



# Red Mountain Family Services, Inc.

♦ PO Box 67197 ♦ Albuquerque, N.M. ♦ 87193-7197 ♦ phone 505.994.0364 fax 505.994.0384

## APPLICATION FOR TREATMENT FOSTER PARENT(S)

The information in this application is used by RMFS in assessing your viability in becoming a licensed treatment foster parent. All information must be truthful and inclusive of all of your family members. If any information is misleading, incorrect or false, you will automatically be eliminated from the application and licensure process.

### Applicant 1

Full Name	Date of Birth	Age	Social Security #
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### Applicant 2

Full Name	Date of Birth	Age	Social Security #
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### Employment:

#### Applicant 1

Current Name, Address, and Phone Number (Please include name of Supervisor)
Past 3 Years, Name, Address, and Phone Number (if different)

#### Applicant 2

Current Name, Address, and Phone Number (Please include name of Supervisor)
Past 3 years, Name, Address, and Phone Number (if different)

**Financial History:** Please complete attached financial statement. All information on the Red Mountain Financial statement must be true, complete, and verifiable.

**Education:**

**Applicant 1**

High School Diploma/GED (select one)	College (Name, subject(s) studied and how long)
Trade School/Certificate Program (Name, subject(s) studied and how long)how long)	College (Name, subject(s) studied and how long)

**Applicant 2**

High School Diploma/GED (select one)	College (Name, subject(s) studied and how long)
Trade School/Certificate Program (Name, subject(s) studied and how long)how long)	College (Name, subject(s) studied and how long)

**Relationship Status:**

**Applicant 1**

Current Relationship (how long):
Past Relationship(s) (how long)

**Applicant 2**

Current Relationship (how long):
Past Relationship(s) (how long)

**Children (Please list all children and indicate if they currently live in the home):**

**1.**

Full Name	Date of Birth	Age	Social Security #	Lives in home? Yes or No	Phone Number (adult children only)

**2.**

Full Name	Date of Birth	Age	Social Security #	Lives in home? Yes or No	Phone Number (adult children only)

**3.**

Full Name	Date of Birth	Age	Social Security #	Lives in home? Yes or No	Phone Number (adult children only)
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**4.**

Full Name	Date of Birth	Age	Social Security #	Lives in home? Yes or No	Phone Number (adult children only)
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**5.**

Full Name	Date of Birth	Age	Social Security #	Lives in home? Yes or No	Phone Number (adult children only)
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**If you have more than five children, please use an additional piece of paper to completely list all children.**

**Others (Please list all others living in the home):**

**1.**

Full Name	Date of Birth	Age	Social Security #
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**2.**

Full Name	Date of Birth	Age	Social Security #
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**3.**

Full Name	Date of Birth	Age	Social Security #
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**Physical Address:**

**Mailing address, if different:**

**Please list all other addresses for the past 5 years:**

**Phone Numbers:** Home:

Cell:

Work:

**Please draw us a map to get to your home:**



**Please tell us how to get to your home:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any health problems of anyone currently living in your home:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list current and past medical problems, hospitalizations (dates), including any that address mental health, substance abuse or behavioral health disorders and how these issues are currently being treated for anyone living in the home:

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Have you ever applied for a foster parent, treatment foster parent or child care license? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when and with whom did you apply? Please list the state applied in as well.

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If granted a license, how long did you have the license and what were the circumstances of relinquishing the license(s)?

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Have you ever had a license for foster care, treatment foster care or child care that was revoked or not renewed by the licensing agency? If yes, when, where, and why? \_\_\_\_\_

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**Criminal History:**

**Applicant 1**

Past Arrest History (Please include approximate dates of any arrests, including cases that were dropped or dismissed)
Charges (Please list a description of charges and if they were a felony or misdemeanor)
Out come of arrest(s)

**Applicant 2**

Past Arrest History (Please include approximate dates of any arrests, including cases that were dropped or dismissed)
Charges (Please list a description of charges and if they were a felony or misdemeanor)
Out come of arrest(s)

**Have you ever spent time in prison or jail? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If so, when, where and for how long? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been detained by the police, even for a short while?  
Yes \_\_\_\_\_ No \_\_\_\_\_**

**If so, when, where and for how long? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been accused of abuse or neglect on a child or adult? What were the circumstances regarding the situation? Were the allegations found to be substantiated or unsubstantiated? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about our therapeutic foster program?**

Licensed TFC Parent: \_\_\_\_\_ Family: \_\_\_\_\_ Friends: \_\_\_\_\_  
Newspaper: \_\_\_\_\_ Church: \_\_\_\_\_ Brochure: \_\_\_\_\_  
Another Agency: \_\_\_\_\_ Other: \_\_\_\_\_

**Please tell us why you would like to be licensed as a treatment foster parent with Red Mountain Family Services:** \_\_\_\_\_

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**Please list the names, addresses, and phone numbers of three persons other than relatives who have knowledge of your character and suitability to be treatment foster parents:**

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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