

Children living away from home:
Name Sex Age School/Grade/Occupation

Emergency Contact: Name _____ Phone _____
Address _____

How did you hear about our program? _____

Religion _____

Service/Fraternal/Religious Affiliations _____
Foster Parent and/or other Volunteer Experience

Have you ever applied to become a Foster Parent with our program? Yes ___ No ___
If yes, when? _____ If you withdrew prior to approval, why? _____

Have you ever had a Foster Home Study or Adoptive Home Study completed?
Yes ___ No ___ If yes, by whom _____ When _____
Agency address _____

Have you ever been arrested or convicted of a crime? Yes ___ No ___ If yes, please explain

_____ Date _____

Have you had any moving traffic violations? _____

Have you had any physical or emotional illness in the past five years?

Wife's Information:

Please circle education completed:
Grammar School High School College PostGraduate
If college or post graduate, major area of study _____
Other training _____

Present Employer _____
Address _____
Position _____ Salary _____

Military Service _____ If yes, Branch _____ Rank _____
Years of Service _____ Type of Discharge _____ Date of Discharge _____

Husband's Information:

Please circle education completed:
Grammar School High School College PostGraduate
If college or post graduate, major area of study _____
Other training _____

Present Employer _____

Address _____
Occupation _____ Salary _____

Military Service _____ If yes, Branch _____ Rank _____
Years Service _____ Type of Discharge _____ Date of Discharge _____

Personal References: Please list people who have known both of you (if married) well over the years, but are not related to you.

1. Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship to applicant(s) _____

2. Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship to applicant(s) _____

3. Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship to applicant(s) _____

Please list 1 reference who **is** related to you:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship to applicant(s) _____

Directions to your home from Connections Office:

FOSTER PARENT ACCEPTANCE POLICY

Connections, a treatment foster care program under Commonwealth Catholic Charities, is a statewide program and is accredited by the Counsel on Accreditation of Services for Families and Children. It is also a licensed Private Child Placing Agency in the Commonwealth of Virginia. Connections links special needs children and teenagers with treatment foster families and provides a variety of support services designed to help youth adjust to their environment and become self-sufficient adults.

While Connections is an interfaith and interracial organization, certain factors will be evaluated by professional staff in determining whether an applicant may be considered for a position as a Connections Foster Parent. Consideration must be given to such factors as the health, personality, behavior, employment, and education status of the applicant, which, in the judgment of professional agency staff, might have an adverse impact on their relationship with a Connections minor.

Information given by you will be kept in strict confidence, and will only be accessible by staff of Commonwealth Catholic Charities.

The undersigned acknowledges and agrees that: he/she is not obligated if called upon to perform the services herein applied for, and that the agency is not obligated to place, or actively seek to place foster children.

If for any reason, the undersigned applicant is not accepted as a foster parent, all information obtained through our intake procedures will remain the property of Connections, Commonwealth Catholic Charities. Applicants who are not accepted will not necessarily be told of reasons for non-acceptance as to do so could jeopardize the screening policies.

In the event an applicant is approved and begins providing services to a Connections minor, the undersigned agrees that: the legal guardian and/or Connections reserves the right to terminate the relationship between a foster parent and a Connections Program minor, if in the opinion of the legal guardian and/or professional staff, this action is in the best interest of the minor. Further, in the event of such termination by the legal guardian or professional staff, Connections is not obligated to provide the foster parent with any specific reasons for such termination.

Applicant(s) _____ Date _____

(Rev. 6/03) _____ Date _____