or approval revoked, suspended, surrendered or lapsed?
 N/A No Yes
 If yes, what was the reason?

TRANSPORTATION

What are your plans for transporting the child in foster care?

If your answer was "personal vehicle":
 Do you have a:
 Valid driver's license? No Yes *If yes, expiration date: / /*
 Valid car insurance? No Yes *If yes, expiration date: / /*
 Valid registration? No Yes *If yes, expiration date: / /*
 Valid inspection? No Yes *If yes, expiration date: / /*

REFERENCES

List three references, other than relatives, who can serve as personal references

NAME	ADDRESS	PHONE/EMAIL ADDRESS

NAME OF APPLICANT(S):

If applicable, list one reference who can verify your work record and qualifications		
NAME	ADDRESS	PHONE/EMAIL ADDRESS
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EMPLOYMENT INFORMATION

Do you provide child care/ day care in your home? No Yes

If yes,

- What are the hours of operation?
- Number of children?
- Describe:

Do you operate a Family-Type Home for Adults? No Yes

If yes,

- Describe:

Do you operate any other business out of your home? No Yes

If yes,

- What are the hours of operation?
- Do you have a license for any of the businesses in your home?
- Describe:

What are your plans for supervision of a child(ren) when you are not available (i.e., during work hours, after school, summer, etc.):

CURRENT EMPLOYMENT INFORMATION

CURRENT EMPLOYER:	START DATE:	
EMPLOYER ADDRESS:		
CITY:	STATE:	ZIP CODE:
POSITION:	SCHEDULE:	
EMPLOYER CONTACT NAME:	EMPLOYER CONTACT NUMBER:	EMPLOYER CONTACT EMAIL:

EMPLOYMENT HISTORY

Employer:

Dates of employment: / / To / /

Position:

Hours worked per week:

Reason for leaving:

Employer:

Dates of employment: / / To / /

Position:

Hours worked per week:

Reason for leaving:

Employer:

Dates of employment: / / To / /

Position:

Hours worked per week:

Reason for leaving:

NAME OF APPLICANT(S):

EDUCATION HISTORY

HIGHEST EDUCATION COMPLETED: Grade School High School TASC (GED) Associate's Degree
 Bachelor's Degree Master's Degree Ph. D. Other:

FINANCIAL INFORMATION

INCOME FROM EMPLOYMENT:	
OTHER INCOME AND SOURCE:	<input type="checkbox"/> PA <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Other, specify:
TOTAL MONTHLY INCOME:	

MONTHLY EXPENSES:

Is your family experiencing any financial stressors (i.e., foreclosure, bankruptcy, etc.)? No Yes
If yes, please explain:

Does your family have medical insurance coverage? No Yes

▶ rent/mortgage	\$
▶ utilities (including phones and cable)	\$
▶ car payments	\$
▶ car insurance	\$
▶ other insurance	\$
▶ loans/debts, credit cards	\$
▶ food, clothing, etc.	\$
▶ entertainment	\$
Total monthly expenses	\$

APPLICANT'S SIGNATURE: X	DATE: / /
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NAME OF APPLICANT(S):

SWORN STATEMENT – One per applicant

Please answer the questions below in full.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
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MAIDEN NAME OR ANY OTHER ALIAS:

CURRENT MAILING STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
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1. Have you ever been convicted of a crime within New York State or any other jurisdiction or state? No Yes

If yes, provide an explanation for each crime for which you were convicted of including the type of crime, the location, the date and circumstances:

2. Has any person age 18 or older currently residing in the home ever been convicted of a crime within New York State or any other jurisdiction or state? No Yes

If yes, provide an explanation for each crime for which the person(s) was/were convicted of, including the type of crime, the location, the date and circumstances:

To the best of my knowledge, I hereby affirm that the information provided above is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in disqualification as an applicant for deliberately presenting false or misleading information.

APPLICANT'S SIGNATURE: X	DATE: / /
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