



**FOSTER CARE AND ADOPTION APPLICATION  
CHILDREN'S BUREAU  
(800) 730-3933**

Family Name:

Address:

City, St., County Zip Code:

Home Phone #:

Cell Phone #:  Email Address:

How long at your present address?

How did you hear about the agency?

Have you ever applied or been licensed with another agency? Yes  No

If yes, what agency?   
When?

Have you ever been denied certification by a foster family agency? Yes  No

If yes, what agency?   
When?

Have you ever been put on a placement hold by a county? Yes  No

If yes, what county?

Why did you leave the above named agency and have you been decertified?

Have you ever been approved as a Relative Placement by a county? Yes  No

If yes, which county?

Are you currently a licensed day care provider? Yes  No

If yes, how many children are you licensed for?

What do you believe are the qualifications of your family for adopting or fostering a child?

Since all kinds of children of various ages and background need permanent parents, please tell us what kind of child or children you are interested in (age, ethnicity, siblings):

Are you interested in Foster Care \_\_\_\_\_ or Adoption \_\_\_\_\_

**Foster Parent I**

Full Legal Name:

List other names used (maiden or aliases):

Age:

Date of Birth:

Place of Birth:

Ethnicity:

Gender: Male  Female

Are you a US Citizen? Yes  No

Have you been a California resident for the last five years? Yes  No

Color of Hair:	Color of Eyes:
Height:	Weight:
Drivers License #:	Social Security #:
Religion:	Gross Monthly Income:

Employer Name:	<input type="text"/>
Employer Address:	<input type="text"/>
Employer Phone #:	<input type="text"/>
Job Title:	<input type="text"/>

How long have you been employed in your current position?

Please list your work hours and if you work full time or part time:

Please list previous employer if you have been employed less than two years and how long there:

Are you currently taking any medication(s)? Yes  No  If yes, please list medication(s):

Is there any medical condition that the agency should be made aware of? Yes  No   
If yes, please explain:

Are you currently seeing a counselor, therapist or psychiatrist? Yes  No   
If yes, please explain:

In the past have you ever seen a counselor, therapist or psychiatrist? Yes  No   
If yes, please explain:

Do you have a current or past history of any drug or alcohol use? Yes  No   
If yes, please explain:

**Foster Parent II**

Full Legal Name:

List other names used (maiden or aliases):

Age:

Date of Birth:

Place of Birth:

Ethnicity:

Gender: Male  Female

Are you a US Citizen? Yes  No

Have you been a California resident for the last five years? Yes  No

Color of Hair:	Color of Eyes:
Height:	Weight:
Drivers License #:	Social Security #:
Religion:	Gross Monthly Income:

Employer Name:	<input type="text"/>
Employer Address:	<input type="text"/>
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If yes, please explain:

In the past have you ever seen a counselor, therapist or psychiatrist? Yes  No   
If yes, please explain:

Do you have a current or past history of any drug or alcohol use? Yes  No   
If yes, please explain:

**Foster Parent I      Criminal History**

- 1.) Have you ever been arrested for an offense other than a minor traffic violation?  
Yes  No  If yes please explain below:

- 2.) Have you ever been convicted of a crime in California? You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.  
Yes  No  If yes please explain below:

- 3.) Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.? Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.  
Yes  No  If yes please explain below:

- 4.) Have you ever been reported to Children's Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment?  
Yes  No  If yes please explain below:

- 5.) Please list all other states you have resided in within the last five years.

**Foster Parent II      Criminal History**

- 1.) Have you ever been arrested for an offense other than a minor traffic violation?  
Yes  No  If yes please explain below:

- 2.) Have you ever been convicted of a crime in California? You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.  
Yes  No  If yes please explain below:

- 3.) Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.? Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.  
Yes  No  If yes please explain below:

- 4.) Have you ever been reported to Children's Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment?  
Yes  No  If yes please explain below:

- 5.) Please list all other states you have resided in within the last five years.

Date of Current Marriage	Place of Marriage

**PLEASE LIST ALL PREVIOUS MARRIAGES FOR APPLICANTS:**

Applicant Name   Spouse's Name   Date of Marriage   Date Terminated   How Terminated

Applicant Name	Spouse's Name	Date of Marriage	Date Terminated	How Terminated

If single are you currently involved in a relationship? Yes  No  How Long?

**LIST ALL OTHERS LIVING IN HOME:**

Name	Relationship	Date of Birth	Age

Please give the names and **complete addresses** of four references **not related** to you and whom you have known for three years or more. We will be sending them a brief questionnaire form to complete.

1.	2.
3.	4.

**PLEASE LIST ALL PETS IN HOME:**

Type of Pet	If dog(s), date of current rabies shot(s)

**PLEASE LIST ALL VEHICLES OWNED:**

Make/Model	Year	License Plate #	Name of Insurance Co.

Please list an Emergency Contact who usually knows your whereabouts:

Name:	Relationship:
Day Phone:	Evening Phone:

**In signing this application we understand that routine forms will be sent to our references, physician, counselor, therapist, psychiatrist and employer and that our financial and marital status will be verified. Any falsification of information can be grounds for withdrawal or termination of your application.**

**The agency is also required to check references of all foster family agencies that have previously certified the applicant and of all state or county licensing offices that have licensed the applicant as a foster parent. The signing of the application constitutes the authorization of the applicant for the foster family agency to conduct its check of references. Please be aware that submitting false information is a violation of law and could be punishable by incarceration, a fine, or both.**

**Signature of Applicant:**

**Signature of Applicant:**

**Date:**

**Children's Bureau welcomes all capable families regardless of age, sex, race, ethnicity, religion, sexual orientation, gender identity or expression, marital or domestic partnership status, physical characteristics, national origin, medical status or disability status.**

**CHILDREN'S BUREAU**

**FAMILY LIVING SKETCH – LIVING ARRANGEMENTS**

**Foster Family:**

**Home Address:**

**# of Bedrooms:**

No.	Family Members	Age	Sex	No.	Foster Children	Age	Sex

**Bedroom 1:** a.  
b.  
c.

**Bedroom 4:** a.  
b.  
c.

**Bedroom 2:** a.  
b.  
c.

**Bedroom 5:** a.  
b.  
c.

**Bedroom 3:** a.  
b.  
c.

**Bedroom 6:** a.  
b.  
c.

**Date completed:** \_\_\_\_\_

**PLEASE ATTACH UPDATED FLOOR PLAN**

**FLOOR PLAN**

A floor plan of your house, and lot (yard) is required. It should be close to scale.

An example is provided for your review.

Please provide the following information on your floor plan:

1. Name and measure each room.
2. Indicate doors and windows.
3. Indicate which room or rooms will be used for child(ren) in care.
4. Name, measure and indicate any structure or body of water outside the home. Include all Jacuzzis or spas, pools, guest houses, ponds, etc.
5. Measure and indicate yard and fencing.
6. Location of meeting place in case of evacuation.

A copy of the floor plan will be returned to you. It will be displayed, along with emergency phone numbers, to establish an emergency exit plan.

Our home is : \_\_\_\_\_ 1 story \_\_\_\_\_ 2 story \_\_\_\_\_ tri-level

It is a: \_\_\_\_\_ House  
\_\_\_\_\_ Condo  
\_\_\_\_\_ Apartment  
\_\_\_\_\_ Town Home  
\_\_\_\_\_ Mobile Home

Fenced Yard: \_\_\_\_\_ Yes \_\_\_\_\_ No

Swimming Pool: \_\_\_\_\_ Yes \_\_\_\_\_ No

Jacuzzi or Spa: \_\_\_\_\_ Yes \_\_\_\_\_ No

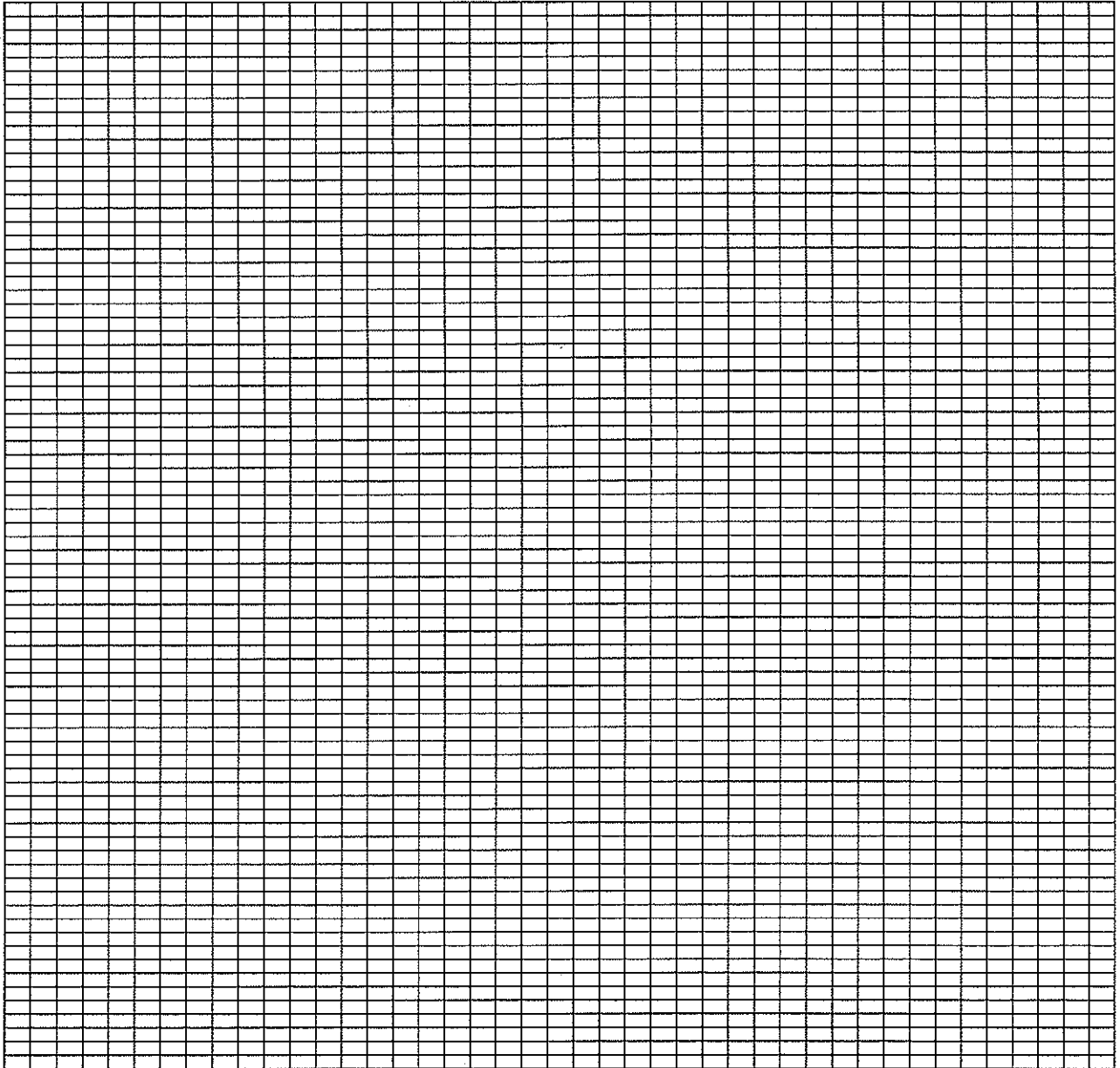
If Yes, is pool fenced? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

If Yes, is Jacuzzi or spa fenced  
or have locked cover? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

## FACILITY SKETCH (Floor Plan)

Applicants are required to provide a sketch of the floor plan of the home or facility and outside yard. The Floor Plan must label rooms such as the kitchen, bath, living room, etc. Circle the names of the rooms that will be used by clients/children. Door and window exits from the rooms must be shown in case of an emergency (see Emergency Disaster Plan). Show room sizes (e.g. 8.5 x 12). Keep close to scale. Use the space below. See next page for Yard Sketch.

Facility Name:	Address:
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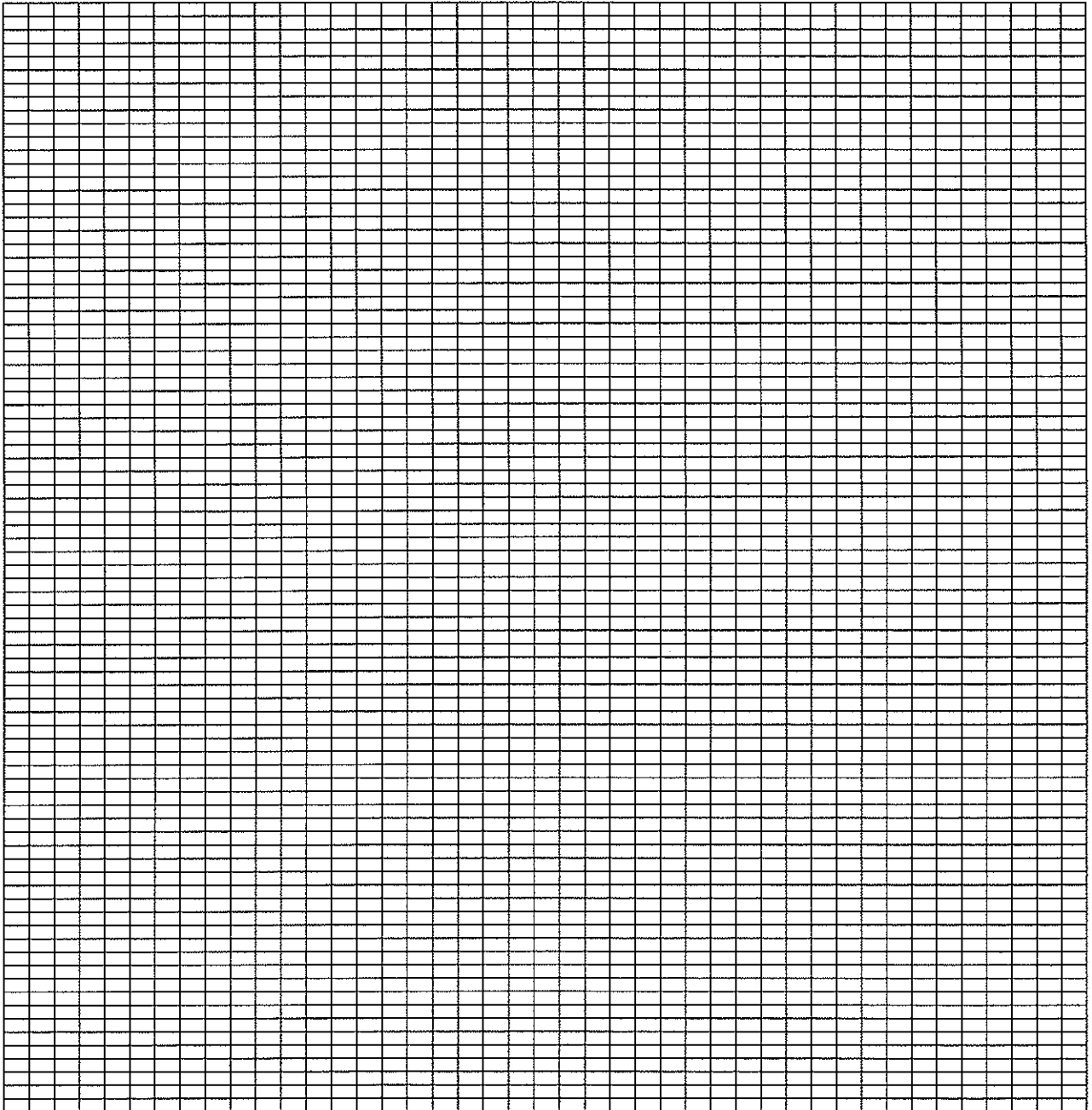


## FACILITY SKETCH (Yard)

The Yard Sketch should show all buildings in the yard including the home (with no detail), garage and storage building. Include walks, driveways, play area, fences, gates. Show any potential hazardous area such as pools, garbage storage, animal pens, etc. Show the overall yard size. Try to keep the sizes close to scale. Use the space below.

Facility Name:

Address:



WHAT KINDS OF BEHAVIOR DO YOU FEEL UNABLE OR  
UNWILLING TO ACCEPT? (PLEASE CHECK)

- Aggressiveness
- Defiance
- Destructiveness to Property
- Self Destructive
- Withdrawal
- Sullenness
- Immaturity
- Hyperactivity
- Lying
- Stealing
- Learning Disability
- Mild Developmental Delays
- Moderate Developmental Delays
- Severe Developmental Delays/Retardation
- Bedwetting
- Soiling
- Seizure Disorder
- Drug Exposure at Birth
- Oppositional
- Stubborn
- Sexual Acting Out Behavior
- Masturbation
- Excessive Crying
- Temper Tantrums
- Runaway
- Manipulative Behavior

**OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT**

Foster Family Homes, Small Family Homes, Certified Family Homes

Complete both pages and sign on page 2.

**I. OUT-OF-STATE DISCLOSURE**

Foster Family Homes, Small Family Homes, Certified Family Homes, and approved homes at time of application only

Have you lived in a state other than California within the last five years?  YES  NO

If YES, identify each state and complete an LIC 198B for each state listed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. CRIMINAL RECORD STATEMENT**

Foster Family Homes, Small Family Homes, Certified Family Homes

State law requires that a person associated with licensed facilities or approved homes be fingerprinted, and disclose any conviction. A conviction is a plea of guilty, nolo contendere (no contest), or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you have.

Have you ever been convicted of a crime in California?  YES  NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.?  YES  NO

For Foster Family and Certified Family Homes only:

Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse?  YES  NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California

If YES, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.		
FACILITY OR CAREGIVER NAME	FACILITY NUMBER	
YOUR NAME (Print clearly)		
YOUR ADDRESS (street, city, zip)		
SOCIAL SECURITY NUMBER <small>(SEE PRIVACY STATEMENT ON REVERSE)</small>	DRIVER'S LICENSE NUMBER/STATE	DATE OF BIRTH
SIGNATURE		DATE

**INSTRUCTIONS TO RESPONDENT:**

*If you have been convicted of a crime in California, another state, or in federal court, provide the following information:*

*(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)*

**What was the offense?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In which state and city did you commit the offense?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**When did this happen?** \_\_\_\_\_

**Tell us what happened.** (Use additional paper if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify under penalty of perjury that the above information is true and correct to the best of my knowledge*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you have any questions about this form, please contact your local licensing regional office or approval agency.

**INSTRUCTIONS TO LICENSEES ONLY:**

*If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.*

**INSTRUCTIONS TO REGIONAL OFFICES AND FOSTER FAMILY AGENCIES:**

*If the person discloses that they have lived in another state within the last five (5) years, send this form and LIC 198B(s) by fax, mail or email to the Caregiver Background Check Bureau, 744 P Street, MS 19-62, Sacramento, CA 95814,*

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be approved, licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871; Welfare and Institutions Code section 361.4) The licensing or approval agency will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

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Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.?  YES  NO

For Foster Family and Certified Family Homes only:

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FACILITY NUMBER

YOUR NAME (Print clearly)

YOUR ADDRESS (street, city, zip)

SOCIAL SECURITY NUMBER  
(SEE PRIVACY STATEMENT ON REVERSE)

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**What was the offense?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In which state and city did you commit the offense?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**When did this happen?** \_\_\_\_\_

**Tell us what happened.** (Use additional paper if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify under penalty of perjury that the above information is true and correct to the best of my knowledge*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you have any questions about this form, please contact your local licensing regional office or approval agency.

**INSTRUCTIONS TO LICENSEES ONLY:**

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## AUTHORIZATION FOR RELEASE OF INFORMATION GATHERED IN CONVERSION HOME STUDIES

During the home study process, information that is of sensitive & personal nature is gathered. It is used to determine the appropriateness of the adoption plan.

If there are co-applicants, information obtained in individual interviews may be shared with the co-applicant during the home study process.

Children's Bureau of Southern California is respectful of the applicant's privacy. If the applicant requests that specific information not be shared, the request will be honored. Such a request may affect the agency's ability to proceed with the home study.

Prior to the finalization of the home study report, applicants are requested to review it for accuracy and to sign the finalized written home study.

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I have read the above information and agree to the above conditions. I authorize written and verbal correspondence with the child's county social worker pertaining to the information gathered for foster care and/or adoption planning. I also authorize the release of the written home study by Children's Bureau of Southern California to the parties indicated below:

Children's Bureau Staff

Child's County social worker & agency

Co-Applicant

\_\_\_\_\_  
Other

I understand that this authorization can be revoked at any time. Unless revoked, this authorization will be considered valid until the termination of my relationship with Children's Bureau of Southern California.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date