



**Pre-Application for Prospective Caregivers**

**ALL PARTS OF THIS PRE-APPLICATION MUST BE COMPLETED IN ITS ENTIRETY**

**Please check the appropriate box below**

- DFPS Kinship Program Foster To Adopt  
  DFPS Kinship Program Adopt  
  DFPS Kinship Program Foster to PMC  
 Unrelated Adopt/ Legally Free  
  Unrelated Foster To Adopt / Legal Risk

**DFPS Program Staff:**

CPS Caseworker: \_\_\_\_\_ KINSHIP Worker: \_\_\_\_\_

Office#: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**General Information For Caregiver(s)**

Caregiver (1): \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Caregiver (2): \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: Caregiver#1: Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Telephone: Caregiver#2: Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: Caregiver#1: \_\_\_\_\_ Caregiver#2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Out of State Address(es) in the Past 5 Years**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Other Household Members** Include ALL persons residing in the home full or part-time (including minor children whom visit for weekends, holidays, and children away at college)

Name of Adults	Gender	DOB	Relationship to Caregiver	Relationship to Child Being Placed	Time Residing in the Home
1.					
2.					
3.					



**Pre-Application for Prospective Caregivers**

Name of Children	Gender	DOB	Relationship to Caregiver	Relationship to child being placed	Time Residing in the Home
1.					
2.					
3.					
4.					

**Other Youth or Adult Children NOT Residing in the Home**

Adults	Gender	DOB	Relationship to caregiver	City / State where they reside/Telephone Number/Email Address
1.				
2.				
3.				
4.				
5.				
Children	Gender	DOB	Relationship to caregiver	City / State where they reside
1.				
2.				
3.				
4.				

**Please list all Marriage/Divorces** \*\*\*Copies of all marriage/divorce decrees are required\*\*\*

Name of Spouse	Date of Marriage	Date of Divorce



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**Please list all regular and frequent visitors to your home.** Frequent visitor is defined as someone that visits the home more than two times in a 30-day period. A person is considered a frequent or regular visitor if they meet one of the following criteria (1) visits/plans to visit three or more time in a 30-day period; (2) visits/plans to visit for more than seven days at a time; (3) visits/plans to visit for more than 48-hour at a time, at least twice a year; or (4) visits/plans to visit on a scheduled basis.

Name of Person	Relationship to Applicant

**Please list any misdemeanors and/or felonies.** Some misdemeanors/felonies may bar you from proceeding with the application process. In some cases a risk assessment may be completed.

Charge	Date of Offense	Probation/Jail/Prison and how long?	When was case closed?

**References** Please provide a total of 7 references (3 Relatives and 4 Non Relatives). Print full name, address, phone numbers, and email address.

Name of Person	Relationship to Applicant	Address	Phone Number	Email Address

1. I have completed and submitted my consent for criminal history/CANRIS check.
2. I have received by foster/adoption file checklist and Monarch Family Service information sheet.
3. I have received a link to my [www.dropbox.com](http://www.dropbox.com) file.

*Thank you for choosing Monarch Family Services!*