



Tennessee Baptist Children's Homes, Inc

Welcoming children in hard places with the love of Christ

Foster Parent Application

IDENTIFYING INFORMATION: (please type or print legibly)			
Parent			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial (Maiden)</i>
	<i>Email Address</i>	<i>Work Phone</i>	<i>Home/Cell Phone</i>
	<i>Occupation</i>	<i>Employer</i>	<i>Annual Income</i>
Co-Parent			
	<i>Last</i>	<i>First</i>	<i>Middle Initial (Maiden)</i>
	<i>Email Address</i>	<i>Work Phone</i>	<i>Home/Cell Phone</i>
	<i>Occupation</i>	<i>Employer</i>	<i>Annual Income</i>
Address			
	<i>Street Address</i>	<i>Apt #</i>	<i>City</i>
	<i>State</i>	<i>Zip</i>	<i>County</i>
<i>Time at current address</i>			

Personal Information		
	Parent	Co-Parent
Place of Birth		
Date of Birth		
Race		
Social Security Number		
Driver's License Number (include state)		
Religion		
Name of Church you Attend		
Primary Language Spoken in Home		
Other Language Spoken in Home		
Been a TN resident for six months		
Last Grade Completed		
Marital Status		
Military Service		

Children in the Home			
Name (Last, First, MI)	Relationship	Gender	Date of Birth

Other Adults in the Home			
Name (Last, First, MI)	Relationship	Gender	Date of Birth

References				
Parent Relative Reference				
	<i>Last Name</i>	<i>First Name</i>	<i>Email Address</i>	<i>Phone Number</i>
<i>Street Address</i>		<i>Apt #</i>	<i>City</i>	<i>State Zip</i>
Co-Parent Relative Reference				
	<i>Last Name</i>	<i>First Name</i>	<i>Email Address</i>	<i>Phone Number</i>
<i>Street Address</i>		<i>Apt #</i>	<i>City</i>	<i>State Zip</i>
Parent Non-Relative Reference				
	<i>Last Name</i>	<i>First Name</i>	<i>Email Address</i>	<i>Phone Number</i>
<i>Street Address</i>		<i>Apt #</i>	<i>City</i>	<i>State Zip</i>
Co-Parent Non-Relative Reference				
	<i>Last Name</i>	<i>First Name</i>	<i>Email Address</i>	<i>Phone Number</i>
<i>Street Address</i>		<i>Apt #</i>	<i>City</i>	<i>State Zip</i>
Couple Non-Relative Reference (if applicable)				
	<i>Last Name</i>	<i>First Name</i>	<i>Email Address</i>	<i>Phone Number</i>
<i>Street Address</i>		<i>Apt #</i>	<i>City</i>	<i>State Zip</i>
Church Leadership Reference				
	<i>Last Name</i>	<i>First Name</i>	<i>Email Address</i>	<i>Phone Number</i>
<i>Street Address</i>		<i>Apt #</i>	<i>City</i>	<i>State Zip</i>

Criminal and DCS History		
Has anyone in the home been convicted of a crime, placed on probation or received a suspended sentence for the following?		
a. Any crime involving children	Yes	No
b. Any crime of violence against another person	Yes	No
c. Any crime involving drugs	Yes	No
d. Any other crime	Yes	No
If yes, please explain:		
Does anyone in the home have charges/trials pending?	Yes	No
If yes, please explain:		
Has anyone in the home been involved with TN Department of Children's Services	Yes	No
If yes, please explain:		

Type of Child You Hope to Parent		
Gender	Male	Female
Age range	Infant/Toddler (0-5)	School Age (6-12) Teenagers (13+)
Sibling Group	Yes	No
If yes, how many children would you consider fostering at this time?		

Has anyone in the home previously applied to be a foster parent with another agency? Yes No

How did you hear about our agency? If it was from a church, please give the name of the church.

Does anyone in the home use alcohol? Yes No

**TBCH policy requires that foster parents abstain from alcohol use in the presence of foster children , including not keeping alcohol where foster children can see it in the home. This also applies to children, other adults and guests in the home as alcohol is a trigger for many of our children.*

Has ANY adult in the home lived in a state other than TN in the last 5 years? Yes No

If yes, what state(s)?

I/we commit to follow all TBCH policies while fostering children placed by this organization.

I/we certify the information provided is correct and complete to the best of my/our knowledge.

I/we are aware that should any falsification or misrepresentation be discovered the applicant(s) will not be considered as foster parents. If applicant is already serving as a foster parent the home will be closed and disqualified from future consideration.

We consent to be added to a list of foster parent applicants to receive information about upcoming trainings, foster parent associations and TBCH newsletters.

Signature of applicant(s) authorizes TBCH to contact the references listed on the application.

In addition, I/we understand the information provided on this form will be shared with the Department of Children's Services and other entities as required by state and federal law.

I/we understand TBCH will treat all my/our information with the highest confidentiality according to the highest standards.

Parent's Signature

Date

Co-Parent's Signature

Date