

Foster Care Application

**Applicant(s**)

MAILING ADDRESS (IF DIFFERENT FROM ABO VE)

DIRECTIONS FOR FINDING HOME (IF NEEDED)

Return completed form to:

**N E W M E X I C O**

Page 1

All information is strictly confidential

**Applicant**

**Co-Applicant**

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

BIRTH PLA CE

BIRTH D ATE

BIRTH PLA CE

BIRTH D ATE

GENDER

Male Female

Male Female

RA CE/ETHNICITY

Hispanic/Latino Caucasian American Indian African American Asian/Pacific Islander Other

Hispanic/Latino Caucasian American Indian African American Asian/Pacific Islander Other

LANGU A GE(S) SPOKEN IN HOME

PRIMAR Y

OTHER (IF APPLICABLE)

PRIMAR Y

OTHER (IF APPLICABLE)

RELIGION (IF APPLICABLE)

EDUCATION

LAST GRADE COMPLETED

LAST GRADE COMPLETED

COLLEGE DEGREE A CHIEVED

COLLEGE DEGREE A CHIEVED

MILITAR Y

BRANCH

LENG TH OF SERVICE

BRANCH

LENG TH OF SERVICE

TYPE OF DISCHARGE

TYPE OF DISCHARGE

EMPLOYMENT:

LIST YOUR EMPLOYMENT HISTOR Y FOR THE LAST

THREE YEARS .

USE ADDITIONAL PA GES IF NECESSAR Y

OCCUPATION

OCCUPATION

EMPLOYER

EMPLOYER

LOCATION

PHONE

LOCATION

PHONE

HOW LONG EMPLOYED HERE?

GROSS SALAR Y

HOW LONG EMPLOYED HERE?

GROSS SALAR Y

PREVIOUS EMPLOYER

PREVIOUS EMPLOYER

LOCATION

HOW LONG EMPLOYED HERE?

LOCATION

HOW LONG EMPLOYED HERE?

PREVIOUS EMPLOYER

PREVIOUS EMPLOYER

LOCATION

HOW LONG EMPLOYED HERE?

LOCATION

HOW LONG EMPLOYED HERE?

OTHER INCOME

SOURCE

AMOUNT

SOURCE

AMOUNT

APPLICANT’S NAME : LAST

FIRST

M.I.

WORK PHONE

CELL PHONE

CO -APPLICANT’S NAME : LAST

FIRST

M.I.

WORK PHONE

CELL PHONE

HOME ADDRESS

HOME PHONE

CITY

STATE

ZIP

EMAIL ADDRESS

DO YOU HA VE INSURANCE CO VERA GE FOR:

Rent

TYPE OF HOUSING

MONTHLY MORTGA GE PAYMENT

MONTHLY RENT PAYMENT

**Insurance Information**

**Home Information**

House

Apartment

Mobile Home

Own

**Marriage History**

Page 2

PRESENT MARRIA GE STATUS

PLA CE OF MARRIA GE (TOWN, COUNTY, STATE)

D ATE OF MARRIA GE

MAIDEN NAME

OTHER MARRIED NAMES

AKA NAMES

APPLICANT’S

PREVIOUS MARRIA GES

TO WHOM?

D ATE/PLA CE OF DIV ORCE

D ATE/PLA CE OF MARRIA GE

D ATE OF SPOUSE’S DEATH

TO WHOM?

D ATE/PLA CE OF DIV ORCE

D ATE/PLA CE OF MARRIA GE

D ATE OF SPOUSE’S DEATH

TO WHOM?

D ATE/PLA CE OF DIV ORCE

D ATE/PLA CE OF MARRIA GE

D ATE OF SPOUSE’S DEATH

CO -APPLICANT’S

PREVIOUS MARRIA GES

TO WHOM?

D ATE/PLA CE OF DIV ORCE

D ATE/PLA CE OF MARRIA GE

D ATE OF SPOUSE’S DEATH

TO WHOM?

D ATE/PLA CE OF DIV ORCE

D ATE/PLA CE OF MARRIA GE

D ATE OF SPOUSE’S DEATH

TO WHOM?

D ATE/PLA CE OF DIV ORCE

D ATE/PLA CE OF MARRIA GE

D ATE OF SPOUSE’S DEATH

If more than three (3) previous marriages, please list on separate sheet of paper.

HOW LONG HA VE YOU LIVED AT YOUR CURRENT ADDRESS?

YEARS

MONTHS

PREVIOUS ADDRESSES (PHYSICAL & MAILING): LAST FIVE (5) YEARS

D ATES (FROM-TO)

A U TO

Yes No

HOME OWNERS/RENTERS

Yes No

**Applicant’s Family**

**Co-Applicant’s Family**

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PARENTS

FATHER

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

MOTHER

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

SIBLINGS

(BROTHERS/SISTERS)

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

PARENTS

FATHER

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

MOTHER

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

SIBLINGS

(BROTHERS/SISTERS)

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

NAME

AG E

HEALTH

MAILING ADDRESS

OCCUPATION

If necessary, please list additional siblings on separate sheet of paper.

**Children**

**Other Home Occupants**

**Background Information**

Page 4

Have you ever ...

**Applicant**

**Co-Applicant**

BEEN ARRESTED AS A JUVENILE?

Yes No

Yes No

BEEN ARRESTED AS AN ADULT?

Yes No

Yes No

RECEIVED

PSY CHOLOGICAL/

PSY CHIATRIC TREATMENT?

Yes No

Yes No

PREVIOUSLY STUDIED

FOR FOSTER CARE OR ADOPTION?

Yes No

Yes No

BEEN INV OLVED IN CIVIL LITIGATION?

Yes No

Yes No

If there is a YES answer to any of the above four questions, please explain circumstances. (Attach separate sheet if needed.)

List all others in the home, both adults and children

NAME

RELATIONSHIP

D ATE OF BIRTH

OCCUPATION/SCHOOL GRADE

NAME

RELATIONSHIP

D ATE OF BIRTH

OCCUPATION/SCHOOL GRADE

NAME

RELATIONSHIP

D ATE OF BIRTH

OCCUPATION/SCHOOL GRADE

NAME

RELATIONSHIP

D ATE OF BIRTH

OCCUPATION/SCHOOL GRADE

CHILDREN CURRENTLY IN HOME

NAME

D ATE OF BIRTH

SCHOOL GRADE/OCCUPATION

BIRTH OR ADOPTED?

NAME

D ATE OF BIRTH

SCHOOL GRADE/OCCUPATION

BIRTH OR ADOPTED?

NAME

D ATE OF BIRTH

SCHOOL GRADE/OCCUPATION

BIRTH OR ADOPTED?

NAME

D ATE OF BIRTH

SCHOOL GRADE/OCCUPATION

BIRTH OR ADOPTED?

NAME

D ATE OF BIRTH

SCHOOL GRADE/OCCUPATION

BIRTH OR ADOPTED?

NAME

D ATE OF BIRTH

SCHOOL GRADE/OCCUPATION

BIRTH OR ADOPTED?

CHILDREN

OUT OF THE HOME

NAME

D ATE OF BIRTH

SCHOOL GRADE/OCCUPATION

BIRTH OR ADOPTED?

MAILING ADDRESS

PHONE NUMBER

NAME

D ATE OF BIRTH

SCHOOL GRADE/OCCUPATION

BIRTH OR ADOPTED?

MAILING ADDRESS

PHONE NUMBER

NAME

D ATE OF BIRTH

SCHOOL GRADE/OCCUPATION

BIRTH OR ADOPTED?

MAILING ADDRESS

PHONE NUMBER

CHILDREN DECEASED

NAME(S)

D ATE(S)

A. The persons given as references will be contacted by mail, telephone or in a home visit.

B. Police records and FBI fingerprinting will be checked and verified.

C. Military history, employment, marriages and divorces will be verified.

D. Medical, psychological, and psychiatric records of the applicant(s) will be requested and reviewed.

E. Pre-service training is mandatory for both applicants prior to completion of the home study process.

F. Foster parents agree to adhere to the laws and regulations applying to foster children.

G. New Mexico Children, Youth and Families Department/Protective Services has the right and the duty to visit the foster children in the foster home and to visit the adoptive children in the adoptive home prior to finalization of the adoption.

H. A foster child shall not be surrendered to the care and control of any person, or relative of the child, other than a representative of New Mexico Children, Youth and Families Department/Protective Services, without authorization from CYFD.

I. If a law officer takes protective custody of any foster child (under Section 32A-4-6 of the Children’s Code), foster parents shall surrender custody of the foster child to the law officer.

J. No independent planning, including adoption planning, for foster children shall be made by the applicant(s).

K. An application for foster care *does not* guarantee a license/approval for placement of a child.

L. An approval or denial is based on the suitability of the family for children for whom the Children, Youth and Families Department has responsibility.

**I/(we) understand that signing this application does not guarantee that a foster home license will be issued to me/(us). This application is the beginning step in completing the home study process.**

**If my/(our) application is approved, I/(we) am/(are) NOT guaranteed placement in my/(our) home.**

RECEIVED BY:

FOR CYFD USE ONLY RECEIVED: D ATE

**References**

**Acknowledgment and Signatures**

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APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

D AT E

CO -APPLICANT NAME (PRINT)

CO -APPLICANT SIGNATURE

D AT E

In signing this form, adoptive and/or foster parent applicants are verifying they have received a copy of and are acknowledging the following conditions of licensure/approval and that the information provided on this application is a truthful representation.

APPLICANT’S RELATIVE

NAME

MAILING ADDRESS - CITY, STATE , ZIP

PHONE NUMBER

APPLICANT:

LIST THREE OTHER

PERSONS THAT KNOW

YOU WELL AND ARE NOT RELATED TO YOU

NAME

MAILING ADDRESS - CITY, STATE , ZIP

PHONE NUMBER

NAME

MAILING ADDRESS - CITY, STATE , ZIP

PHONE NUMBER

NAME

MAILING ADDRESS - CITY, STATE , ZIP

PHONE NUMBER

CO -APPLICANT’S RELATIVE

NAME

MAILING ADDRESS - CITY, STATE , ZIP

PHONE NUMBER

CO -APPLICANT:

LIST THREE OTHER

PERSONS THAT KNOW

YOU WELL AND ARE NOT RELATED TO YOU

NAME

MAILING ADDRESS - CITY, STATE , ZIP

PHONE NUMBER

NAME

MAILING ADDRESS - CITY, STATE , ZIP

PHONE NUMBER

NAME

MAILING ADDRESS - CITY, STATE , ZIP

PHONE NUMBER