

STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES

COUNTY: _____

APPLICATION TO FOSTER AND/OR ADOPT

DATE: _____

PLEASE PRINT USING BLACK OR BLUE INK AND ATTACH ADDITIONAL PAGES AS NEEDED.

Type Application Initial or Re-approval to Foster Adopt Both

Applicant 1

Applicant 2

Name	Last	First	Middle	Last	First	Middle	
	Aliases, Maiden Name, Previous Married Name			Aliases, Maiden Name, Previous Married Name			
Residence	House #	Street	City	County	State	Zip	Phone
	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home	No. of Bedrooms	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	
If Married	Date of Marriage			Place of Marriage			
	Applicant 1			Applicant 2			
Birth Date & Place							
U.S. Citizen?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No
If Naturalized	Date		Serial Number		Date		Serial Number
	Nationality/ Descent						
Religious Preference							
Church Affiliation							
Previous Marriage(s) (List all)	Date		Place		Date		Place
	Terminated		How		Date		Place
Education	High School			High School			
	College		Other		College		Other

	Applicant 1	Applicant 2		
Employment	Occupation	Occupation		
	Employer	Employer		
	Address Number	Address Number		
	Phone	Phone		
	Length of Present Employment	Length of Present Employment		
	Social Security #	Social Security #		
Applicant's Children & Other Household Members	Name	DOB	Grade Completed	Relationship
	1			
	2			
	3			
	4			
Specific Serious or Chronic Illness of Any Household Member	Name	Age When Occurred	Condition/Diagnosis	
	1			
	2			
	3			
	4			
Applicants' Children Not in Home & Where They Live				
References:	Name	Address	Phone Number	
Three unrelated references				
Relatives				

Employer or Supervisor of each applicant	
Friend	
Minister, if one	
Length of Residence In Alabama	How long do you expect to reside in Alabama?
Have you applied for a child with any other agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," provide the date applied & the agency's name/address	
Date:	Name/Address
Have you previously fostered/adopted? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?	
If you have previously adopted, date the Final Decree of Adoption was issued.	
Reasons and/or Motivation to Foster/Adopt	
Child/Children Desired	How Many? Age(s) Sex

ALL APPLICANTS

I authorize the Department of Human Resources to release information regarding me contained in the State Central Registry on Child Abuse/Neglect to foster/adoption staff of the Department of Human Resources who may use that information in making decisions related to my application to foster/adopt a child. I further release the Department of Human Resources from all responsibility and liability for the release and use of the information as it pertains to the foster/adoption application process.

Applicant's Signature

Date

Applicant's Signature

Date

Witness Signature

Date

AGREEMENT FOR APPLICANTS SEEKING A FOSTER FAMILY HOME APPROVAL

We hereby agree to the following if we receive an approval to maintain a foster family home.

1. To accept children only through the State of Alabama Department of Human Resources.
2. To work in partnership with the Department of Human Resources providing care for children and cooperating with said Department in maintaining prescribed standards.
3. To report to the Department of Human Resources any changes of address 14 days prior to move, sickness in family or changes in family composition, and sickness of or accident to children whom we may receive for care.
4. To allow the representatives of the Department of Human Resources to visit the foster family home whenever desired.
5. To treat the children who we may receive for care as well as we would treat members of our family.
6. To obtain permission of the Department of Human Resources for all visits of the children outside of the State and for visits within the State in excess of three (3) days.
7. That we will work in partnership with the Department of Human Resources, children and their families, and the child and family planning team in developing, implementing, maintaining and evaluating permanency goals for children established by the ISP team. Ultimately it is the responsibility of the State/County Department of Human Resources to carry out any and all planning responsibility for children. Placements for children may include returning them to their own homes, a relative's home, transfer to other homes or a facility, adoption, kinship/guardianship or any other planning decisions that must be made in the planning and care for children.
8. That in working with the Department of Human Resources, we will maintain confidentiality to protect the personal and intimate information of everyone in accordance with the Code of Alabama, 1975.
9. That we will not file a petition in any court pertaining to any child placed in our home by the Department of Human Resources, or take any steps toward the adoption of the child, or take any steps to obtain any order granting us legal or physical custody or placement of the child, without the **WRITTEN CONSENT** of the State Department of Human Resources.
10. To give the Department of Human Resources adequate notice if we want a child removed from our home.

I have read the above Foster Family Home Agreement, understand it, and will abide by its contents. I certify that the information given on this application is true and correct to the best of my knowledge. I understand that any misrepresentation of information may be grounds for denial of the application or revocation of an approval.

Applicant's Signature

Date

Applicant's Signature

Date

Witness Signature
