



**METHODIST CHILDREN'S HOME  
APPLICATION FOR FOSTER HOME**

Please print.

**FAMILY**

Husband's Name \_\_\_\_\_

Wife's Name \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_

List other names you have gone by (such as a shortened first name or using a middle name as a first name):  
\_\_\_\_\_

Address

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_



**List children and others living in the home.**

Name	Date of Birth	Sex	Grade/Occupation	Relationship

**List children not living in your home.**

Provide the following information on any child NOT living in your home. INCLUDE ALL GROWN CHILDREN.

Name	Date of Birth	Sex	Grade/Occupation	Address	Phone

**INFORMATION REGARDING  
HUSBAND**

**INFORMATION REGARDING  
WIFE**

Birth

\_\_\_\_\_

Date                  Place

\_\_\_\_\_

Date                  Place

Social Security #

\_\_\_\_\_

\_\_\_\_\_

Driver's License #

\_\_\_\_\_

\_\_\_\_\_

Physical Characteristics

Color of Hair:

\_\_\_\_\_

Color of Eyes:

\_\_\_\_\_

Color of Skin:

\_\_\_\_\_

Height:

\_\_\_\_\_

Weight:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Education

Circle Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8 9 10 11 12

\_\_\_\_\_

Additional Education

\_\_\_\_\_

Additional Education

Church Preference

Civic, Fraternal,  
Military & Social  
Affiliations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MARRIAGE**

Present Marriage

\_\_\_\_\_

Date

\_\_\_\_\_

Place Marriage Recorded

\_\_\_\_\_

By Whom Married

Previous

Marriages

\_\_\_\_\_

Date

\_\_\_\_\_

Place Recorded

\_\_\_\_\_

Date

\_\_\_\_\_

Place Recorded

\_\_\_\_\_

Date

\_\_\_\_\_

Place Recorded

\_\_\_\_\_

Date

\_\_\_\_\_

Place Recorded

Marriage

Termination:

\_\_\_\_\_

Date

\_\_\_\_\_

Place

\_\_\_\_\_

How

\_\_\_\_\_

Date

\_\_\_\_\_

Place

\_\_\_\_\_

How

\_\_\_\_\_

Date

\_\_\_\_\_

Place

\_\_\_\_\_

How

\_\_\_\_\_

Date

\_\_\_\_\_

Place

\_\_\_\_\_

How

**INFORMATION REGARDING  
HUSBAND**

**INFORMATION REGARDING  
WIFE**

**INCOME**

Current employment      Occupation \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
How long employed? \_\_\_\_\_  
\_\_\_\_\_  
Gross annual salary \_\_\_\_\_  
\_\_\_\_\_  
Additional Annual      Amount      Source  
Income      \_\_\_\_\_

Occupation \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
How long employed? \_\_\_\_\_  
\_\_\_\_\_  
Gross annual salary \_\_\_\_\_  
\_\_\_\_\_  
Amount      Source  
\_\_\_\_\_

**LEGAL**

Have you ever been arrested? If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Have you lived outside the state of Texas during the last 3 years? If yes, list places lived. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List all cities in Texas where you have lived. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH** (If answer is yes, please explain.)

Do you have health problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Have you been hospitalized in the past 5 years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Are you presently taking medication? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST 3 NON-RELATIVE REFERENCES WHO HAVE KNOWN YOU WELL FOR AT LEAST 2 YEARS, AND 2 RELATIVE REFERENCES (one for each spouse)  
(Please **PRINT**. Please list **COMPLETE** addresses and phone numbers)

1)

Name	Street Address	Phone
	City	Zip Code

2)

Name	Street Address	Phone
	City	Zip Code

3)

Name	Street Address	Phone
	City	Zip Code

4)

Name	Street Address	Phone
	City	Zip Code

5)

Name	Street Address	Phone
	City	Zip Code

Comments:

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We prefer to foster children: Ages \_\_\_\_\_ Sex \_\_\_\_\_  
Number preferred \_\_\_\_\_

Have you applied to be a Foster Parent before? \_\_\_\_\_  
With Methodist Children's Home? \_\_\_\_\_ When? \_\_\_\_\_  
With another Agency? \_\_\_\_\_

Name of Agency? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever applied to adopt a child? If so, when and with whom?

How did you hear about Methodist Children's Home Foster Care?

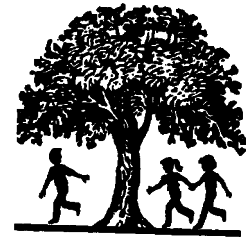
What experience have you had working with children?

What led you to become interested in becoming a foster parent?

I certify that all of the information in this application is true. Methodist Children's Home is authorized to receive information from my references and to complete a criminal history, a Central Registry Check, and a driver's license check. Methodist Children's Home is also released from any liability in connection with evaluating this application.

\_\_\_\_\_  
Husband's signature Date

\_\_\_\_\_  
Wife's signature Date



Directions for reaching home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_