

## VERIFICATION PAPERWORK – PHASE 1

Phase 1 paperwork is the first step in the “application” process for prospective foster and adoptive parents. Phase 1 is located on the [www.fosterintexas.org](http://www.fosterintexas.org) website and is the initial information needed in order for a family to proceed in becoming a foster or adoptive parent. After phase 1 has been completed and is approved, families will receive phases 2 and 3.

<u>FORM NAME</u>	<u>FORM #</u>	<u>NEW OR TRANSFER FAMILY FORM</u>	<u>REASON FOR FORM</u>	<u>COMPLETED</u>
Family Application	F111.01b	New & Transfer	The Family Application provides detailed information regarding prospective applicants, including background, financial status, education, employment history, residential history, home environment, frequent visitors, criminal history, and motivation for fostering and adopting, etc. The Family Application should be signed by both applicants.	
Background Check Statement for Foster/ Adopt Applicants and Family Members	F103.01b	New & Transfer	The Background Check Statement provides information regarding any previous arrests, charges, and convictions and any history of being investigated for abuse and neglect. The Background Check Statement should be completed by all household members age 14 and over. The Background Check Statement should be signed by the individual.	
Authorization for Criminal History and Central Registry Check	F103.01 BL	New & Transfer	DFPS requires that all foster and adoptive applicants and household members age 14 and older complete a criminal history and central registry (abuse/neglect history) check for all persons who live in the home and for any frequent and regular visitors to the home. The purpose of the Authorization for Criminal History and Central registry check is to authorize LSS to run the criminal and central registry check. In order to run the criminal and central registry check, LSS also requires a copy of the photo ID/ Drivers license and social security card for each individual who will be run and the Authorization must be signed by the individual.	

Authorization for Release of Information from another Child-Placing Agency	F101.01-BL	Transfer families only	The Authorization for Release of Information from another Child-placing agency must be signed for any prior agencies the prospective foster or adoptive parent is currently verified with or previously fostered or adopted through. This form must be signed by both applicants, if applicable.	
--	------------	------------------------	--	--

**LUTHERAN SOCIAL SERVICES OF THE SOUTH, INC.**

**FAMILY APPLICATION**

\*\*Please include 2 or 3 snapshots of your family, the front of your home, the backyard, and interior home photos, including all bedrooms, living areas, and kitchen.

Date of Application: \_\_\_\_\_

Foster:   
 Foster to Adopt:   
 Straight adopt:

**A. IDENTIFYING DATA**

**Name:** \_\_\_\_\_  
*Last First Applicant 1 First Applicant 2 Maiden*

**Address:** \_\_\_\_\_  
*Mailing Physical (if applicable)*

\_\_\_\_\_ *City State Zip Code County*

**Phone:** \_\_\_\_\_  
*Home Cell (Applicant 1) Cell (Applicant 2)*

**Email Address(s):** \_\_\_\_\_

**B. PERSONAL DATA**

Applicant 1 Name _____		Applicant 2 Name _____
	Height/Weight	
	Hair/Eye Color	
	Birthdate/Birthplace	
	Ethnic Background	
	Indian Tribe <i>(if applicable)</i>	
	Military Experience	
	Occupation	
	Social Security Number	
	Citizenship/Legal Alien Status	

Have either of you ever been arrested, convicted of, or received deferred adjudication for a crime other than a minor traffic ticket, to include crimes against the person, crimes against the family, and/or public indecency to a child? If yes, explain:

Have either of you ever had a finding of Reason to Believe for any type of abuse of a child that meets a preponderance of the evidence standard? If yes, explain:

**C. MARITAL HISTORY**

1. Are you currently married?  Yes  No
2. If so, Date of your present marriage. \_\_\_\_\_
3. Name of city and county where married. \_\_\_\_\_
4. Have you ever been separated, or are you currently separated?  Yes  No
5. When were you separated? \_\_\_\_\_
6. If you are not married, are you currently in a relationship with someone?  Yes  No  
Name : \_\_\_\_\_
7. Previous marriages or significant relationships (if any): List all:

CAREGIVER # 1 (use additional pages if necessary)

<u>Name of Spouse/ Partner</u>	<u>Date of Marriage</u>	<u>Place of Marriage</u>	<u>Date of Divorce or Death</u>	<u>Place of Divorce</u>	<u>Names of Children from Marriage</u>

CAREGIVER # 2 (use additional pages if necessary)

<u>Name of Spouse/ Partner</u>	<u>Date of Marriage</u>	<u>Place of Marriage</u>	<u>Date of Divorce or Death</u>	<u>Place of Divorce</u>	<u>Names of Children from Marriage</u>

D. CHILDREN IN HOUSEHOLD				
Name	Date of Birth	Sex	Race	Biological/Adoptive/Other Relationship <i>(if adopted, date of adoption)</i>

E. CHILDREN LIVING OUTSIDE OF YOUR HOME (ALL AGES)				
Name	Date of Birth	Sex	Biological or Adopted	Address and Phone #

Are there any others living in your household, either full or part time, that have not been listed?

Yes  No

If so, please give their name, how long they have been living there, and how long you expect them to remain.

Name & Relationship	How Long	Will Remain Until

Are there individuals who frequently visit your home? (These are individuals who are present in your home at least twice in a 30 day period.)

Yes  No

If so, please give their name and their relationship to you and how often they visit in your home.

Name & Relationship	Frequency of Contact

<b>F. EDUCATION</b>		
<b>Applicant 1</b>		<b>Applicant 2</b>
	Number of School Years	
	Certificates/Diplomas/ Degrees/Licensures	
	Area of Study	
	Where Studied	
	Date Graduated	

<b>G. EMPLOYMENT</b>		
<b>Applicant 1</b>		<b>Applicant 2</b>
	Employer	
	Address & Phone Number	
	When Employed	
	Annual Salary	
	Daily/ Weekly Work Schedule (Days and times)	

**Previous employment history for past ten years: (use additional paper if needed)**

<b>Applicant 1 Dates of employment</b>	<b>Applicant 1 Place of Employment</b>	<b>Reason for leaving</b>

Applicant 2 Dates of employment	Applicant 2 Place of Employment	Reason for leaving

Are you licensed to provide daycare services in your home?

Yes  No

Are you currently receiving any type of government assistance, such as subsidized housing, food stamps, etc?

Yes  No (If you checked yes, what type of assistance? \_\_\_\_\_)

H. RELIGIOUS/SOCIAL		
Applicant 1		Applicant 2
	Church Membership / Denomination	
	Address	
	Pastor	
	If Lutheran, which Synod	
	Social/Community Groups	
	Hobbies and Interests	

I. HOUSING		
<i>History of Residence (use additional paper if needed)</i>		
<i>Length of time spent at each residence for the past 10 years:</i>		
Street Number & Address	City and State	Dates and Years of residence

Current Residence:

- Own       House      No. of Rooms \_\_\_\_\_      Yard:  Small       Large  
 Rent       Apt.      Bedrooms: \_\_\_\_\_       Medium       Fenced  
 Other       Mobile      Bathrooms: \_\_\_\_\_

1. Describe Neighborhood: \_\_\_\_\_
2. Names of Schools in Area: Elementary: \_\_\_\_\_  
 Jr. High: \_\_\_\_\_ Sr. High: \_\_\_\_\_
3. Nearest Hospital: \_\_\_\_\_
4. Will child share bedroom?  Yes  No With whom? \_\_\_\_\_
5. Do you have transportation at all times?  Yes  No

Vehicle – Make, model, and color	Vehicle Registration Expiration	Vehicle Inspection Expiration

6. Will you allow inspections by Fire and Health authorities?  Yes  No
7. Do you smoke in your home?  Yes  No
8. Do you have pets in your home?  Yes  No

Name of Pet	Breed	Age

9. Directions to home:

J. FAMILY BACKGROUND		
Applicant 1		Applicant 2
	Name of Your Father	
	Address	
	Name of Your Mother	
	Address	



Please complete the following information on each of your siblings:

Applicant 1 Siblings	Relationship	City of Residence	Marital Status	No. of Children	Occupation
Applicant 2 Siblings	Relationship	City of Residence	Marital Status	No. of Children	Occupation

Please list names, addresses and telephone numbers of two (2) relatives who will always know how to get in touch with you.

NAME	ADDRESS	TELEPHONE NUMBER

**K. REFERENCES**

Please list the names, addresses and telephones numbers of four (4) references (other than relatives):

1. \_\_\_\_\_  
*Name* *Address* *Phone Number*
  
2. \_\_\_\_\_  
*Name* *Address* *Phone Number*
  
3. \_\_\_\_\_  
*Name* *Address* *Phone Number*
  
4. \_\_\_\_\_  
*Name* *Address* *Phone Number*

## L. CHILD DEMOGRAPHIC PREFERENCE

1. Age: (check all that apply)       0-2                       3-5                       6-12                       13-18
2. MEDICAL/BEHAVIORAL NEEDS:
- Medical Needs-Minor                       Medically Fragile                       Mental Retardation
- Mild Behavioral Problems                       Moderate Behavioral Problems                       Severe Behavioral Problems
3. SEX:                       Female                       Male       Both
4. Are you open to sibling groups?  Yes       No      Number of children: \_\_\_\_\_

***\*Foster parents must be open to children of any racial or ethnic background.***

## M. ADDITIONAL INFORMATION

1. Have you been treated for any serious or chronic physical (including infertility) or emotional problems?
- Yes                       No                      (If yes, please explain-include date(s) of therapy or treatment)
2. Are you currently prescribed medications?
- Yes                       No                      (If yes, please list and include reasons for medications)
3. Have you been foster or adoptive parents before? If so, when, where and for whom? (List all)
4. Have you ever had a home screening/study conducted? If so, when, for what purpose (foster care or adoption)? Was the home screening/study approved?
5. Why do you wish to be a foster or adoptive parent?
6. Do you speak any foreign languages? Which? What languages are spoken in your home?

**IMPORTANT (Please read the following carefully before signing this document)**

**The information given on this application is true and complete to the best of my/our knowledge and belief and I/we understand that any misrepresentation of information will be cause for rejection of this application and will terminate my/our relationship with Lutheran Social Services of the South, Inc.**

**Lutheran Social Services of the South, Inc., maintains confidentiality of all information provided. At no times will your file be released to any other agency beyond our own without prior written permission within the limits of Texas law. This document will be reviewed by representatives of the Texas Department of Protective and Regulatory Services during scheduled program and contract reviews/audits.**

\_\_\_\_\_  
*Signature of Applicant 1*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Signature of Applicant 2*

\_\_\_\_\_  
*Date Signed*

**BACKGROUND CHECK STATEMENT FOR FOSTER / ADOPT APPLICANTS AND FAMILY MEMBERS**

**\*To be completed by all household members ages 14 and over**

Name: \_\_\_\_\_

DFPS requires that all applicants complete a criminal history and central registry (abuse/neglect history) checks for all persons age 14 and older who live in the home and for any frequent and regular visitors to the home age 14 and over. The purpose of this form is to provide us with information on your criminal and abuse/neglect history (if any).

The Texas Department of Family and Protective Services (TDFPS) checks criminal history files of the Texas Department of Public Safety (DPS) and Federal Bureau of Investigation (FBI), and may check criminal history files with local law enforcement agencies. Applicants and members of their home over the age 18 that pass the initial background screening will be required to submit fingerprints in order for DFPS to check the National Crime Information Databases through the FBI.

**CRIMINAL HISTORY CHECKS:**

1. Have you ever been arrested for any felony or misdemeanor criminal offense in this state or any other state?  
 Yes    No

If yes, please explain (use extra sheet of paper if necessary)

2. Have you ever been convicted or charged in an official criminal complaint accepted by a district or county attorney with a misdemeanor or felony in this state or any other state?  Yes    No

If yes, please explain (use extra sheet of paper, if necessary):

3. Have you ever been on deferred probation / probation / parole in this state or any other state for a misdemeanor or felony offense?  Yes  No

If yes, please explain (use extra sheet of paper, if necessary):

**Central Registry Checks (Abuse/Neglect History):**

DFPS also checks its own files to determine whether any adults in your household have been reported for child abuse or neglect.

4. Have you ever been investigated for child abuse or neglect in this state or any other state?  Yes  No

If yes, please explain (use extra sheet of paper, if necessary):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**LUTHERAN SOCIAL SERVICES OF THE SOUTH, INC.  
AUTHORIZATION FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK**

LSS Office/Dept: \_\_\_\_\_

I / Yo, \_\_\_\_\_, give permission to Lutheran Social Services of the South, Inc., (LSS) to check law enforcement and Central Registry Check records for any history of convictions and/or allegations of child abuse as well as a driving record check, if necessary. **This information will be considered confidential and only released to the State of Texas or other states, as required.**  
 concedo permiso a Lutheran Social Services of the South, Inc., (LSS) para verificar cumplimiento de la ley y antecedentes del registro que compruebe si hay antecedentes de condenas y / o denuncias de abuso infantil tanto como revisión de chequeo de manejo. **Esta información será considerada confidencial y sólo se comunicarán al Estado de Texas o de otros Estados, según sea necesario.**

<input type="checkbox"/> Initial / Inicial <input type="checkbox"/> 24 Month Recurring / 24 meses recurrente <input type="checkbox"/> <b>FBI check required / Chequeo de FBI requerido</b> <input type="checkbox"/> Transfer Foster Parent / Familia en proceso de transferir <input type="checkbox"/> Home Health Nurse / Enfermeros de agencias de salud			
Social Security Number / Numero de Seguro Social (attach copy / apegue copia)		ID Type- Drivers License or ID Number-State (Attach Copy) Tipo de identificacion – licencia de conducir o numero de identificacion (apegue copia)	
First Name / Primer nombre		Middle Name / Segundo Nombre	Last Name / Apellido
Street Address / Domicilio		City / Ciudad	State / Estado    Zip /Codigo postal
County / Condado	Telephone Number / Numero de Telefono	Date of Birth / Fecha de nacimiento	Gender / Sexo <input type="checkbox"/> Male / Masculino <input type="checkbox"/> Female / Femenino
<p><b>You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:</b>  <b>Usted debe escribir una lista de otras ciudades en Texas donde usted ha residido. Si vivió fuera de Texas en los últimos cinco años deberá anotar la dirección anterior (es) fuera de Texas, incluyendo el condado:</b></p>			
Relationship of person to Lutheran Social Services / Relacion de la persona a Lutheran Social Services  <input type="checkbox"/> Staff / Personal <input type="checkbox"/> Foster Parent / Padre Temporal <input type="checkbox"/> Adoptive Parent / Padre Adoptivo <input type="checkbox"/> Respite/Babysitter for / Cuidador temporal para _____ family / familia  <input type="checkbox"/> Other / Otro _____ <input type="checkbox"/> Household Member of / Miembro de _____ family / familia  Foster Parent's or Adoptive Parent's Relationship to Children being placed at time of Background Check: Relacion de los Padres Temporales / Adoptivos a niños que van a ser colocados durante el tiempo de hacer el chequeo de antecedentes <input type="checkbox"/> Relative / Familiares <input type="checkbox"/> Fictive Kin / Parientes Ficticios <input type="checkbox"/> Unrelated / No relacionados			
Ethnicity (must accompany race) / Etnicidad (Debe de acompañar raza) <input type="checkbox"/> Hispanic / Hispano <input type="checkbox"/> Other / Otro		Race / Raza <input type="checkbox"/> White / Blanco <input type="checkbox"/> Asian / Asiatico <input type="checkbox"/> Pacific Islander / Islas del Pacifico <input type="checkbox"/> Black / Raza Negra <input type="checkbox"/> American Indian/Alaskan Native / Nativo Americano o Nativo de Alaska	
Other Names used - First Name / Otros nombres usados – Primer Nombre		Middle Name / Segundo Nombre	Last Name / Apellido

**I understand that background checks and driving record checks will be submitted as necessary to meet LSS policy and procedures for as long as I am affiliated with Lutheran Social Services of the South, Inc.  
Entiendo que la revisión de antecedentes incluyendo historial de manejo se presentarán como sea necesario para cumplir con la política y procedimiento de LSS durante el tiempo que estoy afiliado con Lutheran Social Services of the South, Inc.**

\_\_\_\_\_  
Signature / Firma

\_\_\_\_\_  
Date / Fecha

**LUTHERAN SOCIAL SERVICES OF THE SOUTH, INC.**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

1. **Full Name (Print):** \_\_\_\_\_

2. **Date of Birth:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

3. **I authorize** \_\_\_\_\_ **to disclose records/protected health information** identified in section (4) below. See 45 CFR §164.508(c)(1)(ii)

4. **I request that the following information be released:**

**Records:**

Information to current or former foster parents/adoptive parents or clients including verification documentation, training, current fire and health inspections, and other documents as per DFPS Minimum Standards.

Background information to/from another child placing agency as per DFPS Minimum Standards including but not limited to screening report, home study and related documents, supervisory visits and evaluations, record of deficiencies and resolutions, current fire and health inspections, development plan, corrective action plan(s), description of any imposed or potential service limitation, DFPS investigations and serious incidents, PRIDE training and any other current training, floor plan with evacuation route and room dimensions, TB test results for all household members, and if applicable any correspondence regarding the closing of the home.

Other: \_\_\_\_\_

**Health Information:** See 45 CFR §164.508(c)(1)(i)

Dates of Treatment Requested: \_\_\_\_\_

Check the box(es) which best describes the information to be released and disclosed.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> All Records                     | <input type="checkbox"/> Medication/Prescription Records | <input type="checkbox"/> Radiology/X-Ray Reports |
| <input type="checkbox"/> Billing records                 | <input type="checkbox"/> Laboratory Reports              | <input type="checkbox"/> Echo Reports            |
| <input type="checkbox"/> Physician Office/Progress Notes | <input type="checkbox"/> Consent Forms                   |  |
| <input type="checkbox"/> Other _____                     |  |  |

5. **I understand the information to be released or disclosed may include** information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), psychological or psychiatric treatment, behavioral or mental health services, and drug and alcohol abuse. Drug and alcohol records are protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit anyone receiving this information or record from making further release unless further release is expressly permitted by the written authorization of the person to whom it pertains or is otherwise permitted. By signing below, you authorize the release or disclosure of this type of information.

6. **I request that the records and/or health information be released and disclosed to:** See 45 CFR §164.508(c)(1)(iii)

Name (individual or Organization): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

7. **The purpose or reason this information is needed: (check all which apply)** See 45 CFR §164.508(c)(1)(iv)

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Legal Purpose    | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Insurance        | <input type="checkbox"/> Military     | <input type="checkbox"/> Workers Compensation       |
| <input type="checkbox"/> Personal Use     | <input type="checkbox"/> School       | <input type="checkbox"/> VA medical Center          |
| <input type="checkbox"/> Transferring CPA | <input type="checkbox"/> Other _____  |   |

Name of Attorney or Insurance Company: \_\_\_\_\_

*(Social Security, Workers Comp and VA medical Center requests require documentation of a pending claim.)*

8. **I understand the following:** See 45 CFR §164.508(c)(2)(i-iii)

1. I have a right to revoke this authorization in writing at any time.
2. The information released in response to this authorization may be re-disclosed to other parties
3. My treatment or payment for my treatment cannot be conditioned on the signing of this authorization.
4. I may be charged a fee for copies of these medical records according to State and Federal Laws.



9. **This authorization will expire One Hundred Eighty (180) days from the date signed below.** See 45 CFR §164.508(c)(1)(v)

\_\_\_\_\_  
**Signature of Requestor/Legally Authorized Representative/Caregiver 1**  
See 45 CFR §164.508(c)(1)(vi)

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Relationship of Legally Authorized Representative to Requestor**  
See 45 CFR § 164.508 (c)(1)(iv)

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Signature of Caregiver 2 or Spouse's Signature**

\_\_\_\_\_  
**Date Signed**

**Address:** \_\_\_\_\_

**For questions call** \_\_\_\_\_ **or email** \_\_\_\_\_

**Fax completed form to:** \_\_\_\_\_