



Application for Prospective Foster/Adoptive Parent

14900 Bogle Drive, Suite 200, Chantilly, VA 20151-1652
703-817-9890 • FAX 703-817-9860 • www.fcsva.org

Thank you for your interest in becoming a foster/adoptive parent with For Children's Sake of Virginia! By completing this application, you are taking a big step in joining us. If you need more space to fully answer or provide all the information needed for a question below, attach additional sheets as needed. If you have any questions or concerns throughout the application process, do not hesitate to contact us.

Prospective Family Name _____

Prospective Family Address _____ *Street Number*
_____ *City, State, Zip*

Prospective Parent 1	Prospective Parent 2 (if applicable)
Name: _____ <i>Last, First, MI</i>	Name: _____ <i>Last, First, MI</i>
Date of Birth: _____ <i>Month, Day, Year</i>	Date of Birth: _____ <i>Month, Day, Year</i>
Place of Birth: _____ <i>County, State</i>	Place of Birth: _____ <i>County, State</i>
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Social Security Number: _____	Social Security Number: _____
Driver's License Number: _____	Driver's License Number: _____

Who is the preferred primary contact? What are the best times to reach him/her?



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Why do you want to be a FCSVA Family?

How did you hear about FCSVA? _____

What experience do you have working with children?

Please select the type of child or children you and members of your household would prefer to host (select all that apply):

- Male Female Transgender No preference
- African-American Asian Bi-racial Caucasian Hispanic Other _____
- Child (0-8) Older child/young teen (8-15) Older Teen (15+)
- Pregnant Teen Teen Mom with custody of child Siblings

Are you open to adoption? Yes No

Are you willing to do respites? Yes No

*If Yes, what ages: _____

Are there any specific behaviors that you would not be comfortable with? (i.e. physical aggression, sexualized behavior)



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Foster Home and Residency Information

How long have you been at your current address (listed on page 1 of application)?

Mailing Address (if different than above): _____ Street Number

_____ City, State, Zip

What is your available bed space for a foster child (beds/rooms)? _____

Do you have a computer with internet access at home?

Yes No

Do you have a landline telephone in your home?

Yes No

Please provide any prior addresses in the past **five years**, for both prospective parents:

Name of resident at time of residency: _____

Dates: _____

Street Number and Address: _____

City, State, Zip (and country, if outside of USA): _____

Name of resident at time of residency: _____

Dates: _____

Street Number and Address: _____

City, State, Zip (and country, if outside of USA): _____

Name of resident at time of residency: _____

Dates: _____

Street Number and Address: _____

City, State, Zip (and country, if outside of USA): _____

**please use additional paper if needed*



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Household Demographic Information

Prospective Parent 1	Prospective Parent 2 (if applicable)
Ethnicity: _____	Ethnicity: _____
Languages spoken: _____	Languages spoken: _____
Marital Status: _____ <i>If applicable, please include date of current marriage</i>	Marital Status: _____ <i>If applicable, please include date of current marriage</i>
Previous Marriage (please include previous names, dates of marriage(s) and date and reason(s) for dissolution(s): 1. _____ _____ _____ 2. _____ _____ _____	Previous Marriage (please include previous names, dates of marriage(s) and date and reason(s) for dissolution(s): 1. _____ _____ _____ 2. _____ _____ _____



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Please list all children from either parent below:

Name _____ Age & Date of Birth _____

Residence _____

For adult children not currently living at home:

Email _____ Telephone _____

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Name _____ Age & Date of Birth _____

Residence _____

For adult children not currently living at home:

Email _____ Telephone _____

--

Name _____ Age & Date of Birth _____

Residence _____

For adult children not currently living at home:

Email _____ Telephone _____

--

Name _____ Age & Date of Birth _____

Residence _____

For adult children not currently living at home:

Email _____ Telephone _____

--

Name _____ Age & Date of Birth _____

Residence _____

For adult children not currently living at home:

Email _____ Telephone _____



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Please list all other members of household below:

Name _____

Date of Birth _____

Relationship _____

Lived out of VA in past 5 years (if so, please list which states)? _____

Name _____

Date of Birth _____

Relationship _____

Lived out of VA in past 5 years (if so, please list which states)? _____

Name _____

Date of Birth _____

Relationship _____

Lived out of VA in past 5 years (if so, please list which states)? _____



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Education and Occupation Information

Prospective Parent 1	Prospective Parent 2 (if applicable)
Education: _____	Education: _____
<i>Indicate highest grade or degree completed</i>	<i>Indicate highest grade or degree completed</i>
Occupation: _____	Occupation: _____
Present Employer: _____	Present Employer: _____
Annual Salary: _____	Annual Salary: _____
Work Schedule: _____	Work Schedule: _____
_____	_____
_____	_____
<i>Please list employment history for the last five years, including: position, company name and length of employment</i>	
1. _____	1. _____
_____	_____
_____	_____
2. _____	2. _____
_____	_____
_____	_____



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Foster Family Name _____

Date _____

Monthly Income		Describe
Total NET Income from all jobs	\$	
Income from bank accounts/investments/ rental property, etc.	\$	
Income from social security, disability, etc.	\$	
Income from child support, alimony, retirement, etc.	\$	
Foster Child Stipend (including VEMAT)		
Total 1	\$	
Monthly Expenses		Describe
<i>Housing: please note number of people living in home here(including foster children) _____</i>		
Mortgage	\$	
Rent	\$	
Second Home Mortgage	\$	
HOA fees	\$	
Homeowners or renters insurance	\$	
Property taxes (if not in mortgage)	\$	
Maintenance and Repairs	\$	
Electric	\$	
Natural gas/oil/propane	\$	
Water	\$	
Garbage/trash	\$	
Cable/Internet/Phone	\$	
Groceries	\$	



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Household supplies/cleaning	\$	
Total 1	\$	
Transportation		
Car payment(s)	\$	
Car Insurance	\$	
Gasoline	\$	
Public Transportation	\$	
Repairs/oil/tires, etc.	\$	
Total 2	\$	
Entertainment		
Movies/concerts	\$	
Clubs/sports/memberships	\$	
Meals	\$	
Misc.	\$	
Total 3	\$	
Personal		
Clothing (estimate amount spent in a year, divide by 12)	\$	
Health and Beauty (make up, nails, hair products, etc.)	\$	
Toiletries (shampoo, soap, toilet paper, etc.)	\$	
Laundry and dry cleaning	\$	
School tuition and supplies	\$	
Daycare/babysitting	\$	
Child Support	\$	
Health Insurance (if not deducted from gross income)	\$	
Total 4	\$	



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Miscellaneous		
Vacation	\$	
Pet expenses	\$	
Charity/church donations	\$	
Newspaper/magazines	\$	
Tobacco	\$	
Foster Child Expenses (non-reimbursable)		
Total 5	\$	
Savings		
Deposits to bank account	\$	
Investment spending/retirement (what do you put in to investments)	\$	
Emergency Funds	\$	
Total 6	\$	
Debts		
Credit Card Debt (how much total debt)	\$	
Credit Card Debt Cont'd	\$	
Credit Card Debt Cont'd	\$	
Credit Card Debt (how much do you pay off each month)		
Student Loan Debt (total)	\$	
Student Loan Debt (how much you pay off each month)		
Misc. Debt	\$	
Total 7	\$	
Total Monthly Expenses (add totals 1 through 7)		\$
Total Difference (subtract net monthly expenses from net monthly income)		\$

Attach 2 Most Recent Pay Stubs **Per Job**

If Pay Stubs are not available, please attach most recent W-2.z



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Medical History

Has anyone in your household had difficulties in the following areas? Put "X" as appropriate:			
Disorder/disease of the heart, lungs liver, pancreas, colon, back, bones, muscles or joints?			
Disorder/disease of the digestive system, urinary tract, kidneys, reproductive system/infertility?			
Immune disorder, AIDS, ACR or chronic lung disorder?			
Stroke, paralysis, leukemia, cancer, tumors, neurological or seizure disorder, arthritis, or birth defect?			
Mental, nervous, or behavioral disorder, chemical imbalance, alcoholism or drug abuse or addiction?			
Diabetes?			
High blood pressure?			
Has anyone been advised to have or contemplated having diagnostic tests, treatment(s) (including medications), counseling or hospitalization for any condition not already mentioned or is any one totally or partially disabled?			
Please provide details for any conditions marked with an "X" below:			
Name	Condition & Diagnosis	Dates	Treatment & results
1.			
2.			
Please list any other known serious illnesses, handicaps, chronic conditions or emotional/mental health problems, past or present for all persons living in the home.			
1.	_____		

2.	_____		

3.	_____		



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Previous Foster Experience

Have you or any adult living in your home ever applied to any other agency to be a foster parent?

Yes No

If no, please skip this section. If yes, please answer the following questions:

Name of Agency: _____

Dates of Service: _____

Agency Address and Point of Contact:

Name of Additional Agency (if applicable): _____

Dates of Service: _____

Agency Address and Point of Contact:

What was the name of the training you completed before approval?

What date was this training completed? _____

Have you or any adult living in your home ever been denied a foster care license or license renewal by any agency?

Yes No

If yes, explain: _____



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Is your home currently licensed, regulated, approved, or operated by another agency (either public or private)?

Yes No

If yes:

Name of Agency: _____

Contact Person from previous Agency: _____

Reason for termination w/ previous agency: _____

Has your home ever been licensed, regulated, approved, or operated by another agency (either public or private)?

Yes No

If yes:

Name of Agency: _____

Contact Person from previous Agency: _____

Reason for termination w/ previous agency: _____



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Criminal History

Prospective Parent 1	Prospective Parent 2 (if applicable)
<p>Have you ever been arrested or convicted of a felony or misdemeanor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Have you ever been arrested or convicted of a felony or misdemeanor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Have you ever been reported for abuse or neglect of a child or children?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Have you ever been reported for abuse or neglect of a child or children?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Have you ever been convicted of child abuse or neglect?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Have you ever been convicted of child abuse or neglect?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>



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References

Please list five references that you have known for a minimum of three years. Please list only those with whom your family is well acquainted, and we may contact. Only one contact may be a relative.

Name	Address	Telephone	Email	Relationship



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I hereby declare that the information provided by me in this application for foster parent is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified and understand that if any of this information is found to be inaccurate or false, this may be used to terminate any further consideration of my application. I give my consent for any agencies, employers, companies, friends, or family members to be contacted.

Adult #1

Date

Adult #2

Date

Authorization: Submission of this signed application signifies that all Applicants authorize For Children's Sake to obtain a copy of any consumer or credit report related to this application and to verify any rental history, employment history, or any other information related to this application.

Please send completed application, two most recent pay stubs for each applicant, degree/diploma copies, and marriage certificate/divorce decrees to:

For Children's Sake of Virginia
14900 Bogle Drive, Suite 200
Chantilly, VA 20151

-or-

Fax: (703) 817-9860

-or-

Scan and email: fcsvanow@gmail.com