



Tennessee Department of Children's Services  
**Resource Family Application For Parenting**

<b>Applicant</b>					<b>Social Security Number</b> - -	
		<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>		
<b>Primary Language</b>		<b>Secondary Language</b>			<b>Work/Cell Telephone Number</b> ( ) -	
<b>Co-Applicant</b>					<b>Social Security Number</b> - -	
		<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>		
<b>Primary Language</b>		<b>Secondary Language</b>			<b>Work/Cell Telephone Number</b> ( ) -	
<b>Address</b>					<b>Home Telephone Number</b> ( ) -	
<i>Street Address (Apt.#)</i>						
					<b>Emergency/Alternate Number</b> ( ) -	
<i>City</i>			<i>State</i>	<i>Zip Code</i>		

*Use additional pages if necessary.*

	<b>Applicant</b>	<b>Co-Applicant</b>
<b>Birth date</b>		
<b>Gender</b>	Female <input type="checkbox"/> Male <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Race</b>		
<b>Hispanic Origin</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Religion/Affiliation</b>		
<b>Have you been a legal Tennessee resident for the last six months?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Last Grade Completed</b>		
<b>Marital Status (include date)</b>		
<b>Previous Marriage(s) (previous spouse's name, date/city/state)</b>		
<b>Date(s) Terminated (previous spouse's name, specify death, annulment or divorce)</b>		
<b>Military Service (dates)</b>		
<b>While in Military Service, were you ever convicted by a General Court Martial?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Occupation</b>		
<b>Employer</b>		
<b>Annual Income</b>		

<b>Children</b>						
			<b>Birth Date</b>	<b>Social Security Number</b> - -		
<i>Last Name First Name Middle Initial</i>						
<b>Primary Language</b>		<b>Secondary Language</b>		<b>Race</b>	<b>Hispanic Origin</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Gender</b> Female <input type="checkbox"/> Male <input type="checkbox"/>	<b>School/Grade or Occupation</b>			<b>In/Out of the Home</b>	<b>Relationship</b>	
			<b>Birth Date</b>	<b>Social Security Number</b> - -		
<i>Last Name First Name Middle Initial</i>						
<b>Primary Language</b>		<b>Secondary Language</b>		<b>Race</b>	<b>Hispanic Origin</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Gender</b> Female <input type="checkbox"/> Male <input type="checkbox"/>	<b>School/Grade or Occupation</b>			<b>In/Out of the Home</b>	<b>Relationship</b>	
			<b>Birth Date</b>	<b>Social Security Number</b> - -		
<i>Last Name First Name Middle Initial</i>						
<b>Primary Language</b>		<b>Secondary Language</b>		<b>Race</b>	<b>Hispanic Origin</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Gender</b> Female <input type="checkbox"/> Male <input type="checkbox"/>	<b>School/Grade or Occupation</b>			<b>In/Out of the Home</b>	<b>Relationship</b>	

Please disregard all previous versions prior to the date listed below. Always check "Forms" Website for most current version.

Distribution: Resource Home Case File

		Birth Date	Social Security Number
<i>Last Name</i> <i>First Name</i> <i>Middle Initial</i>			- - -
Primary Language	Secondary Language	Race	Hispanic Origin Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender Female <input type="checkbox"/> Male <input type="checkbox"/>	School/Grade or Occupation	In/Out of the Home	Relationship

<b>Others In The Home</b>			
		Birth Date	Social Security Number
<i>Last Name</i> <i>First Name</i> <i>Middle Initial</i>			- - -
Primary Language	Secondary Language	Race	Hispanic Origin Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender Female <input type="checkbox"/> Male <input type="checkbox"/>	School/Grade or Occupation	In/Out of the Home	Relationship

<b>Reference Information From Individuals Living Outside The Home</b>				
	<b>Name</b>	<b>Address</b>	<b>Telephone #</b>	<b>Relationship</b>
Applicant (Relative)			( ) -	
Co-Applicant (Relative)			( ) -	
Reference (Non-Relative)			( ) -	
Reference (Non-Relative)			( ) -	
Reference (Non-Relative)			( ) -	

Have you had previous involvement with the Department of Children's Services? Yes  No

If yes, please summarize your involvement and the time frame during which this took place.

Have you previously applied to be a foster and/or adoptive parent with another agency? Yes  No

If yes, when and with what agency?

Please disregard all previous versions prior to the date listed below. Always check "Forms" Website for most current version.

How did you hear about our agency?

**Type of Child You Hope To Parent**

Gender: Male  Female  Either  Age Range: Youngest  
Oldest

Kinship Only: Yes  No  Sibling Group: Yes  No  Teen Mothers: Yes  No

If yes, how many children would you consider fostering/adopting at this time?

Note: By end of the preparation process, the description of the child you hope to parent may change. If so, you will have the opportunity to redefine the child you feel you can most successfully parent. As a resource parent you are encouraged to update this information as you continue to redefine the child you wish to parent.

**Legal**

Are you currently charged with, or have you ever been convicted of, placed on probation or received a suspended sentence in Tennessee or any other state for:

- |   | Applicant                    |                             | Co-Applicant                 |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Any crime involving children?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Any crime of violence against another person?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Possession, sale manufacturing or transportation of drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Any other crime?<br>(explain)                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Is there any other information you need to disclose?

This form is merely a statement of intentions and can be withdrawn by the applicant at any time. We do  do not  consent to the release of our names for the mailing list of foster or adoptive parent associations, training and newsletters. Signature of applicant(s) authorizes the Department of Children's Services to contact the references listed on the application form and authorizes said references to respond to the inquiry.

I certify that the information I am providing in this application is correct and complete to the best of my knowledge, information and belief. I am aware that should investigation show any falsification or material misrepresentation, I will not be considered for a resource parent, or if serving as a resource parent, my home will be closed and will be disqualified from future consideration. In addition, I understand that the information on this form including my approval status may be shared or provided to other child placing agencies.

Applicant's Signature

Date

Co-Applicant's Signature

Date