

Dear Prospective Foster Parent,

The Natchez Children's Home Services appreciates the time and effort you are taking to complete the enclosed application. Sometimes it is difficult to make a good match and the NCHS takes a great deal of time to match applicants and children. The process is **slow** in order to give both the child and the prospective foster parent time to learn about one another and determine if this is truly something they want and are able to do.

Not all children are appropriate for foster homes. Sometimes the child may seem appropriate and after several weeks or months you find that the fit is not a good one with your family. This is unfortunate and is the reason why we take fostering so seriously and go so slowly. These children do not need another failure in their lives. We ask your help in helping us to make the best fit with your family by completely filling out all parts of the enclosed documents.

Along with the enclosed application, please be sure to copy the following documents and include them with your application. Delays in submitting information will, of course, result in a delayed licensure. The following copies of documents are needed:

_____ Marriage License and Divorce Decrees _____ Homeowner's (or Renter's) Insurance
_____ Vehicle Insurance and Registration _____ Vaccinations of Family Pets
_____ Driver's License and Social Security cards for all people living in the home (age 18 and above)

It is also required by our State Licensure Standards that the potential foster parent home be equipped with smoke detectors, a fire extinguisher, a first kit and posted evacuation plans. **Special Note:** For those who submit the online application, please print and mail page 4 (Sketch of Home) and pages 11-12 (Medical Form with MD Signature) and pages 13-14 (Background Checks).

Many blessings to you for helping us "bridge the gap",

NCHS Foster Family Services Staff

MS FOSTER PARENT APPLICATION (Single)

Last Name

First Name(s)

Mailing Address

City and State

Home Telephone Number

Work Telephone Number(s)

I. SOCIAL INFORMATION

A. Foster Parent Name

DOB

City of Birth

County

State

Are you a U.S. citizen?

If naturalized, give location, date, certificate number

National Background

Height

Weight

Eyes

Hair

Highest Grade Completed

Schools Attended

Occupation

Military Experience (Branch, Rank, Dates)

B. Marriage History

Give names, dates, and locations of former marriages. Indicate if mate is deceased, estranged, or divorced with dates and locations.

C. Religion

Name of Church

Pastor

Phone

Address

D. Health

Physician Name

Phone

Address

List medical problems for which you have needed treatment along with the names and addresses of physicians:

Have you had any mental illness for which you have needed treatment and/or hospitalization?
If yes, explain

Have you ever been arrested (as an adult or juvenile)?

If yes, were you convicted?

In reference to any arrests or convictions listed above, please explain the nature of the charges.

II. HOME AND COMMUNITY

Sketch a floor plan of your home or apartment, indicating the name of each room and sleeping plan.

List all persons living in your home, including children, relatives, boarders, and employees.

NAME	DOB	RELATIONSHIP	OCCUPATION
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To which school would you send a child?

III. EMPLOYMENT HISTORY

A. Foster Parent

Place of employment

Address

Position

Hire Date

Annual Income

Supervisor

If employed less than two years give previous:

Place of employment

Address

Position

Hire Date

Annual Income

Supervisor

IV. Comments

PERSONAL QUESTIONNAIRE

As a prospective foster parent, we would like to get to know you. Since your life experiences influence who you are, these questions may be useful in helping you to evaluate your motivations and capabilities in the area of fostering.

Important values/beliefs of your parents.

How are values/beliefs different from or similar to that of your parents (include a statement of your personal religious beliefs)?

Your parents' method of discipline - be specific.

Your method of discipline (for minor and major misbehaviors).

How do your children respond to your discipline?

Describe any personal characteristic or past experiences that would be helpful to you as a foster parent.

Describe any stressful or traumatic events you may have experienced (death, abuse, separation, etc.). How did you cope and what did you learn?

How might you help a foster child deal with the feelings of being separated from their natural parents?

How might you feel toward the natural parents who have neglected or abused their children?

List special family activities.

FAMILY SITUATION QUESTIONNAIRE

How would you handle these situations?

1. Strong emotional resistance to doing (or not doing) something.
2. Being hostile, moody, using bad language.
3. Discovering that the child had stolen a small item from a neighbor.
4. Discovering that the child had lied to you about something.
5. Repeated attempts to get your attention or to be close while you are talking to someone else or doing something else.

6. Being withdrawn, silent, and unresponsive to you and others.

7. Throwing a temper tantrum to get what they want.

8. Crying over a hurt or loss.

FAMILY LIFE QUESTIONNAIRE

I. Family Structure

Who leads?

How do decisions get made?

How do you handle conflict?

Who gets their way more?

How and who disciplines?

Describe a normal weekday.

Describe the worst time in your family.

Describe the best time in your family.

II. Family Nurture

How do you express your caring?

How do you handle being afraid?

How do you handle being angry?

What nice things do you do together?

How would you teach a child that God loves them even when they are doing something wrong?

FOSTER PARENT MEDICAL RECORD

Foster Parent _____
Last First MI Date of Birth

Address City State Zip

Marital Status: Single ___ Separated ___ Divorced ___ Widowed ___

Local Medical Doctor _____
Name Address

Foster Parent's Medical History (list major illnesses or surgeries during past five years)

Date _____

Date _____

Date _____

Drugs taken now: Name of drug and how often:

Tranquilizers _____

Sleeping Pills _____

Other _____

Have you have had other foster or adoptive children? _____yes _____no

If Yes please give details (i.e. age they came to live with you, description of that time and outcome) _____

PREVIOUS ILLNESSES (Indicate previous illness with one check and current illness with two checks)	FOSTER PARENT		FOSTER SIBLINGS	
	YES	NO	YES	NO
Asthma				
Hay Fever				
Tuberculosis				
Vision Problems				
Hearing Problems				
Epilepsy				
Pneumonia				
Rheumatic Fever or Heart Disease				
Arthritis or Rheumatism				
Mental Illness (e.g. Depression or extreme anxiety)				
Hepatitis				
Kidney Disease				
Jaundice				
Cancer				
Drug or Alcohol Abuse				
Diabetes				
Seizures				
Sexually Transmitted Disease				
Migraines				
Hemophilia				
Sickle Cell Disease				
Anemia				
Chronic Constipation				
Frequent UTI's				
Scoliosis				
AIDS/HIV				
Psychosis				
Any other serious illness or disabling physical condition – specify:				

Verification that my patient _____ has no communicable illness or a disability that would interfere with their ability to care for a foster child.

MD Signature

Date

PERMISSION FOR BACKGROUND CHECKS

I hereby give permission to the Natchez Children's Home Services (NCHS), 806 N. Union Street, P.O. Box 2028, Natchez, MS 39121, to conduct a NCIC, criminal record check and a child abuse registry check. I also give permission for the NCHS staff to secure references from individuals listed on the reference form.

Signature

Date

Witness to Signature

Date