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

Applicant 2 Full Name Date of Birth Age Social Security # 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)	Full Name	Date of Birth	Age	Social Security #
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)	Applicant 2	<u> </u>		<u> </u>
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Current Name, Address, and Phone Number (Please include name of Supervisor)	Applicant 2			
Past 3 years, Name, Address, and Phone Number (if different)	Current Name, Address, and Phone	Number (Please include name	of Sup	ervisor)
Past 3 years, Name, Address, and Phone Number (if different)				
	Past 3 years, Name, Address, and F	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	College (Name, subject(s) studied and how long)
(Name, subject(s) studied and how long)how long)	

Applicant 2

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:

Augusta and A
Applicant 1
Current Relationship (how long):
Deat Deletionality (a) (how leave)
Past Relationship(s) (how long)
Applicant 2
Current Relationship (how long):

Current Relation	onship (how long):		
Past Relations	hip(s) (how long)		
L			

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

Full Name

Date of Birth Age Social Security # Lives in home? Yes or No (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 S	Security	y #	Lives in home? Yes or No	Phone Number (adult children only)
4.							
Full Name	Date of Birth	Age	Social S	Security	y #	Lives in home? Yes or No	Phone Number (adult children only)
5.	I						
Full Name	Date of Birth	Age	Social S	Security	y #	Lives in home? Yes or No	Phone Number (adult children only)
If you have more than five completely list all childre Others (Please list all oth 1.	n.				dditic	onal piece of	paper to
Full Name	Date of Birth			Age	Socia	Il Security #	
2.							
Full Name	Date of Birth			Age	Socia	l Security #	
3.	l						
Full Name	Date of Birth			Age	Socia	l Security #	
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Physical Address:							
Mailing address, if different:							
Please list all other addre	esses for th	e pas	st 5 yea	ars:			

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 <u>anyone</u> currently living in your home:

any that address mental health, substance abuse or behavioral healt and how these issues are currently being treated for anyone living in	h disorders
Have you ever applied for a foster parent, treatment foster parent or license? Yes No	child care
If so, when and with whom did you apply? Please list the state applie	ed in as well.
If granted a license, how long did you have the license and what were circumstances of relinquishing the license(s)?	e the
Have you ever had a license for foster care, treatment foster care or other that was revoked or not renewed by the licensing agency? If yes, when and why?	
Criminal History:	
Applicant 1 Past Arrest History (Please include approximate dates of any arrests, including cases that were dro	opped 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 appre	oximate dates of any ar	rrests, including cases that were dropped or dismissed)
Charges (Please list a description of cha	rges and if they were a	felony or misdemeanor)
Out come of arrest(s)		
out come of arrest(s)		
Have you ever spent time in	prison or jail?	Yes No
	. ,	
If so, when, where and for he	ow long?	
, ,	<u> </u>	
Have you ever been detained	d by the police, a	even for a short while?
Yes No		
If so, when, where and for he	ow long?	
		glect on a child or adult? What were
		Were the allegations found to be
substantiated or unsubstant	iated?	
		
How did you hear about our	therapeutic fost	er program?
Licensed TFC Parent:	•	Friends:
Newspaper:		Brochure:
Another Agency:	Other:	

Please tell us why you would like to be licensed as a treatment foster parent with Red Mountain Family Services:				
ease	list the names, addresses, and phone numbers of three persons other			
an re	latives who have knowledge of your character and suitability to be			
eatme	ent foster parents:			
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I UNDERSTAND THAT RED MOUNTAIN FAMILY SERVICES IN CONJUNTION WITH CYFD WILL COMPLETE FBI, STATE AND LOCAL CRIMINAL CHECKS. ALL OF THESE CRIMINAL CHECKS AND THE HOME STUDY MUST CLEAR YOU IN ORDER TO BE LICENSED AS A TREATMENT FOSTER PARENT WITH RED MOUNTAIN FAMILY SERVICES.

A LICENSE SHALL BE GRANTED OR DENIED BASED UPON THE ASSESSMENT OF THE APPLICANT'S APPLICATION AND PARTICIPATION IN THE LICENSING PROCESS. I CONSENT TO BACKGROUND CHECKS AND A SAFE HOMESTUDY BY SUBMITTING THIS APPLICATION. THE ISSUANCE OF A FOSTER PARENT LICENSE IS NOT A RIGHT.

I agree by signing this application that all of the reported information is true and correct. I understand that if any of this information is ever found to be misleading, incorrect or falsified that Red Mountain Family Services has the right to deny or revoke a license to provide treatment foster care issued by them.

By signing this application I assert, that if approved and licensed, that I will adhere to the applicable statues and regulations applying to foster care homes.

Applicants Signature(s):	
Applicant 1	Date
Applicant 2	Date
Reviewed by Red Mountain Family Services, Inc staff:	
Date:	
Comments by reviewer:	