



AMAZING GRACE

CHILD AND FAMILY SERVICES

Treating children and families with kindness, respect and dignity.

Dear Prospective Foster Parent,

Thank you for your interest in becoming a foster parent through Amazing Grace Child and Family Services. Amazing Grace Child and Family Services is a federally recognized 501 (c) 3 nonprofit community-based agency established to provide comprehensive mental health and child placing services to children and youth displaced from their families. Amazing Grace Child and Family Services is a License Child Placing Agency, licensed by the Texas Department of Family and Protective Services.

Amazing Grace Child and Family Services philosophy is rooted in the belief of servant leadership. We are humble servants of the Lord Jesus Christ, and our work fulfills the mission He has called us to do. As Christians, we are called to have Christ's attitude of self-sacrificing humility and love for others. The dual nature of our



philosophy is represented in our tagline: Treating children and families with kindness, respect and dignity. We never forget that we have the ability to make a significant difference in the lives of others. We ensure that our passion and pride is demonstrated in everything we do and every service we provide. Our passion is the motivation for our performance.

Below is information at a glance on foster care and becoming a foster parent.



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What is foster care?

Many foster children are kids who have experienced abuse, abandonment or neglect, and their families cannot provide them with a safe and nurturing home. The foster care system steps in to make sure these children are safely cared for until they can either return home to their families or find a new permanent home through adoption. Foster care is a temporary home for the child with a licensed and caring family. Amazing Grace works to make sure foster children have few disruptions in their care by recommending matches that have the best possible family for a child's specific needs.

The goal for many children in foster care is to safely reunite with their birth families. However, in some family situations, the courts decide that reunification will not be possible, and a judge terminates the parents' legal rights to their child. If both parents have their parental rights terminated, then the child becomes available for adoption. Adoption is the permanent placement of a child in a home with a loving family.



Who Are Foster Parents?

The word "foster" means to help someone (or something) grow and develop. It also means to take care of someone's needs. Foster parents, then, are people — other than a kid's parents — who provide a safe place for kids to be cared for. They take kids into their homes and let them stay for a while.

Being a foster parent is a calling. For a child, there's nothing more important than to have a place to call home, a family to love and parents who believe in them.

As a foster parent, you can transform the life of a child simply by becoming the first person to have faith in her, the first person to care where he is, the first person to believe in what she can become. If you have enough love in your heart for a child who desperately needs it, please help a child find the way home.



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Foster a belief. It's more important than a bed. More life-changing than a meal. It's what a child needs. It's a calling.

Who Are the Children We Serve

The children who come to AMAZING GRACE CHILD AND FAMILY SERVICES have experienced difficult lives, which may include abuse, neglect, abandonment and separation from their birth families, previous placements and multiple losses. Some children have special medical and/or educational needs. Other children need help moving toward independence and adulthood.

Although most children are school age, AMAZING GRACE CHILD AND FAMILY SERVICES places children of all ages, races and ethnic backgrounds. Families are especially needed for sibling groups.

Most children come to AMAZING GRACE CHILD AND FAMILY SERVICES with emotional and behavioral issues that require special parenting as well as counseling services. Some children require medication to assist them with these behaviors.

Although the children have dealt with a lot of painful experiences,



We're helping to change the way America does foster care.

all of them have the potential to become contributing members of society – with help from the team of professionals, including their foster parents.

Support Services

Training. Prior to your first placement you will receive specific pre-service training on the many aspects of foster care. As a foster parent you will receive on-going training to provide you with the basic and specialized skills needed for foster parenting.

Case Management. Our experienced staff will meet with you and the children placed in your home on a regular basis to support the child's placement and to provide you with the assistance and direction needed to care for the children.

Compensation. You will receive a daily stipend (paid monthly) to cover the costs incurred in providing room and board for each child. In addition, this daily stipend covers the cost of providing items such as weekly allowances, activities, haircuts,



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birthday gifts, clothing, school expenses, diapers, and formula for children, as well as required transportation.

Respite. Respite families are available to foster parents to take scheduled breaks from the demands of foster parenting.

Transportation. When it is not possible for a foster parent to transport children to family visits due to their work schedule or other demands, **AMAZING GRACE CHILD AND FAMILY SERVICES** assist with transportation.

24 Hour On-Call. When difficulties arise and foster parents require assistance, staff is available and on call 24 hours a day, seven days a week.

Medical Care. The medical needs of all foster children in care are covered by insurance. **AMAZING GRACE CHILD AND FAMILY SERVICES's** is also available to support the placement of medically needy children.

Special Needs Fund. This fund provides for the varied needs of the children in care not covered through traditional funding sources. Special Needs Fund meets educational, recreational, and excessive medical needs as well as provides for summer camperships.

STAR Fund. An acronym for Supporting Teens After Release, this fund assists in meeting the needs of those clients who will soon “age-out” of the foster care/child welfare system. This fund provides limited funding to meet independent living, educational and job necessity related expenses.



Holiday Gifts. Through generous donations from the community and staff, **AMAZING GRACE CHILD AND FAMILY SERVICES** is able to provide each foster child with several gifts of their choice for the holidays.

Recognition Events and Other Special Events. Each year our foster parents are specially recognized for their work with children at a special luncheon or dinner. In addition, special events for the entire family are arranged through the year, such as summer picnics or outings to an amusement or ballpark as well as holiday parties.

Basic Qualifications to Become a Foster Parent

- Have a heart for children



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- **Be over the age of 21**
- **Have a reliable source of income to meet your own family's needs**
- **Be in good health and free from communicable diseases**
- **Have sufficient living space in your home for a child**
- **Complete state and FBI criminal background checks with no disqualifying history**
- **Have no record of child abuse or neglect**
- **Complete pre-service training requirements**

Characteristics of Successful Foster Parents

- **Stability**
- **Maturity**
- **Dependability**
- **Commitment**
- **Flexibility**
- **Sense of humor**
- **Advocate for children**
- **Enjoys spending time with children**
- **Team player**



Frequently Asked Questions

Can I be employed outside of my home? Yes, provided there is a child care plan in place. It is not acceptable for both parents to have second shift employment when caring for school age children.

Is there financial assistance for day care while I work? Yes, foster parents who work full time are eligible for daycare services through CCMS..



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Do foster parents receive any financial reimbursement for caring for children? Yes, foster parents receive a daily stipend for each child placed in their home. This daily stipend is based on the needs of the child. Families must show proof that they are able to meet financial obligations prior to being approved as foster parents.

Are foster parents responsible for medical and dental expenses for a foster child? Foster parents are not responsible for medical or dental expenses. Each child has Medical Assistance, private insurance or a combination that covers most expenses.

How long does the approval process take? After we receive your application and background clearance information you are invited to start attending the training sessions. Typically you are ready to be approved as a foster parent upon the completion of your pre-service training. The amount of time required to complete this process varies from family to family.

Is it possible to adopt a foster child? Adoption for some foster children can be an option for foster parents.

Can a foster child share a bedroom with my child? Yes, however they must have a

bed of their own and children of the opposite sex can only share a room if they are under five years of age. A bedroom must also have room for storage for each child's belongings.

Be Her Champion



Be Her Foster Parent

Are single individuals allowed to become foster parents? Yes. We will work with you to determine that you have sufficient supports in place and that the child care issues are addressed.

Are foster parents responsible for transporting children? We expect that our foster parents provide the majority of transportation for the foster children. We can assist if foster parents have a conflict in their schedule.

What if I have a crisis with a foster child at night or on a weekend? You never have to feel that you have to deal with a crisis alone. We offer support 24/7. After hours there is a staff person assigned to answer all emergency calls. During office hours there is always someone available to assist you with any crisis that might arise.



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Process for Becoming a Foster Parent

I. Initial Contact

After your first contact with AMAZING GRACE CHILD AND FAMILY SERVICES you are invited to attend a foster parent orientation class. The facilitator will cover information about the agency, the children we serve, where the children come from and answer any questions you may have. If you are interested in proceeding with the approval process, you will receive more information

II. Application

At this step you will complete the formal application forms and return them to the agency. Don't let the paperwork discourage you. Your recruiter will assist you with anything that you may not understand.

The application process includes:

- **A formal application**
- **Financial information**
- **A statement of health of each applicant from a physician**
- **FBI fingerprints for all individuals, 18 and older, living in the home**
- **Texas police checks and child abuse background checks for all individuals, 14 and older, living in the home**
- **References**



III. Pre-service Training

All foster parents are required to attend PRIDE pre-service training prior to receiving approval of their home. This is basic education to help you understand the role you will be assuming. It also provides you with some tools for dealing with this new experience.

The office in which you are associated will give you the details of the location and times of each training session.



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The sessions will help you gain a better understanding of the roles and responsibilities of each of the team members working with the children placed in your home.

The sessions also will help you to critically decide several questions: Is foster parenting right for you and your family? Is now the right time? What type of child can I successfully parent? What are some of the special considerations of parenting siblings who have been neglected and abused?

To get the most from pre-service training, you need to:

- **Make a commitment to attend and actively participate in each session.**
- **Ask questions.**
- **Give careful consideration to the information presented during and between sessions.**
- **Challenge yourself to grow and develop as a parent.**

Texas *PRIDE* is a 35-hour competency-based training program that is co-trained by an agency staff member and a foster or adoptive parent. PRIDE provides prospective foster families with base knowledge of information on caring for children in the child welfare system. PRIDE covers topics such as child attachment, loss and grief, discipline and behavior intervention, effects of abuse and neglect, sexual abuse, working with the child welfare system, and the effects of fostering and adopting on the family.

Additional Training Requirements

The state minimum standards require that prospective foster families also complete the following trainings or certifications, which are not part of the PRIDE curriculum:

- **Universal precautions training**
- **Psychotropic medication training**
- **Certification in both First Aid and infant/child/adult CPR**

State minimum standards also require that verified foster homes receive annual in-service training. Depending on the number of foster parents and the needs of the children in a foster home, the annual training requirements range from 50 hours per family to 30 hours per foster parent.



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IV. Family Assessment

The Family Assessment is also known as “the home study”. The recruiter will conduct an extensive in-home interview with you and other family members living in the home. This may be completed over two or three visits. The interviews are an opportunity for us to get to know you better. This will assist us in making the best placement decisions for your family. The interviews will explore personal issues, your relationships, your finances and any history of abuse or neglect will be covered thoroughly.

In addition to the interviews, there are documents that must be supplied, such as copies of your driver’s license, auto insurance, homeowner’s insurance, social security cards and pet vaccination records. Your recruiter will complete a safety assessment while in your home. This assessment is to determine that there are no safety violation Amazing Grace Child and Family Services that would be dangerous for children. If violations are noted, they will be pointed out and will need to be corrected before your home can be approved.





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Dear Potential Foster Parent:

On behalf of Amazing Grace Child and Family Services I would like to extend gracious thanks for your interest in fostering. At Amazing Grace Child and Family Services our mission is to follow the example of Christ by embracing all God's Children...one child, one family at a time. Our honest conviction to these ethics set us apart from many other child placing agencies in the area. It is our sincere mission to repair the broken paths of our children and build bridges over their troubled pasts. We are able to accomplish this dream by approaching foster care as a ministry and not as a job.

Fostering children is a tremendous responsibility that requires both natural and learned skills. Amazing Grace Child and Family Services is a fully staffed agency with professional personnel and resources to insure that our parents receive the best training and preparation to meet the needs of our youth. Because of our commitment to excellence we expect that our parents exhibit a fondness for children, patience, integrity, and a desire to make positive change in our world. As you begin this application process, please consider our mission at Amazing Grace Child and Family Services to be sure that it matches your personal vision.

Enclosed you will find the documentation needed to begin pre-qualification. Please complete this packet and return it to Amazing Grace Child and Family Services in order to embark on the journey to become a foster parent. Please allow 5-10 business days to complete the pre-qualification process. You will be notified by mail or telephone should you be selected to take part in our verification class.

Again we are grateful that you have considered Amazing Grace Child and Family Services and look forward to working with you.

In HIS Amazing Grace,

Ivory Pleasant, LCCA, LCPAA
Executive Director



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STEP ONE: APPLICATION AND BACKGROUND CLEARANCE

Please submit the following documentation in order to complete the Amazing Grace pre-qualification process:

- 1) DFPS Background Check Request and consent forms
(all members of the home 14 years of age and older)
- 2) Notarized affidavit
(all members of the home 14 years of age and older)
- 3) Copy of Social Security Card (s)
- 4) Copy of Birth Certificate (s)
- 5) Copy of Drivers License (s)
- 6) Foster Parent Application
- 7) Disclosure of family violence

Name of applicant (s):

Primary Caregiver:

Secondary Caregiver:

Additional Household Members:

Name:	Name:	Name:
Age:	Age:	Age:

Contact Information

Address:	
Home Phone:	
Cell Phone:	
Fax:	
E-mail address:	

Foster Parent Pre- Qualification Checklist

	Documentation	Applicant #1	Applicant #2
1.	Foster Parent Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.	Copy of Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.	Request for Criminal history (residents 14yrs.+)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.	Disclosure of Family Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.	Copy of Drivers License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.	Copy of Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.	Affidavit *notarized (residents 14yrs.+)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



Foster Parent Application

Please complete all information requested. If any item does not apply to you, please write "N/A" or "None" so there will not be any delay in the processing of your application.

IDENTIFYING INFORMATION (Please Type or Print Legibly)

Applicant #1

Name: _____

Last First Middle

Applicant #2

Name: _____

Last	First	Middle	Maiden

Address: _____

County: _____

Directions to home: _____

Previous Addresses: (For Previous 10 years)

Street Name	City	State	Dates

Please provide the following personal information about you and your secondary caregiver

	Applicant #1	Applicant #2
Telephone Number		
Cellular Number		
Email Address		
Social Security Number		
Date of Birth		
Place of Birth (City, State)		
Citizenship (which country)		



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MARITAL HISTORY

Current Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

If married, on what date? _____ How many years have you been married? _____

If divorced or widowed, on what date? _____

If you are married, both you and your spouse must apply together, and you must attach a copy of your marriage license or declaration of marriage.

His Previous Marriages (If more than three, use a separate page)

Previous Spouse Name	Date of Marriage	How it ended	County & State of divorce
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

Her Previous Marriages (If more than three, use a separate page)

Previous Spouse Name	Date of Marriage	How it ended	County & State of divorce
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	From ____ To ____	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	

HUSBAND'S ACADEMIC HISTORY

Highest educational status attained: ☐ Grade School ☐ Junior High ☐ Some High School
☐ High School Graduate/GED ☐ Some College ☐ Associate Degree
☐ Four Year College Graduate ☐ Post Graduate

WIFE'S ACADEMIC HISTORY

Highest educational status attained: ☐ Grade School ☐ Junior High ☐ Some High School
☐ High School Graduate/GED ☐ Some College ☐ Associate Degree
☐ Four Year College Graduate ☐ Post Graduate

HOUSEHOLD INFORMATION: Information about other people living in your home (include foster children, if any).

Full Name (First, Middle, Last)	Relationship	DOB	Sex	School/ Occupation	Social Security Number	If foster, CPS Caseworker's Name & Phone



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Give the names of all of your children or your spouse's children who live outside your household. Include grown children. According to the *Minimum Standards For Child Placing Agencies*, **all of these children living outside your household, who are 12 years and older, will have to be contacted by Amazing Grace Child and Family Services to complete a child reference.**

Name	Sex	Age	Complete Address	Whose Child? Husband / Wife

HUSBAND'S PREVIOUS CHILD CARE EXPERIENCE

(A separate section has been provided for detailing foster care experience)

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates

WIFE'S PREVIOUS CHILD CARE EXPERIENCE

(A separate section has been provided for detailing foster care experience)

Type of Activity (Church, Community, Volunteer, Family, etc.)	Ages of Youth	Dates



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FOSTER PARENTING HISTORY

How did you learn about **Amazing Grace Child and Family Services Foster Care** program?

Have you or your spouse ever?

Applied to another agency to adopt a child or become a foster parent? ☐ No ☐ Yes If yes, was your application accepted? ☐ Yes ☐ No If your application was not accepted, why? _____

Been licensed with another agency ☐ No ☐ Yes

Adopted through another agency ☐ No ☐ Yes

Been a house parent or worked in a treatment center either as a volunteer or a paid employee?

☐ No ☐ Yes If yes, as a: ☐ Volunteer *OR* ☐ Employee Start Date: _____ End Date: _____

Please Note:

If you answered NO to all of the above, then you can skip the remainder of this section and go to the next section named, "**PERSONAL REFERENCES**".

If you answered YES to any of the above, you must complete the remainder of this section. We are providing space for up to three agencies. If more than three, attach a separate page.

Agency Name	Address	Phone Number

Number, age range, and sex of youth served (approximate breakdown): _____

Describe your experience: _____

Agency Name	Address	Phone Number

Number, age range, and sex of youth served (approximate breakdown): _____

Describe your experience: _____

PERSONAL REFERENCES – Please list the names and addresses of four persons or couples ***not***



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related to you who have known you well enough for at least two years to inform us accurately regarding your moral character and life style. Local references are preferred, but if none are available please give the address and home phone number for out of town references. For local references, please try to provide the home and business phone numbers. Please try to vary the nature of your references, including those from spiritual, business, or employment relationships, as well as social relationships.

Name	Complete Address (House Number, Street Name, City, State, Zip)	Home & Work Phone

Name of nearest relative not living with you: _____
Address: _____
Phone _____ Relationship _____

EMPLOYMENT HISTORY (Please show all employment for the last five years)

Husband's Present Employment: _____
Address: _____
Telephone: () _____ Position or Title: _____
Salary or Wage: _____ Length of Employment: _____
Work Hours: _____ Supervisor's Name: _____

If employed for less than three years, please list previous employment below.

Husband's Previous Employment: _____
Address: _____
Telephone: _____ Position or Title: _____
Last Salary or Wage: _____ Length of Employment: _____
Supervisor's Name: _____
Reason for leaving: _____

Wife's Present Employment: _____
Address: _____
Telephone: () _____ Position or Title: _____
Salary or Wage: _____ Length of Employment: _____
Work Hours: _____ Supervisor's Name: _____

If employed for less than three years, please list previous employment below.



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Wife's Previous Employment: _____

Address: _____

Telephone: _____ Position or Title: _____

Last Salary or Wage: _____ Length of Employment: _____

Supervisor's Name: _____

Reason for leaving: _____





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PERSONAL BACKGROUND INFORMATION (Please check appropriate box.)

HUSBAND

WIFE

Yes	No		Yes	No
		Have you ever been involved in, either as an aggressor or victim, an act of assault, child battering, child abuse, child molestation, or child neglect?		
		Have you been convicted or are you currently charged with a felony or misdemeanor classified as an offense against the person, family, public indecency, or any violation of the Controlled Substance Act?		
		Have you ever been charged with a felony?		
		Do you object to a criminal records check?		
		Have any of your children ever been placed in foster care, a treatment facility for emotional or mental disturbance, or been committed to a state correctional facility?		
		Do you expect any change in marital status, employment, family size or place of residence within the next year?		

Husband explain your answers: _____

Wife explain your answers: _____

MEDICAL HISTORY Have you had a history of or treatment for any of the following?

HUSBAND

WIFE

HUSBAND

WIFE

Yes	No		Yes	No		Yes	No		Yes	No
		Cancer						Heart Condition		
		Severe Arthritis						Heart Attack		
		Chronic Kidney Condition						Stroke		
		Colitis						Hemophilia		
		Ulcers						Diabetes		
		Hay Fever						Chronic Headache		
		Allergies						Chronic Fatigue		
		Asthma						Insomnia		
		Seizures						Hepatitis		
		Neck Injury						Lupus		
		Back Injury						Other:		

Husband explain your answers: _____



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Wife explain your answers: _____

HUSBAND

WIFE

Yes	No		Yes	No
		Are you now receiving or have you ever received treatment for chemical dependency? If yes, when? _____		
		Are you now or have you ever received treatment for alcohol dependency, alcoholism? If yes, when? _____		
		Have you had a history of or received treatment for depression? If yes, when? _____		
		Have you ever intentionally hurt yourself or attempted to commit suicide? If yes, when? _____		
		Have you had a history of or received treatment for an emotional or mental illness or family problems? If yes, when? _____		
		Are you now receiving or have you ever received psychiatric treatment? If yes, when? _____ If yes, have you ever had a psychological examination or battery of psychological tests? _____ If yes, when did you receive the psychological exam, and what was your diagnosis? _____		
		Are you now or have you ever taken medication for mental or emotional problems? If yes, when? _____ Drugs Prescribed: _____		
		Do you have a physical disability? If yes, what? _____		
		Do you have any significant, acute, or chronic medical condition that could effect your ability to foster parent children? If yes, what? _____		
		Are you physically able to have children? If not, why? _____ _____ _____		



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List all admissions to a hospital:

Date	Reason for Admission



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List all prescription medications being taken on a regular basis:

Medication	Reason for Medication

Date of last visit to doctor and reason: _____

List all illnesses you have had in the past year: _____

Are your children current on their immunizations? ☐ Yes ☐ No
If no, why? _____

APPLICANT #1 ACKNOWLEDGMENT

The undersigned acknowledges that he/she is not obligated to provide foster care, nor is Amazing Grace Child and Family Services CPA obligated to assign, or actively seek to assign, a foster child to the applicant.

Signature of Applicant

Date

APPLICANT #2 ACKNOWLEDGMENT

The undersigned acknowledges that he/she is not obligated to provide foster care, nor is Amazing Grace Child and Family Services CPA obligated to assign, or actively seek to assign, a foster child to the applicant.

Signature of Applicant

Date



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APPLICANT #1 RELEASE OF INFORMATION

I hereby declare the information I have provided on the foster parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on the application could be considered cause for disapproval as a foster parent.

I authorize Amazing Grace Child and Family Services CPA to obtain any information that would assist in the evaluation of my application to participate in the foster care program.

As part of Amazing Grace Child and Family Services CPA matching process, additional personal information may be elicited from the applicant by authorized (Amazing Grace Child and Family Services CPA) personnel upon request.

Signature of Applicant

Date

APPLICANT #2 RELEASE OF INFORMATION

I hereby declare the information I have provided on the foster parent application to be true and complete to the best of my knowledge. I understand that any misstatement or omission of fact(s) on the application could be considered cause for disapproval as a foster parent.

I authorize Amazing Grace Child and Family Services CPA to obtain any information that would assist in the evaluation of my application to participate in the foster care program.

As part of Amazing Grace Child and Family Services CPA matching process, additional personal information may be elicited from the applicant by authorized (Amazing Grace Child and Family Services CPA) personnel upon request.

Signature of Applicant

Date

CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

I hereby give my permission to **Amazing Grace Child and Family Services** to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data. I understand that this information will be used, in part, to determine my eligibility for an employee/volunteer/intern position with this organization. I also understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I also understand the criminal history could contain information presumed to be expunged.

Signature		Date
Printed Name:		
Social Security Number:	Date of Birth:	Age:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Telephone Number:	
Race: <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Other	Are you interested in becoming a foster parent with Amazing Grace? ____ YES ____ NO Have you ever been a foster parent? ____ YES ____ NO	
Driver's License Number:	State:	
Please list any other names used (married, maiden, etc.):		
Present Address:		
List all other cities in Texas where there has been residency:		

E-mail Address

Parent/Guardian Signature (if under 18) Printed Name:	Date
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CONSENT FORM FOR CRIMINAL BACKGROUND CHECK

I hereby give my permission to **Amazing Grace Child and Family Services** to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data. I understand that this information will be used, in part, to determine my eligibility for an employee/volunteer/intern position with this organization. I also understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I also understand the criminal history could contain information presumed to be expunged.

Signature		Date
Printed Name:		
Social Security Number:	Date of Birth:	Age:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Telephone Number:	
Race: <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Other	Are you interested in becoming a foster parent with Amazing Grace? ____ YES ____ NO Have you ever been a foster parent? ____ YES ____ NO	
Driver's License Number:	State:	
Please list any other names used (married, maiden, etc.):		
Present Address:		
List all other cities in Texas where there has been residency:		

E-mail Address

Parent/Guardian Signature (if under 18)
Printed Name:

Date

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Signature Printed Name:	Date
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Social Security Number:	Date of Birth:	Age:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Telephone Number:	
Race: <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Other		
Driver's License Number:	State:	
Please list any other names used (married, maiden, etc.):		
Present Address:		
List all other cities in Texas where there has been residency:		

Parent/Guardian Signature (if under 18) Printed Name:	Date
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AMAZING GRACE

CHILD AND FAMILY SERVICES

Treating children and families with kindness, respect and dignity.

Foster Parent Verification Checklist

Name: _____

Documentation			
Initial Contact			
Foster Parent Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Copies of Documents			
Auto Liability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Birth Certificate (Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Divorce Certificate/Spouse Death Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Driver's License (Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
High School Diploma / GED or College Transcripts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Homeowners/Landlord Liability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Income Verification Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Marriage Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Social Security Card (Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pet Vaccinations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Consents			
Signed Consent for Criminal Background Check	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Signed Consent for Random Drug Screen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Signed Release for Confidential Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Background Review			
Central Registry Background Check requested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
DFPS Affidavit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
FBI Criminal Background Check & Fingerprint Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Training			
Agency Orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Behavior Management/CPI (2 times per year)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
CPR Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
First Aid Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
PRIDE Training or Agency Equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Psychotropic Medication Trainings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40 Hours of Supervised Training for New Caregivers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Policy			
Abuse and Neglect Procedure Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Agreement to Comply with Minimum Standards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Grievance/Appeal Procedure Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Medical and Dental Plan/Policy Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Safety Issue Compliance Form (Water Safety)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Signed Agency Foster Parent Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Medical			
Biological Children's Vaccinations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Physical Exam Form (Health Exam)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
TB Test (For All Members of the Home)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



AMAZING GRACE CHILD AND FAMILY SERVICES

Treating children and families with kindness, respect and dignity.

Foster Parent Verification Checklist

Home						
Date of Home Visits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Emergency Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Environmental (Health) Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Family Photo (including pets)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fire Escape Plan Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fire Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Floor Plan w/ room dimensions and fire escape route	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Gas Inspection (Group Home Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Home Study Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Water Test (Exempt if City Water)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Interview						
Home-Study Questionnaire	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Family Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Wife/Husband Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Husband Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Wife Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Individual Children Interviews (# _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Letter/Phone Call to Children (12 and older) living outside the home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Reference Letter 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Reference Letter 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Reference Letter 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Reference Letter 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Provider Information						
Provider Agreements: Psychiatrist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Provider Agreements: Dentist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Provider Agreements: Physician	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Provider Agreements: Therapist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
School Calendar and Enrollment Packet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
School District – Area Schools Listed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Agency						
Criminal Check to Licensing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pre-Verification Meeting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Agency Home Report to Licensing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Agency Home Verification Form Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES:
