



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 DIVISION OF FAMILY SERVICES  
**FOSTER/ADOPT HOME ASSESSMENT APPLICATION**

PRIMARY INTEREST
<input type="checkbox"/> FOSTERING
<input type="checkbox"/> ADOPTING

**PLEASE COMPLETE ALL SPACES ACCURATELY AND COMPLETELY, APPLICATION DOES NOT PLACE YOU UNDER ANY OBLIGATION TO DFS.**

I. APPLICANT 1			APPLICANT 2				
NAME LAST, FIRST, M.I., MAIDEN			NAME LAST, FIRST, M.I., MAIDEN				
BIRTH DATE		BIRTHPLACE	BIRTH DATE		BIRTHPLACE		
SEX	RACE	CHURCH ATTENDED, IF ANY		SEX	RACE		CHURCH ATTENDED, IF ANY
LAST SCHOOL GRADE ATTENDED			LAST SCHOOL GRADE ATTENDED				
NAME/PLACE OF LAST SCHOOL			NAME/PLACE OF LAST SCHOOL				
COLLEGE DEGREE/MAJOR			COLLEGE DEGREE/MAJOR				
OCCUPATION		DATE EMPLOYED (PRESENT JOB)	OCCUPATION		DATE EMPLOYED (PRESENT JOB)		
WORKING HOURS	WORK TELEPHONE		WORKING HOURS	WORK TELEPHONE			
MILITARY SERVICE		RANK	MILITARY SERVICE		RANK		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO				
TYPE OF DISCHARGE		DATE	TYPE OF DISCHARGE		DATE		

**II. HOUSEHOLD COMPOSITION**  
**COMPLETE FOR EVERYONE LIVING IN THE HOME UNLESS LISTED ABOVE. ATTACH ADDITIONAL PAGES, IF NECESSARY.**

NAME	BIRTH DATE	RELATIONSHIP	NAME OF SCHOOL	GRADE

**COMPLETE FOR ALL CHILDREN NOT LIVING IN THE HOME. ATTACH ADDITIONAL PAGES IF NECESSARY.**

NAME	BIRTH DATE	RELATIONSHIP	ADDRESS

**III. MARITAL STATUS AND HISTORY**

**MARITAL STATUS:** (S) SINGLE, (SEP) SEPARATED, (M) MARRIED, (D) DIVORCED, (W) WIDOWED

APPLICANT 1			APPLICANT 2		
<b>FORMER MARRIAGE(S), IF APPLICABLE ATTACH ADDITIONAL PAGES, IF NECESSARY</b>					
APPLICANT 1			APPLICANT 2		
FORMER SPOUSE'S NAME			FORMER SPOUSE'S NAME		
DATE MARRIED	DATE OF DIVORCE	DATE OF DEATH	DATE MARRIED	DATE OF DIVORCE	DATE OF DEATH
<b>PRESENT MARRIAGE, IF APPLICABLE</b>					
DATE OF MARRIAGE		PLACE OF MARRIAGE			
HAVE THERE BEEN ANY SEPARATIONS DURING THIS MARRIAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, WHEN & HOW LONG?					

**IV. REFERENCES**

LIST 5 (FIVE) PEOPLE WHO KNOW YOU WELL. INCLUDE 3 NON-RELATIVES AND 2 RELATIVES

NAME	ADDRESS	ZIP CODE	TELEPHONE NUMBER
1.			
2.			
3.			
4.			
5.			

**V. SUPPLEMENTAL INFORMATION**

IF YOU HAVE FOSTERED OR ADOPTED A CHILD(REN), NAME SOURCE FROM WHICH CHILD(REN) WAS (WERE) OBTAINED

\_\_\_\_\_

GIVE NAME OF ADOPTED CHILD(REN), DATE AND PLACE OF ADOPTION(S) COMPLETED \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED TO THIS AGENCY?  YES  NO RESULT OF APPLICATION \_\_\_\_\_

NAME OTHER AGENCIES TO WHICH YOU HAVE APPLIED TO FOSTER OR ADOPT \_\_\_\_\_

RESULT OF APPLICATION(S) \_\_\_\_\_

Have you previously been studied in regard to a child custody (divorce) matter?  YES  NO

If yes, where and for whom? \_\_\_\_\_

Are you interested in more information about becoming an emergency foster home?  YES  NO

Why do you wish to foster or adopt a child? \_\_\_\_\_

\_\_\_\_\_

Child(ren) desired: Age Range \_\_\_\_\_ Sex \_\_\_\_\_ Number \_\_\_\_\_

Would you be willing to accept a child of a race other than your own?  YES  NO

Would you be willing to accept a child from a different religious background than your own, and allow that child to practice his/her own religious beliefs?

 YES  NO

Would you be willing to actively participate in the development and implementation of a treatment plan designed to provide permanency for a child?

 YES  NOAre you willing to participate in training sessions designed to increase your knowledge about foster/adoptive children?  YES  NO**DO YOU UNDERSTAND THE FOLLOWING:**

IF YES, PLACE "Y" IN THE BOX PROVIDED, IF NO, PLACE "N". IF YOU NEED MORE INFORMATION ABOUT THIS TOPIC, PLACE AN "M" IN THE BOX.

	THE DIFFERENCE BETWEEN SPECIALIZED AND TRADITIONAL FOSTER CARE?
	THE DIFFERENCE BETWEEN FOSTER CARE AND ADOPTION?
	THAT A FOSTER CHILD'S HISTORY IS CONFIDENTIAL?
	THAT FOSTER PARENTS ARE RESPONSIBLE FOR THE DAY-TO-DAY CARE OF FOSTER CHILDREN?
	THAT FOSTER PARENTS ARE EXPECTED TO BE PARTICIPATING MEMBERS OF THE FAMILY SUPPORT TEAM?
	THE DIFFERENT PAYMENT RATES FOR FOSTER CHILDREN?
	THAT FOSTER CARE DOES NOT AUTOMATICALLY LEAD TO ADOPTION?
	THAT LICENSING AS A FOSTER HOME DOES NOT GUARANTEE PLACEMENT OF A CHILD?
	THAT APPROVAL AS AN ADOPTIVE HOME DOES NOT GUARANTEE PLACEMENT OF A CHILD?



**HEALTH CONTINUED**

**CHECK ANY OF THE FOLLOWING WHICH ANY FAMILY MEMBER RECEIVES OR HAS RECEIVED AND PLEASE EXPLAIN ANY ITEMS CHECKED:**

DISABILITY BENEFITS

PSYCHIATRIC/PSYCHOLOGICAL SERVICES

PHYSICAL THERAPY

INDIVIDUAL/FAMILY COUNSELING

MARITAL COUNSELING

SOCIAL SERVICES

SPECIAL EDUCATION

I UNDERSTAND THAT MY SIGNATURE ON THIS APPLICATION GIVES THE DIVISION OF FAMILY SERVICES THE RIGHT TO CONTACT ANY INDIVIDUAL OR AGENCY WHO MAY HAVE INFORMATION REGARDING MY SUITABILITY FOR FOSTER/ADOPTIVE PARENTING. MY SIGNATURE ALSO CERTIFIES THAT INFORMATION THAT I PROVIDE TO THE DIVISION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

I FURTHER UNDERSTAND THAT THE FOSTER PARENT LICENSURE APPLICATION PROCESS AND SUBSEQUENT RELATED ACTIVITY IS A PUBLIC RECORD AND WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. INFORMATION ON PAGES 3 AND 4 OF THIS APPLICATION, AS WELL AS SUPPORTING DOCUMENTATION FOR THOSE PAGES, WILL NOT BE DISCLOSED WITHOUT A COURT OR MY WRITTEN PERMISSION.

APPLICANT SIGNATURE



SOCIAL SECURITY NO.

DATE SIGNED

APPLICANT SIGNATURE



SOCIAL SECURITY NO.

DATE SIGNED

PLEASE ATTACH A PHOTOGRAPH (IF YOU HAVE ONE) OF ALL FAMILY MEMBERS STANDING IN FRONT OF YOUR HOME.

**THANK YOU FOR YOUR APPLICATION AND YOUR INTEREST IN OUR PROGRAMS.**