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| **Application to Provide** |  | **Foster Care**  **Adoption**  **Foster to Adopt**  **Respite Only (follow the directions given just after section on Character References)** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant 1 | | First Name | | Middle Name. | | | Last Name. | |
| Applicant 2 | | First Name. | | Middle Name. | | | Last Name. | |
| Home Address | | | Street | | City | | | State Zip |
| County Enter text. | | | | | Email address | Applicant 1 | | |
| Applicant 2 | | |
| Home Phone | | | | | Fax # | | | |
| Cell Phone | Applicant 1 | | | | Work Phone | Applicant 1 | | |
| Applicant 2 | | | | Applicant 2 | | |
| Directions to the Home from Burke Office:  Click or tap here to enter text. | | | | | | | | |

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| Home Information | ☐ Own ☐ Rent | | Length of residency: Enter text. | |
| Total number of bedrooms:  Enter text. | | Total number of bathrooms:  Enter text. | |
| Please list all previous addresses in the last ten (10) years:  Enter text. | | | | |
| Name of School District: Enter text. | | | | |
| Elementary School Name:  Enter text. | | Office Phone:  Enter text. | | Address:  Enter text. |
| Middle School Name:  Enter text. | | Office Phone:  Enter text. | | Address:  Enter text. |
| High School Name:  Enter text. | | Office Phone:  Enter text. | | Address:  Enter text. |

Applicant 1 Applicant 2

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| --- | --- | --- | --- | --- |
| D.O.B:  Enter text. | Birthplace:  Enter text. | | D.O.B:  Enter text. | Birthplace:  Enter text. |
| Social Security #:  Enter text. | Citizen of U.S.?  Enter text. | | Social Security #:  Enter text. | Citizen of U.S.?  Enter text. |
| Marital Status:  ☐Single ☐Married ☐Divorced ☐Widowed | | | Marital Status:  ☐Single ☐Married ☐Divorced ☐Widowed | |
| Number of Previous Marriages: Enter text. | | | Number of Previous Marriages: Enter text. | |
| Date(s) of Marriage(s): Enter text. | | | Date(s) of Marriage(s): Enter text. | |
| Give Brief Explanation for any previous divorce(s):  Enter text. | | | Give Brief Explanation for any previous divorce(s):  Enter text. | |
| Any names previously used (i.e. Maiden, other married):  Enter text. | | | Any names previously used (ie. Maiden, other married):  Enter text. | |
| Highest educational status attained:  ☐Grade Enter text.  ☐High School Graduate or ☐ GED  ☐ Some College ☐ Associate Degree  ☐Four Year College Graduate  ☐Post-Graduate  ☐Military  (if discharged, type of discharge)  ☐Honorable ☐Dishonorable | | Highest educational status attained:  ☐Grade Enter text.  ☐High School Graduate or ☐ GED  ☐ Some College ☐ Associate Degree  ☐Four Year College Graduate  ☐Post-Graduate  ☐Military  (if discharged, type of discharge)  ☐Honorable ☐Dishonorable | | |
| Describe your experiences with children that you believe will be of assistance to you in working with foster and/or adoptive children below (a separate section has been provided for detailing foster care experience).  Enter text.  Type of Activity (Church, Community, Volunteer, Family, etc.)  Enter text.  Describe your role:  Enter text.  Ages of Youth:  Enter text.  Dates: Enter text. | | | Describe your experiences with children that you believe will be of assistance to you in working with foster and/or adoptive children below (a separate section has been provided for detailing foster care experience).  Enter text.  Type of Activity (Church, Community, Volunteer, Family, etc.)  Enter text.  Describe your role:  Enter text.  Ages of Youth:  Enter text.  Dates: Enter text. | |
| Have you ever been arrested for any offense against a person or family, or of public indecency or of violation of the Texas Controlled Substance Act, or of any misdemeanor classified as an offense against the person or family or of public indecency?  ☐ Yes ☐ No  If yes, give State and County of Conviction and charges:  Enter text.  What was the outcome of the case?  Enter text. | | | Have you ever been arrested for any offense against a person or family, or of public indecency or of violation of the Texas Controlled Substance Act, or of any misdemeanor classified as an offense against the person or family or of public indecency?  ☐ Yes ☐ No  If yes, give State and County of Conviction and charges:  Enter text.  What was the outcome of the case?  Enter text. | |
| Have you or your family ever had any involvement with Child Protective Services?  ☐ Yes ☐ No If yes, please explain:  Enter text. | | | Have you or your family ever had any involvement with Child Protective Services?  ☐ Yes ☐ No If yes, please explain:  Enter text. | |

**EMPLOYMENT HISTORY (please list your last three employers beginning with the most current):**

Applicant 1 Applicant 2

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| --- | --- | --- | --- | --- | --- |
| Employer:  Enter text. | | | Employer:  Enter text. | | |
| Address:  Enter text. | | | Address:  Enter text. | | |
| Phone:  Enter text. | Work Hours:  Enter text. | | Phone:  Enter text. | Work Hours: | |
| Immediate Supervisor:  Enter text. | Monthly salary (gross/net): Enter text. | | Immediate Supervisor:  Enter text. | Monthly salary (gross/net): | |
| Dates of Employment From: Enter text. | | To: Enter text. | Dates of Employment From: Enter text. | | To: Enter text. |
| Reason for Leaving:  Enter text. | | | Reason for Leaving:  Enter text. | | |
|  | | | | | |
| Employer:  Enter text. | | | Employer:  Enter text. | | |
| Address:  Enter text. | | | Address:  Enter text. | | |
| Phone:  Enter text. | Work Hours:  Enter text. | | Phone:  Enter text. | Work Hours:  Enter text. | |
| Immediate Supervisor:  Enter text. | Monthly salary (gross/net): Enter text. | | Immediate Supervisor:  Enter text. | Monthly salary (gross/net): Enter text. | |
| Dates of Employment From: Enter text. | | To: Enter text. | Dates of Employment From: Enter text. | | To: Enter text. |
| Reason for Leaving:  Enter text. | | | Reason for Leaving:  Enter text. | | |
|  | | | | | |
| Employer:  Enter text. | | | Employer:  Enter text. | | |
| Address:  Enter text. | | | Address:  Enter text. | | |
| Phone:  Enter text. | Work Hours:  Enter text. | | Phone:  Enter text. | Work Hours:  Enter text. | |
| Immediate Supervisor:  Enter text. | Monthly salary (gross/net): Enter text. | | Immediate Supervisor:  Enter text. | Monthly salary (gross/net): Enter text. | |
| Dates of Employment From: Enter text. | | To: Enter text. | Dates of Employment From: Enter text. | | To: Enter text. |
| Reason for Leaving:  Enter text. | | | Reason for Leaving:  Enter text. | | |

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| **Foster and/or Adoptive parents are reimbursed for most of the expenses related to caring for a child, but State regulations and Burke Center policies require that foster and/or adoptive parents have sufficient income to maintain their home without being dependent on this expense reimbursement. Please fill out the following income-related information.** | | | |
| The family’s **TOTAL** reported **MONTHLY INCOME** is $\_ Enter text. \_\_ ☐Gross/ ☐Net consisting of income received from: | | | |
| Applicant # 1 Income | $ Enter text. | Social Security | $ Enter text. |
| Applicant # 2 Income | $ Enter text. | Public Assistance | $ Enter text. |
| Retirement Pension(s) | $ Enter text. | Disability | $ Enter text. |
| Property Rental | $ Enter text. | Other: | $ Enter text. |
| **Budget (Monthly):** | | | |
| House/Rent Payment | $ Enter text. | Clothing | $ Enter text. |
| Payments for other Real estate Property | $ Enter text. | Recreation/Entertainment | $ Enter text. |
| Automobile(s) | $ Enter text. | Life & Medical Insurance (exclusive of payroll deductions) | $ Enter text. |
| Gasoline/Maintenance: | $ Enter text. | Church (Tithes/Offerings) | $ Enter text. |
| Medical and Dental | $ Enter text. | Groceries | $ Enter text. |
| Miscellaneous Personal | $ Enter text. | Utilities and Phone | $ Enter text. |
| Other: | $ Enter text. | Other: | $ Enter text. |
| Loans and/or Debts | **Original Amount** | **Balance** | **Monthly Payment** |
| Enter text. | $ Enter text. | $ Enter text. | $ Enter text. |
| Enter text. | $ Enter text. | $ Enter text. | $ Enter text. |
| Enter text. | $ Enter text. | $ Enter text. | $ Enter text. |
| Enter text. | $ Enter text. | $ Enter text. | $ Enter text. |
| Enter text. | $ Enter text. | $ Enter text. | $ Enter text. |
| Total Balance Outstanding: $ Enter text. | | | |
| Total Monthly Payment: $ Enter text. | | | |

Minor (under age 18) Children of Applicants who live in the home:

We are required to interview all children age 12 and older.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | D.O.B. | Gender | School Grade | Address |
| Enter text. | Enter text. | Text. | Text. | Enter text. |
| Enter text. | Enter text. | Text. | Text. | Enter text. |
| Enter text. | Enter text. | Text. | Text. | Enter text. |
| Enter text. | Enter text. | Text. | Text. | Enter text. |
| Enter text. | Enter text. | Text. | Text. | Enter text. |
| Enter text. | Enter text. | Text. | Text. | Enter text. |

Other people (children or adults) who live in your Home (including, but not limited to, relatives, friends, foster children, if any):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | D.O.B. | Gender | Relationship |
| Enter text. | Enter text. | Text. | Enter text. |
| Enter text. | Enter text. | Text. | Enter text. |
| Enter text. | Enter text. | Text. | Enter text. |
| Enter text. | Enter text. | Text. | Enter text. |

All Adult Children of either applicant No Longer in your Home:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Street Address | City | State | Zip | Phone |
| Enter text. | Enter text. | Enter text. |  | Text. | Enter text. |
| Email: Enter text. | | | | | |
| Who does the child live with? Name: Enter text. Relationship: Enter text. Phone: Enter text. | | | | | |
| Enter text. | Enter text. | Enter text. |  | Text. | Enter text. |
| Email: Enter text. | | | | | |
| Who does the child live with? Name: Enter text. Relationship: Enter text. Phone: Enter text. | | | | | |
| Enter text. | Enter text. | Enter text. |  | Text. | Enter text. |
| Email: Enter text. | | | | | |
| Who does the child live with? Name: Enter text. Relationship: Enter text. Phone: Enter text. | | | | | |
| Enter text. | Enter text. | Enter text. |  | Text. | Enter text. |
| Email: Enter text. | | | | | |
| Who does the child live with? Name: Enter text. Relationship: Enter text. Phone: Enter text. | | | | | |
| Are there more? Y N If yes, then include them on the back of this sheet. | | | | | |

**Applicant 1 Experience**

**Have you ever?**

|  |  |
| --- | --- |
| Applied to be a foster and/or adoptive parent with any other agency? | ☐ Yes ☐ No |
| If you applied, were you accepted? | ☐ Yes ☐ No If no, then why not? |
| Adopted through another agency? | ☐ Yes ☐ No |
| Been a direct care staff, house parent, or volunteer at a treatment center? | ☐ Yes ☐ No |
| If yes to any of the previous three questions, then answer the following:   1. Agency Name, address, and phone number.   Enter text.  Years involved with the agency\_ Enter text. \_  Number, age range, special needs of youth:  Enter text.  Describe your experience:  Enter text. | |
| 1. Agency Name, address, and phone number.   Enter text.  Years involved with the agency\_ Enter text. \_  Number, age range, special needs of youth:  Enter text.  Describe your experience:  Enter text. | |
| 1. Agency Name, address, and phone number.   Enter text.  Years involved with the agency\_ Enter text. \_  Number, age range, special needs of youth:  Enter text.  Describe your experience:  Enter text. | |

**Applicant 2 Experience**

**Have you ever?**

|  |  |
| --- | --- |
| Applied to be a foster and/or adoptive parent with any other agency? | ☐ Yes ☐ No |
| If you applied, were you accepted? | ☐ Yes ☐ No If no, then why not? |
| Adopted through another agency? | ☐ Yes ☐ No |
| Been a direct care staff, house parent, or volunteer at a treatment center? | ☐ Yes ☐ No |
| If yes to any of the previous three questions, then answer the following:   1. Agency Name, address, and phone number.   Enter text.  Years involved with the agency\_ Enter text. \_  Number, age range, special needs of youth:  Enter text.  Describe your experience:  Enter text. | |
| 1. Agency Name, address, and phone number.   Enter text.  Years involved with the agency\_ Enter text. \_  Number, age range, special needs of youth:  Enter text.  Describe your experience:  Enter text. | |
| 1. Agency Name, address, and phone number.   Enter text.  Years involved with the agency\_ Enter text. \_  Number, age range, special needs of youth:  Enter text.  Describe your experience:  Enter text. | |

**CHARACTER REFERENCES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please give the names and addresses of four people or couples NOT RELATED to you who have known you for at least two years. Please include two Professional and two Personal References.  Applicant 1 Applicant 2 | | | | | |
| Professional Reference  Enter text. | | | Professional Reference  Enter text. | | |
| Street Address  Enter text. | | | Street Address  Enter text. | | |
| City  Enter text. | State  Enter text. | Zip  Enter text. | City  Enter text. | State  Enter text. | Zip  Enter text. |
| Telephone Number:  Enter text. | | | Telephone Number:  Enter text. | | |
|  | | | | | |
| Professional Reference  Enter text. | | | Professional Reference  Enter text. | | |
| Street Address  Enter text. | | | Street Address  Enter text. | | |
| City  Enter text. | State  Enter text. | Zip  Enter text. | City  Enter text. | State  Enter text. | Zip  Enter text. |
| Telephone Number:  Enter text. | | | Telephone Number:  Enter text. | | |
|  | | | | | |
| Professional Reference  Enter text. | | | Professional Reference  Enter text. | | |
| Street Address  Enter text. | | | Street Address  Enter text. | | |
| City  Enter text. | State  Enter text. | Zip  Enter text. | City  Enter text. | State  Enter text. | Zip  Enter text. |
| Telephone Number:  Enter text. | | | Telephone Number:  Enter text. | | |

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| --- | --- | --- | --- | --- | --- |
| Professional Reference  Enter text. | | | Professional Reference  Enter text. | | |
| Street Address  Enter text. | | | Street Address  Enter text. | | |
| City  Enter text. | State  Enter text. | Zip  Enter text. | City  Enter text. | State  Enter text. | Zip  Enter text. |
| Telephone Number:  Enter text. | | | Telephone Number:  Enter text. | | |

**RESPITE ONLY APPLICANTS**:

**1**. You do not need to fill out any information about income or salary.

**2**. If you are NOT providing respite services in your home, then you do not need to provide information about your home (except your mailing address). You will then be approved as *"Respite (not in own home)".* If you begin to provide respite services in your home, then you will need to have the health and fire inspections and our agency staff will have to come and do our initial inspection. You must notify our agency **BEFORE** children can go there so that we can get the appropriate approvals in place.

**3.** Regarding the information requested about your children, we do need to know about your children but we will likely not need to do any interviews with your children.

**APPEAL PROCESS FOR FOSTER AND/OR ADOPTIVE CARE APPLICATIONS**:

The following criteria define an individual or couple as a foster and/or adoptive parent applicant:

* Submission of an application to become a Burke Center foster and/or adoptive parent
* Review of application for completeness, and
* Requests for Criminal History & CANRIS background checks submitted

Foster and/or adoptive parent applicants have the right to appeal Burke Center’s decision directly affecting them. The request for an appeal must be made within 15 days of the decision in question, must be in writing, and should be addressed to the Executive Director. The Executive Director will review the decision or action and respond to the appellant within 15 working days. The Executive Director may assign the appeal response to other supervisory staff. The outcome of the appeal will be communicated to the Foster and/or Adoptive Parent applicant in writing.

Foster and/or Adoptive Parent Applicants should send the written request for an appeal to:

Burke Center for Youth

Attn: Executive Director

P.O.Box 40

Driftwood, TX 78619

FAX: (512) 858-4960

**DECLARATION AND AUTHORIZATION:**

I (we) hereby apply to Burke Center to become a Burke Center home in their foster and/or adoptive care program. I (we) will abide by the program and all of its requirements. I (we) declare the information provided in this Application is true, correct and complete to the best of my knowledge. I (we) understand that if any statement or omission of fact (s) on this Application is found to be incorrect or untrue, my (our) relationship with Burke Center may be terminated without further action by Burke Center.

I (we) authorize Burke Center to check: 1) character and 2) references as listed on this Application and to obtain an investigative report containing information obtained through personal interviews (via mail and telephone) with former employer(s) and local (applicable) agencies, including but not limited to law enforcement agencies and the Texas Department of Family and Protective Services (and other state children’s service system), for the purpose of determining my (our) suitability as foster and/or adoptive parents. I (we) understand this information will be used only for this purpose and that information solicited will be unlimited.

This consent may be revoked, by notifying Burke Center specifying a date, time, event, or condition upon which your consent will expire: (if so please specify)

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

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

**AUTHORIZATION(S) TO RELEASE INFORMATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby authorize any licensed child placing agency, employers, law enforcement, and my personal and professional references to disclose records and/or information relating to my experience as a Foster and/or adoptive parent to:

**BURKE CENTER FOR YOUTH**

**P.O. Box 40**

**Driftwood, TX 78619**

**Office: 512-858-4258**

**Fax: 512-858-4960**

The authorization also includes all verbal communication between anyone releasing information and the staff at Burke Center Adoption and Foster Family Services.

Disclosure is made for the purpose of foster and/or adoptive home certification.

I hereby release the licensed child placing agency and its officers and employees providing this information from any claims, which might arise from releasing this information.

**Applicant 1**

|  |
| --- |
| List all other cities in Texas where you have had residency:  Click or tap here to enter text. |
| List any other names used:  Click or tap here to enter text. |
| Applicant #1 Signature: |

**Applicant 2**

|  |
| --- |
| List all other cities in Texas where you have had residency:  Click or tap here to enter text. |
| List any other names used:  Click or tap here to enter text. |
| Applicant #2 Signature: |