

## Application for Approval by the Department of Human Services to Care for a Child in the Care or Custody of Public Child Welfare

The Oregon Department of Human Services, Child Welfare (the Department) acknowledges your interest in caring for a child needing a temporary or permanent home due to involvement in the child welfare system. The Department needs caring families and individuals committed to providing a safe and nurturing home. Children in care or custody are the responsibility of the Department and the safety of children is paramount. The Department must conduct a thorough assessment of families wishing to foster or adopt. The assessment process is thorough and in-depth, covering information people do not generally share with family, friends or neighbors.

The assessment process will include gathering current and historical information about, but not be limited to:

Physical health

• Public assistance

· Child welfare involvement

Mental health

- Legal system involvement
- Substance abuse

Family dynamics

Finances

Employment

Documentation of marriages, divorces, deaths, or other dynamics of ones life may be required.

#### **Acknowledgements**

- The Department is required by law to report cases of suspected child abuse and child welfare policy requires employees to report disclosures of child abuse, when the abuse has not previously been reported.
- The Department maintains an applicant's information as confidential and will only release information after obtaining a signed release of information or when legally permitted, or when legally required.
- Assessment information may be gathered by any means available to the Department.
- The request to view your social security number and consent to its use is voluntary. It will be used only as an identification number for background and record checks and will not be given to the general public. By signing this application you consent to disclosure of your social security number to others if such disclosure is necessary for the purpose stated above. Failure to provide your social security number will not be used as a basis to deny you any right, benefit or privilege provided by law.
- Falsification or omission of information on this application or supporting documentation could disqualify an applicant(s).
- The application may be denied if requested information is not submitted within 90 days from a written request from the Department.
- The interview process includes couples being interviewed together and requires sharing information with each other. When a home study document is completed the applicants receive a copy of the completed home study document.
- Your name and phone number may be provided to the Oregon Foster Parent Association

Your signature below indicates you understand the information above.

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Signature applicant 1	Date	
Signature applicant 2	Date	

This document can be provided upon request in alternative formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact us at 503-945-6653, email Foster.CARE@state.or.us or 711 for TTY.

Type of applicant: (Check all that apply.)						
	☐ Foster care [	Child specific		☐ Relative	□ Name and allow	
	Adoption [	Assisted gua		General	☐ Non-relative	
_	Last name:		First name	:	Middle name:	
Applicant 1 Personal information	Other names used:				citizen or legal resident ∕es ☐ No	
ant 1 form	Gender: Date of birth:	Birthplac				
Applicant onal inforn	Separa	<del></del>	☐ Marrie ☐ Widow	red 🔲 🛚	Divorced Domestic partner	
A	Highest grade completed: De	egree:	Social	Security number:	Religion:	
Pe	Primary phone:	Second ph	one:	Email address:		
Race	(optional, check all that apply)  ☐ Asian (A) ☐ Black or African American (B) ☐ American Indian or Alaskan Native (I) ☐ Unable to determine (U) ☐ White (W)					
Ethnic background (optional):						
	Last name:		First name		Middle name:	
ation	Other names used:				Litizen or legal resident ∕es ☐ No	
ant 2 form	Gender: Date of birth:	Birthplac	ce:			
Applicant 2 Personal information	☐ Separa		☐ Married   ☐ Divorced     ☐ Widowed   ☐ Domestic partner			
A		egree:			Religion:	
P	Primary phone:	Second ph	one:	Email address:		
ě	(optional, check all that apply)		☐ Black or	African American	(B)	
Race	☐ American Indian or Alaskan N☐ Unable to determine (U)	lative (I)	****	lawaiian or other P	• •	
Ethnic background (optional):						
	Home address:				Apartment no.:	
Residential information	City:	State:	County:		ZIP code:	
	Mailing address (if different than above home address):  Apartment no.:					
side	City:	State:	County:		ZIP code:	
Reinf	Cell phone/home:	Other num	mber: Email addre		ddress:	
	Length of time living together?	If married,	d, date and place of marriage:			

### References and emergency contacts

Please provide **four references** who have known you well as an individual, couple or family only two may be your relatives. The individuals you list must be able to answer questions regarding your character, relationship skills and parenting abilities. The Department may contact other individuals not listed by you as part of the assessment process. Please provide the names and contact information of at least two individuals with whom you are likely to remain in contact if displaced due to a natural disaster; one should be in a different city or state. If emergency contacts are other than your references, list them at the end of this section.

#### References

1. Name:		Relative:	☐ No
Cell/home phone:			
Other number:		Email address:	
Street address:		City:	
State:		Emergency contact: Yes	☐ No
2 Name		Relative:	□No
			L INU
Cell/home phone:			
Other number:			
Street address: State:	715	City: City: Yes	☐ No
	ZIP code:	<u> </u>	
3. Name:		Relative: ☐ Yes	☐ No
Cell/home phone:			
Other number:			
Street address:			
State:	7IP code:	Emergency contact: Yes	☐ No
4. Name:		Relative:	☐ No
Cell/home phone:		Phone number (work):	
Other number:			
Street address:			
State:	ZIP code:	Emergency contact:  Yes	
Emergency contacts (if no	t indicated above)		
Name:	Phone no.:	Email:	
Name:	Phone no.:	Email:	

Street address:			City:	County	•
ZIP code:	Phone number (ho	per (home): Email address Cell nur			
ist all individua	ls living at the applica	ant's addres	ss		
Name:		Birth date:	Gender:	Relationship to applicant(s):	Applicant 1 or 2:
- AAL-AAAM					
ist all applicant	s' children not living	in the home	Includ	o adult children	
	s children not living	in the nome	z – meiuu T	Current	Child of
Name:		Birth date:	Gender:	city/area code and phone number:	applicant 1 or 2:
				1	
				1	
		No klassa fish Walasia da Gasal Anton a Maria Mari		1	
				1	
				1	
Applicant 1 — fo	rmer marriages				
Name:	Dat	te married:	State	: Divorce date:	State:
4.44					
		- Control - Track - Miles III - Control - Cont			
Applicant 2 — fe	ormer marriages		<u> </u>		
Name:	Da	te married:	State	: Divorce date:	State:
			I		1

## List applicant's parents and/or step parents **Applicant** Relationship to Phone number: Age: Name: 1 or 2: applicant(s): Siblings of applicant 1 Relationship to applicant(s): Age: Phone number: Name: Siblings of applicant 2 Age: Phone number: Relationship to applicant(s): Name: Has either applicant ever been the victim of child abuse, assault, domestic violence or other violent Applicant 2 Yes Applicant 1 No Yes event/act? Has any certificate, license or approval issued to either applicant, for the purpose of caring for a child or adult, been suspended, revoked, withdrawn or denied? No Yes (If yes, complete below.) Has either applicant ever applied to care for a child or adult with any public or private agency - this would include daycare, adult foster care, or developmental disabilities services? No Yes (If yes, complete below.) Adult or child: State: Applicant 1 Applicant 2: Agency name: Date: Has either applicant, or any member of your household been involved in or have been the subject of any allegation regarding child, adult, or animal abuse or neglect? No Yes (If yes, complete below.) Disposition: Allegation: Location: Applicant/household member name: Date:

# **Current employment**

Applicant 1		Applicant 2			
Occupation:	Occupation:	Occupation:			
Current employer (if applicable):	Current employ	er (if applicable):			
Address:		Address:			
Phone:	Start date:	Phone:		Start date:	
Email:		Email:			
Supervisor:		Supervisor:			
Residential history	2-29-14-14-14-1			A CONTRACTOR OF THE CONTRACTOR	
When did you move to your curr	ent residence?	Month:	Year:		
If you have lived at your current five years.	residence less	than five years, co	mplete the following f	or the last	
1. Complete address:(street addres	s)	(city)	(state)	(ZIP code)	
Dates at address:	From (month/	/year):	To (month/yea	r):	
2. Complete address:(street addres	s)	(city)	(state)	(ZIP code)	
Dates at address:	From (month/	/year):	To (month/yea	r):	
3. Complete address:(street addres	s)	(city)	(state)	(ZIP code)	
Dates at address:	From (month/	/year):	To (month/yea	r):	
4. Complete address:(street addres	s)	(city)	(state)	(ZIP code)	
Dates at address:	From (month/	'year):	To (month/yea	r):	
5. Complete address: (street address	s)	(city)	(state)	(ZIP code)	
Dates at address:	From (month/	/year):	To (month/yea	r):	

The undersigned authorizes the Department, to conduct an assessment to determine the appropriateness of the applicant(s), to care for a child or young adult in the care or custody of the Department or other public child welfare agency and affirms the information on this application is true and correct to the best of his or her knowledge.

The undersigned also acknowledges the specific and sole purpose of any assessment and home study produced, is to determine the ability of the applicant to comply with standards required by the Oregon Department of Human Services, Child Welfare Program, for the sole purpose of consideration as a resource for the temporary or permanent placement of a child through the Department.

The undersigned will comply with assessment requirements and, if approved, ongoing requirements of Standards for Certification of Foster Parents, Relative Caregivers and Approval of Potential Adoptive Resources (OAR 413-200-0301 through 413-200-0396) and adoption applications, adoption home studies and Standards for Adoption (OAR 413-120-0190 thru 0246).

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Signature applicant	**************************************	Date			
			1	/	
Signature applicant 2		Date			
Date received at local child welfare office:		1	4-4-1		

Non-discrimination statement: The Department of Human Services (DHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation.

You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office 500 Summer Street NE, E17 Salem, OR 97301

Fax: 503-378-6532

Email: DHS.info@state.or.us

"Equal opportunity is the law!"