

Gateway / The Alliance
1401 20th Street South
Birmingham, AL 35205
(205) 510-2755/ Fax # (205) 510-2750

APPLICATION FOR POTENTIAL FOSTER PARENT LICENSURE

Date of Application _____

Referred to agency by: _____

Name of POTENTIAL FOSTER FATHER _____

Date of Birth: _____ Social Security #: _____

Name of POTENTIAL FOSTER MOTHER: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Street Address City State Zip

Name of County: _____ Name of Community: _____

Home Telephone #: _____ **Note: Phone required in home**

Work Telephone: (Mr.) _____ (Mrs.) _____

DIRECTIONS TO HOME – GIVE SPECIFIC STREET NAMES : (REQUIRED INFORMATION)

LIST ALL HOUSEHOLD MEMBERS THAT LIVE WITH YOU: (do not include those listed above – potential foster parents)

Name	DOB	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STRUCTURE OF HOME:

Do you live in an apartment? _____ Mobile/Trailer Home? _____ Single Family House? _____

Note: All mobile homes must conform to the National Mobile Home Construction & Safety Act & anchoring and tie-down requirements per State DHR Minimum Standards.

Do you own? _____ Rent? _____ What year was residence constructed? _____

Total number of rooms _____ Number of Bedrooms _____ Number of bathrooms _____

Does your home have a swimming pool, hot tub or spa? ___ Yes ___ No If yes, specify which one _____

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SCHOOL(S):

What school system are you zoned for where you live? _____
(such as Birmingham City, Jefferson County, Fairfield, Shelby County, etc.)
Schools in your neighborhood:

Elementary School zoned for: _____

Middle/Junior High School zoned for: _____

High School zoned for : _____

Do your neighborhood schools offer special education services? _____

MEDICAL:

Family Physician(s): _____

Do you have any type of disability that would interfere with your ability to care for a child with behavioral and/or emotional problems? Mr. _____ Mrs. _____ List
Disability: _____

Do you or any members of your household have any health related problems?
Yes _____ No _____, If yes, please explain: _____

Do you or other family members take medication regularly? _____
Specify condition being treated _____

Do you or other family members have a schedule that would allow for the child to be transported to medical appointments as they arise? _____

EDUCATION:

Grade/Level of completion: Mr. _____ Mrs. _____

If attended vocational, technical or business college, please specify type of training:

Mr. _____ Mrs. _____

If attended college, please specify area of study:

Mr. _____ Mrs. _____

EMPLOYMENT/OCCUPATION:

Mr. _____ Name of Employer: _____
Title/Position

Length of Employment: _____ Days Worked: _____ Hours of Work: _____

Mrs. _____ Name of Employer: _____
Title/Position

Length of Employment: _____ Days Worked: _____ Hours of Work: _____

If you work, what after- school, holidays and summer childcare arrangements can you make for a child?

If a problem occurs concerning the child while you are at work (such as a child being suspended from school for several days, child becoming ill, etc.) how would this be handled?

Who will be your back-up support of family or friends that may be able to assist you when a child may be suspended from school or too ill to attend school?

Where do you currently keep the gun stored? _____

Where do you currently keep the ammunition? _____

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Potential Foster Parent Application for Licensure

FOSTER CARE EXPERIENCE:

Have you ever been approved and licensed to be a foster parent? ___ Yes ___ No

If yes, please list agencies that issued a license to you beginning with the most recent approval:

Name of Agency	Date Approved	Expiration of license
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Name of Agency	Date Approved	Expiration of license
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Reason for leaving the foster care agency: _____

Do you have a current foster child(ren) in your home? ___ Yes ___ No

Name & Age of Child: _____

Type of Foster Care Experience:

___ Medically Fragile ___ Group Home ___ Therapeutic Care
___ Regular DHR Foster Care ___ Residential Care ___ Other _____

If you have had previous experience as a foster parent, please specify the type of training you received:

___ GPS (Group Process & Selection) ___ PMAB(Preventive & Management of Aggressive Behavior)
Date: _____ Date: _____ Date: _____

Did both you and your spouse attend and complete the training? _____ Yes _____ No

If you have ever been denied approval for a foster parent license, please specify reason why & agency:

Reason for interest in becoming a therapeutic foster parent: _____

BACKGROUND CHECKS :

Extensive background checks and clearances are completed through the Federal Bureau of Investigation and Alabama Bureau of Investigation before a foster parent license can be issued. This includes all household members 19 years or older.

Have you or any members of your household ever been arrested, charged or convicted of a criminal offense? (regardless of the outcome) _____ Yes _____ No If yes, please explain.

Have you or any members of your household ever been investigated for suspected child abuse or neglect?
___ Yes ___ No If yes, please explain.

All names will be cleared through the State Central Registry for Child Abuse and Neglect (CAN).

Have you ever had a suitability determination made by the Department of Human Resources or the Department of Education in connection with a previous criminal history information background check?
____ Yes ____ No

PLEASE NOTE YOU WILL BE REQUIRED TO COMPLETE A MANDATORY CRIMINAL HISTORY STATEMENT – ANY FALSE INFORMATION SHALL RESULT IN REFUSAL OF APPROVAL OR LICENSURE.

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NEEDS OF POTENTIAL FOSTER FAMILY:

Do any of your family members have any physical handicaps, emotional or behavioral problems, or other special needs? Yes _____ No _____ If yes, please describe:

Have you or any member of your household received any counseling or therapy?

____ Yes ____ No If yes, please explain: _____

Were medications prescribed? Yes _____ No _____

If yes, name of medicine: _____ Duration: _____

PETS:

Do you own any pets? _____ How Many? ____ Species: _____

Are they currently vaccinated? _____

Do your pets live? _____ Inside Home _____ Outside Home

DOCUMENTATION REQUIRED TO SUBMIT APPLICATION – Attach to application

Please provide copies of the following information needed:

____ Copies of Social Security Card (s) of potential foster father and potential foster mother

____ Copies of Driver's License of potential foster father and potential foster mother and any others in household who may be transporting foster children – Name _____

Potential Foster Mother Applicant Signature

Date

Potential Foster Father Applicant Signature

Date

OFFICE USE ONLY

Date Application Received: _____

Date Potential Foster Parent Contacted: _____

Date Potential Foster Parent Attended Orientation: _____

___ Potential Foster Parent did not attend orientation/lack of interest

Notes by Recruiter/Trainer (if applicable) _____
