

**Barium Springs Home for Children
Treatment Foster Care
Foster Parent Application**

Date: _____

Birth Date: His: _____ **Hers:** _____

His Name: _____

Age: His: _____ **Hers:** _____

Her Name: _____

Marital Status: Years Months

Address: _____

Religion: _____

Phone: _____

His SS# _____

Occupation: _____

Her SS# _____

His: _____

Education: (last grade completed)

Hers: _____

His: _____

Yearly income (check one)	<u>His</u>	<u>Hers</u>
\$10,000- \$19,999	<input type="checkbox"/>	<input type="checkbox"/>
\$20,000- \$29,999	<input type="checkbox"/>	<input type="checkbox"/>
\$30,000- \$39,999	<input type="checkbox"/>	<input type="checkbox"/>
\$40,000- \$49,000	<input type="checkbox"/>	<input type="checkbox"/>
\$50,000+	<input type="checkbox"/>	<input type="checkbox"/>

Hers: _____

High School Diploma:

His: Yes No

Degrees Held: _____

Hers: Yes No

Degrees Held: _____

His Dr. License #: _____

Her Dr. License #: _____

Biological Children:

Name (First, Middle, Last)

Birth Date/School Grade

Living at Home?

<u>Name (First, Middle, Last)</u>	<u>Birth Date/School Grade</u>	<u>Living at Home?</u>

(continue on another sheet of paper if necessary)

Foster Children:

Name

Birth Date

How Long Have You Lived in NC:

<u>Name</u>	<u>Birth Date</u>	How Long Have You Lived in NC:

Other adults in the home and relationship:

Name

Relationship

Other children in the home and relationship:

Name

Relationship

Foster Care or Other Child-Related Experience: (work or volunteer)

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Have you ever been a licensed Foster Parent? Yes No

If yes, name and address of agency:

Please indicate the age range and sex of child you would be willing to work with (check as many boxes as apply to you):

- Boys: Ages 2-5 Ages 6-9 Ages 10-13 Ages 14-18
- Girls: Ages 2-5 Ages 6-9 Ages 10-13 Ages 14-18

Most people have some worries and concerns about working with behavior problem children. What are your greatest concerns in taking such a child into your home? Please list them below:

1. _____
2. _____
3. _____

Briefly describe your home (location, site, trailer, house, apartment, etc.)

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Check activities you or your family enjoy doing:

- Watching TV Reading Camping Trips to town (shopping, etc.)
- Sewing Mechanics Team Sports Hunting/Fishing
- Visiting Relatives Frequent Church Activities Gardening
- Others (please list):

We all get upset and bothered, often, by some of the things children do. Of the following things your foster child might do, please indicate how bothered or upset each of the things might make you.

	<u>Not at all</u>	<u>Very Little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Very Much</u>
1. Starts fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lies, tells untruths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Destroys or defaces property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Not at All</u>	<u>Very Little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Very Much</u>
4. Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Temper tantrums when he doesn't get his way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Curses, uses foul language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Teases other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Wets the bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has trouble staying in bed at night, up and wandering around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does not answer when spoken to; pouts, looks mean or sullen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is a loner, prefers to be by himself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Moves constantly, "gets into everything", overactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Under-active, never wants to do anything, lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has many physical complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Very negative, seldom does as asked, talks back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Runs away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Experiments with drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Gets failing grades in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Smokes cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Engages in masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is a fussy eater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why would you consider keeping a foster child with behavior problems?

	<u>Not at all</u>	<u>Very Little</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Very Much</u>
1. To get a playmate for my own child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To add to the family income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Because of the warmth I feel for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Because I've had positive experiences dealing with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Because the presence of children is need for a strong marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Because I would enjoy the challenge of a difficult task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Not at all</u>	<u>Very Much</u>	<u>Some</u>	<u>Quite a bit</u>	<u>Very Much</u>
7. Because I want to have children of my own to care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Because I know that I am a good parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Because these children need loving parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Because I am generally interested in the project and in helping people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Because I had problems as a child and can understand problem children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References (list no more than one relative and please list present employer)

1. Name: _____ **Phone:** _____
Address: _____ **Relationship:** _____

2. Name: _____ **Phone:** _____
Address: _____ **Relationship:** _____

3. Name: _____ **Phone:** _____
Address: _____ **Relationship:** _____

4. Name: _____ **Phone:** _____
Address: _____ **Relationship:** _____

5. Name: _____ **Phone:** _____
Address: _____ **Relationship:** _____

6. Name: _____

Phone: _____

Address:

Relationship: _____

I understand that the individuals identified above as my references will be contacted by phone should they fail to respond in writing within two weeks.

His initials: _____

Her initials: _____

**All letters of reference are kept confidential, unless a written release is obtained from individual(s) providing reference.*

Preference for Training (35-40 hours)

Weekend

Evenings

Weekdays

Comments:

Time

Preference: _____

Give directions to your home in the space below. Use the back if you need more space (please include a map).

(PLEASE READ CAREFULLY)

Affirmation:

We certify that the information provided to Barium Springs Home for Children Treatment Foster Care for considering us as Treatment Parents is correct to the best of our collective knowledge. We understand that falsification or material misrepresentation of such information or incomplete disclosure of such information is grounds for our non-consideration as Treatment Parents; or if currently serving as Treatment Parents, grounds for termination of that relationship.

Authorization and Release:

We authorize all references, both listed and unlisted, employment and personal, to give Barium Springs Home for Children Treatment Foster Care any and all pertinent information in considering us as Treatment Parents. Such information may include, but is not limited to employment, personal, financial, medical, driving and conviction information; and records of any public agency including, but not limited to, the State Department of Social Services, State Law Enforcement Agencies, and federally funded Drug and Alcohol Agencies. We release all parties from liability that may arise out of or resulting from furnishing same to Barium Springs Home for Children Treatment Foster Care.

Medical Information Release:

We authorize the release to Barium Springs Home for Children Treatment Foster Care the results of medical examinations performed by physicians, clinics, hospitals, or other qualified medial personnel in order to determine our suitability as Treatment Parents.

Dated this _____ day of _____ 20 _____

Signature

Signature

Signed in the presence of _____ on the aforementioned date.