

# FOSTER and/or ADOPTION APPLICATION

PROTECTIVE  
SERVICES DIVISION

[CHECK ONE OR BOTH BOXES ABOVE]

**All Information is Strictly Confidential**

1) Applicant=s Name - Last First <span style="float: right;">M.I.</span>	Work Telephone
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2) Applicant=s Name - Last First <span style="float: right;">M.I.</span>	Work Telephone
Home Address - No. & Street, P.O. Box, R.Rt. City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span>	Home Telephone
Mailing Address – if different from above E-mail Address	Cell Telephone

AKA
Directions for finding home:

1) APPLICANT			2) APPLICANT		
Birth	Place	Date	Place	Date	

Countries Ancestors Come From		
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Primary Language Spoken in Home		
Other Language Spoken in Home		
Religion (If Applicable)		

PHYSICAL DESCRIPTION	Sex	Height	Weight	Sex	Height	Weight
	Hair Color	Eye Color	Skin Color	Hair color	Eye Color	Skin Color
Education Last Grade/Degrees Completed	Grammar	High School	College	Grammar	High School	College

Military Services	Branch	Length of Service	Type of Discharge	Branch	Length of Service	Type of Discharge

EMPLOYMENT	Occupation	Occupation
(List your employment history for the last 3 years. Include addresses and telephone numbers of previous employers)	Employer	Employer
	How Long Employed in this Job? Gross Salary \$	
	<input type="checkbox"/> Previous Job & How Long Employed	Previous Job & How Long Employed

<input type="checkbox"/>	Previous Job & How Long Employed	Previous Job & How Long Employed
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OTHER INCOME	Source	Amount	Source	Amount
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SOCIAL SECURITY NUMBER																				
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DEBTS: (List Below)	SAVINGS:	INSURANCE COVERAGE (Insurance Company Name)
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Type of Debt:	Total Owed:	Monthly Payment:	Life	Auto	Hospital/Health

Other Assets \$ _____	Other Insurance \$ _____
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**HOME INFORMATION**

<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home	Number of Bedrooms: _____
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<input type="checkbox"/> Rent - Amount Per Month: \$ _____	<input type="checkbox"/> Owned - Amount per Month: \$ _____
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Previous Addresses. Last five (5) Years	Dates (From - To)

How long have you lived at your current address? \_\_\_\_\_ years and \_\_\_\_\_ months.

**MARRIAGE HISTORY**

Present Marriage:	Place - Town, County and State	Date:
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Previous Marriages?	1) Applicant	2) Applicant
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To Whom?		
Date and Place?		
Date and Place of Divorce		
Date of Spouse=s Death		

Previous Marriages?	1) Applicant	2) Applicant
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To Whom?		
Date and Place?		
Date and Place of Divorce?		
Date of Spouse=s Death		

IF MORE THAN TWO (2) PREVIOUS MARRIAGES, PLEASE LIST ON SEPARATE SHEET OF PAPER.

**1) APPLICANT=S FAMILY**

P A R E N T S  B R O T H E R S	NAME	MAILING ADDRESS	AGE	HEALTH	OCCUPATION

E R S	E R S				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<input type="checkbox"/>					

2) APPLICANT=S FAMILY

P A R E N T S  B R O T H E R S	NAME	MAILING ADDRESS	AGE	HEALTH	OCCUPATION
	<input type="checkbox"/> Mother				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<input type="checkbox"/>					

NAME(S) OF CHILD(REN) - IN THE HOME	BIRTH DATE MO. DAY YEAR	OCCUPATION OR SCHOOL GRADE	BIRTH OR ADOPTED?
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CHILDREN - OUT OF THE HOME	PHONE NUMBER	MO.	DAY	YEAR	OCCUPATION OR SCHOOL GRADE	BIRTH OR ADOPTED?

CHILDREN DECEASED: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHERS IN THE HOME - ADULTS AND CHILDREN	RELATIONSHIP	MO.	DAY	YEAR	OCCUPATION OR SCHOOL GRADE

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HAVE YOU EVER BEEN:	1) APPLICANT	2) APPLICANT
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Arrested as a Juvenile?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Arrested as an Adult?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Received Psychological/Psychiatric Treatment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Previously Studied for Foster Care or Adoption?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

**REFERENCES**

REFERENCE	NAME	COMPLETE MAILING ADDRESS	TELEPHONE NUMBER
1) Applicant=s Relative			
1) applicant=s Employer			
2) Applicant=s Relative			
2) Applicant=s Employer			

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**1) APPLICANT - OTHER THREE PERSONS NOT RELATED TO YOU WHO KNOW YOU WELL**

NAME	COMPLETE MAILING ADDRESS	TELEPHONE NUMBER

**2) APPLICANT - OTHER THREE PERSONS NOT RELATED TO YOU WHO KNOW YOU WELL**

NAME	COMPLETE MAILING ADDRESS	TELEPHONE NUMBER

**ACKNOWLEDGE and SIGNATURES** - 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:

- A. The persons given as references will be contacted by mail, telephone or in a home visit.
- B. Police records and F.B.I. fingerprinting will be check and verified.
- C. Military history, employment, marriages and divorces will be verified.
- D. Medical records of the applicant will be requested and reviewed.
- E. Pre-Service training is mandatory for both applicants prior completion of the homestudy process.
- F. Foster parents agree to adhere to the laws and regulations applying to foster children.
- G. New Mexico Children, Youth & Families, Protective Services Division, 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 chid, other than a social worker with New Mexico Children, Youth & Families Department, Protective Services Division,

without authorization from PSD.

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/adoption does NOT guarantee a license/approval for placement of a child. An approval or denial is Based on the suitability of the family for children for whom the Children, Youth & Families Department has responsibility.

L. 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 HOMESTUDY PROCESS.

M. If my (our) application is approved, I (we) and (are) NOT guaranteed placement in my (our) home.

\_\_\_\_\_

\_\_\_\_\_

1) Applicant

2) Applicant

\_\_\_\_\_

\_\_\_\_\_

Date Signed

Date Signed

<b>County PSD Office</b>	<b>Contact Person</b>	<b>Telephone Number</b> (
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<b>Address - Street/P.O. Box #</b> <b>Zip Code</b>	<b>City</b>	<b>State</b>
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