

APPLICATION

PLEASE PRINT ALL INFORMATION BELOW

- ☐ **Please Check Appropriate Location:**
☐ Abilene ☐ Austin ☐ Dallas/Ft. Worth ☐ Houston Area ☐ San Antonio
- License Type** (check one):
☐ Foster ☐ Kinship Adopt Only ☐ Kinship **If Kinship: Name of caseworker:** [Click or tap here to enter text.](#)

Applicant 1	First Name	Middle Name	Last Name
Applicant 2	First Name	Middle Name	Last Name
Physical Home Address		City	State Zip
County:		Home Phone:	
Applicant #1 Phone:		Applicant #1 Email address:	
Applicant #2 Phone:		Applicant #2 Email address:	
Directions to the home from Pathways office:			
Why are you interested in fostering?			
What are your preferences regarding the child(ren), such as gender, age, and how many children?			
Home Information <input type="checkbox"/> Own <input type="checkbox"/> Rent	How many bedrooms are in the Home?	Homeowner or Renter's Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Local School District:		Elementary School Name:	
Middle School Name:		High School Name:	

**PLEASE LIST ALL PREVIOUS ADDRESSES FOR EACH CAREGIVER IN THE LAST TEN (10) YEARS.
 INCLUDE THE MONTH/YEAR AND COMPLETE ADDRESS:**

Applicant #1 - Street	City	County	State	Zip	Start (month/yr)	End (month/yr)
Applicant #2 – Street	City	County	State	Zip	Start (month/yr)	End (month/yr)

****Attach a separate page with additional addresses (if needed)***

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Applicant 1	Applicant 2
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Date of Birth
Birthplace	Birthplace
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (non-Pacific Islander) <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multiple Races	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (non-Pacific Islander) <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multiple Races
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Multi-Ethnicity	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Multi-Ethnicity
Education – highest grade completed / degree	Education – highest grade completed / degree
Religion	Religion
Marital Status	Marital Status
If divorced, how many times?	If divorced, how many times?
Primary Language	Primary Language
Secondary Language	Secondary Language
Prior Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you currently: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran Type of Discharge:	Prior Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you currently: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran Type of Discharge:
Have you ever had any legal involvement resulting in arrest, indictment, conviction, probation, deferred adjudication, community service, or fines (not including minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had any legal involvement resulting in arrest, indictment, conviction, probation, deferred adjudication, community service, or fines (not including minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, explain (attach a separate page if needed):	If yes to the above question, explain (attach a separate page if needed):
Have you or your family ever had an open case with Child Protective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or your family ever had an open case with Child Protective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, explain (attach a separate page if needed):	If yes to the above question, explain (attach a separate page if needed):

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EMPLOYMENT HISTORY

(please list your last four employers beginning with the most current):

APPLICANT #1

Employer:		Phone:	
Address:		Title/Position:	
Work Hours:			
Dates of Employment: From:	To:	Reason for Leaving:	
Employer:		Phone:	
Address:		Title/Position:	
Work Hours:			
Dates of Employment: From:	To:	Reason for Leaving:	
Employer:		Phone:	
Address:		Title/Position:	
Work Hours:			
Dates of Employment: From:	To:	Reason for Leaving:	
Employer:		Phone:	
Address:		Title/Position:	
Work Hours:			
Dates of Employment: From:	To:	Reason for Leaving:	

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EMPLOYMENT HISTORY (please list your last four employers beginning with the most current):

APPLICANT #2

Employer:		Phone:	
Address:		Title/Position:	
Work Hours:			
Dates of Employment: From:	To:	Reason for Leaving:	
Employer:		Phone:	
Address:		Title/Position:	
Work Hours:			
Dates of Employment: From:	To:	Reason for Leaving:	
Employer:		Phone:	
Address:		Title/Position:	
Work Hours:			
Dates of Employment: From:	To:	Reason for Leaving:	
Employer:		Phone:	
Address:		Title/Position:	
Work Hours:			
Dates of Employment: From:	To:	Reason for Leaving:	

A P P L I C A T I O N

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Foster parents are reimbursed for some of the expenses related to caring for a child, but State regulations and Pathways policies require that foster parents have sufficient income to maintain their home without being dependent on this expense reimbursement. Please fill out the following income-related information which is subject to verification.

Monthly Income

The family's **TOTAL** reported **MONTHLY INCOME** is \$ _____. **Net** consisting of monies received from:

Applicant #1 Income	\$ _____	Social Security Benefits	\$ _____
Applicant #2 Income	\$ _____	Public Assistance	\$ _____
Retirement Pension(s)	\$ _____	Disability	\$ _____
Rental Property Income	\$ _____	Other (please list):	\$ _____

Investments

Savings	\$ _____	401k	\$ _____
IRA	\$ _____	Other Investments	\$ _____

Monthly Expenses

House Rent/Mortgage	\$ _____	Clothing/Personal Items	\$ _____
Other Property	\$ _____	Recreation/Entertainment	\$ _____
Automobile(s)	\$ _____ \$ _____ \$ _____	Life & Medical Insurance (exclusive of payroll deductions)	\$ _____
Gasoline/ Vehicle Maintenance	\$ _____	Church (Tithes/Offerings, Charity Donations)	\$ _____
Insurance (Auto, Rental, Homeowner's)	\$ _____	Groceries	\$ _____
Medical/Dental Expenses	\$ _____	Utilities	\$ _____
Phone	\$ _____	Pet Expenses	\$ _____

Debts (Loans/Credit Cards)	Original Amount	Balance	Monthly Payment
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Total Monthly Outgoing Expenses: (Total of all listed above)		\$ _____	

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APPLICANT'S MINOR BIOLOGICAL OR ADOPTED CHILDREN

Name	Birth Date	Age	Gender	Live in the home	Relationship
				<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive
				<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive
				<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive
				<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive

KINSHIP CHILDREN LIVING IN THE HOME

Name	Birth Date	Age	Gender	Relationship	Medicaid Number
				<input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Non-Relative	
				<input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Non-Relative	
				<input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Non-Relative	
				<input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Non-Relative	

OTHER ADULTS CURRENTLY LIVING IN THE HOME

Name	Birth Date	Gender	Relationship

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APPLICANT'S ADULT CHILDREN

Name #1:	Phone:
Address:	Email:
Name #2:	Phone:
Address:	Email:
Name #3:	Phone:
Address:	Email:
Name #4:	Phone:
Address:	Email:

*Attach names & contact information for all additional adult children on a separate page (if needed)

Pets

Name/Age	Temperament/History of aggression?	Dog	Cat	Ferret	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLES

Make (Toyota, Ford, Honda, etc)	Model	Year	Total # of seats

CHARACTER REFERENCES

Please provide the names and contact information of three persons to be used as personal character references.

(ONLY 1 REFERENCE CAN BE A FAMILY MEMBER)

IT IS ESSENTIAL TO INCLUDE ALL OF THE REQUESTED INFORMATION.

Non-Family references can include: neighbors, friends, co-workers, etc. All references need to be able to provide information on both applicants in a two parent home. Please ensure the references you provide have known you for a minimum of 1 year.

Name 1		
Relationship	Phone Number	Email
Name 2		
Relationship	Phone Number	Email
Name 3		
Relationship	Phone Number	Email
Alternate (in case any of above references do not respond in timely fashion)		
Relationship	Phone Number	Email

NOTE: In order to ensure accuracy of the information obtained from personal references, Pathways reserves the right to not disclose either the source or the content of the reference in the Home Study.



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HAVE YOU EVER APPLIED TO BE A FOSTER OR ADOPTIVE PARENT FOR ANOTHER AGENCY IN THE PAST?

☐ YES ☐ NO

HAVE YOU EVER BEEN LICENSED AS A FOSTER OR ADOPTIVE PARENT FOR ANOTHER AGENCY IN THE PAST? ☐ YES ☐ NO

ARE YOU CURRENTLY LICENSED AS A FOSTER OR ADOPTIVE HOME BY ANOTHER AGENCY?

☐ YES ☐ NO

HAVE YOU EVER BEEN DENIED A FOSTER OR ADOPTIVE VERIFICATION/CERTIFICATION OR HAD YOUR VERIFICATION/ CERTIFICATION REVOKED?

☐ YES ☐ NO

If you answered yes for any of the above questions, please complete the following:

Agency Name	Agency City	Applied?	Licensed?	Denied/Revoked? Reason?
		<input type="checkbox"/> Date:	<input type="checkbox"/> Date:	<input type="checkbox"/> Date: Reason:
		<input type="checkbox"/> Date:	<input type="checkbox"/> Date:	<input type="checkbox"/> Date: Reason:
		<input type="checkbox"/> Date:	<input type="checkbox"/> Date:	<input type="checkbox"/> Date: Reason:
		<input type="checkbox"/> Date:	<input type="checkbox"/> Date:	<input type="checkbox"/> Date: Reason:
		<input type="checkbox"/> Date:	<input type="checkbox"/> Date:	<input type="checkbox"/> Date: Reason:

DO YOU OWN ANY WEAPONS OR FIREARMS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A TRAMPOLINE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A POOL OR HOT TUB? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY GAS APPLIANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY GAS UTILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU USE TOBACCO PRODUCTS, E-CIGARETTES, OR VAPORIZORS? <input type="checkbox"/> YES <input type="checkbox"/> NO



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APPEAL PROCESS FOR APPLICANTS:

The following criteria define an individual or couple as an applicant:

- Submission of a full and complete application to become a Pathways foster or adoptive home AND
- Requests for Criminal History & CANRIS background checks have been submitted

Applicants have the right to appeal Pathways' decisions that directly affect them. The request for an appeal must be made within 15 days of the decision in question, must be in writing, and should be addressed to the Licensed Child Placing Agency Administrator. This individual will review the decision or action and may assign the appeal response to other supervisory staff. The final outcome of the appeal will be communicated to the applicant in writing and postmarked no later than 15 working days from date of receipt.

Applicants should send the written request for an appeal to:

Pathways Youth & Family Services, Inc.
Attn: Licensed Child Placing Agency Administrator
222 Sidney Baker, Suite 435
Kerrville, Texas 78028
Fax: (830) 315-2274

Thank you for your interest in foster/adoptive care! If you have any questions about the application, please contact Pathways staff at any of our local offices or online at www.pathway.org

NOTICE OF PRIVACY PRACTICES

Pathways Youth and Family Services (Pathways) provides many types of services and programs. Pathways staff must collect information about you to provide these services. We know that the information we collect about you and your health is private. Federal and state laws require us to protect the information we collect. We call this information "protected health information" or "PHI". This may include any information that relates to (1) your past, present, or future physical or mental health or condition; (2) providing health care to you; or (3) the past, present, or future payment of your health care.

If you would like additional information about how Pathways may use or disclose information about you as well as how to file a complaint or grievance if you feel as though your privacy has been violated, you can obtain a full version of the Pathways Privacy Practices notice on our website here <https://pathway.org/privacy-practices/> or you can ask your Pathways worker to provide you a paper copy.

By signing this application below, I acknowledge that I have received information on how to obtain information on Pathways' Privacy Practices or was provided with a paper copy upon request.

DECLARATION AND AUTHORIZATION:

I (we) hereby apply to Pathways Youth and Family Services, Inc. to become a Pathways home in their foster/adoptive care program. I (we) will abide by the program and all of its requirements. I (we) declare the information provided in this Application is true, correct, and complete to the best of my knowledge. I (we) understand that all application and verification documentation submitted becomes the property of Pathways and if any information is found to be incorrect or untrue by statement or omission of fact(s), my (our) relationship with Pathways may be terminated without further action by Pathways.

I (we) authorize Pathways Youth and Family Services, Inc. to conduct character and background checks as listed on this Application to include personal references, interviews via mail and telephone with former employer(s), and local (applicable) agencies, including but not limited to law enforcement agencies and the Texas Department of Family and Protective Services (and other state children's service systems). This authorization is for the purpose of determining my (our) suitability as foster and/or adoptive parents. I (we) understand this information will be used only for this purpose and that information solicited will be unlimited. This consent will remain in effect during and after verification/certification and may be revoked by notifying Pathways Youth and Family Services, Inc. in writing with a specific date, time, event or condition upon which consent expires.



A P P L I C A T I O N
P L E A S E P R I N T A L L I N F O R M A T I O N B E L O W

In some cases our families receive services from our Mosaic behavioral health program, and in those circumstances I authorize the sharing of information for the purpose of determining my (our) suitability as foster and/or adoptive parents.

I (we) understand this information will be used only for this purpose and that information solicited will be unlimited.

APPLICANT #1 SIGNATURE

DATE SIGNED

APPLICANT #2 SIGNATURE

DATE SIGNED

PATHWAYS STAFF SIGNATURE

DATE SIGNED



AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND CHECKS

I hereby authorize any licensed child-placing agency, employers, law enforcement, and my personal and professional references to disclose records and/or information relating to my experience to: **Pathways Youth and Family Services, Inc.**

Office Location: **(CHECK ONE BELOW)**

☐ Abilene/Odessa

☐ Austin

☐ Dallas/Ft. Worth

☐ Houston Area

☐ San Antonio

This authorization also includes all verbal communication between anyone releasing information and Pathways staff or contractors and is related to my approval as a **foster parent, household member, babysitter, respite provider, and frequent visitor** to a Pathways foster home.

PLEASE **CHECK ONLY ONE** OF THE OPTIONS BELOW - Disclosure is made for the purpose of:

<input type="checkbox"/> Foster Parent Applicant <i>FBI fingerprinting will be required - If applicant has resided outside of TX within the last 5 years Out-of-State checks will be required</i>	<input type="checkbox"/> Adoptive Parent Applicant <i>FBI fingerprinting will be required. - If applicant has resided outside of TX within the last 5 years Out-of-State checks will be required</i>	<input type="checkbox"/> Household Member (14 years & older) in a licensed foster/adoptive home <i>FBI fingerprinting will be required - If applicant has resided outside of TX within the last 5 years Out-of-State checks will be required</i>
<input type="checkbox"/> Frequent Visitor Serving as Designated Emergency Support Provider and/or will be left unsupervised with children in a licensed foster/adoptive home (18 years & older) <i>FBI fingerprinting will be required. If applicant has resided outside of TX within the last 5 years Out-of-State checks will be required.</i>		
<input type="checkbox"/> Frequent Visitor to a licensed foster/adoptive home who visits home twice or more in a 30-day period or visits more than 6 consecutive days. Will not be left unsupervised with children (14 years & older) <i>FBI fingerprinting not required – but MAY be required if resided outside of TX within the last 5 years or if they currently reside outside of TX</i>		
Foster/Adoptive Parent's Relationship to Children being placed at time of Background Check: <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated		

I HEREBY RELEASE THE LICENED CHILD PLACING AGENCY AND ITS OFFICERS AND EMPLOYEES PROVIDNG THIS INFORMATION FROM ANY AND ALL CLAIMS WHICH MAY ARISE FROM RELEASING THIS INFORMATION.PLEASE PRINT INFORMATION BELOW - ALL INFORMATION IS REQUIRED – INDICATE "N/A" IF IT IS NOT APPLICABLE

Name of Foster Home				
First Name	Middle Name (as seen on Birth Certificate)	Last Name		
Maiden Name	Nickname(s)	Any other name(s) used		
Street Address	City	State	Zip Code	
County	Home Phone	Cell Phone		
Date of Birth	Social Security Number	Driver's License or State ID Number		
Email Address				
List all other cities IN TEXAS where there has been residency				
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White				

List all other cities and counties **OUTSIDE of Texas** where there has been residency within the **last 5 years** with dates

Street	City	ST	Zip	County	Start Date (Month/Year)	End Date (Month/Year)

X

APPLICANT SIGNATURE

X

PARENT SIGNATURE (IF UNDER AGE 18)

AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND CHECKS

Please ensure all the questions have been answered completely, that the application has been signed by applicants and other household members (if applicable), and the following information is returned with the application:

Copies of Driver's License: A legible copy is required for every adult member residing in the home that has a license.

Copies of Birth Certificates: Needed for those persons living in your home age 14 years or older that do not have a state issued ID or driver's license.

Proof of Social Security # for every household member 14 years or older: Can be any of the following:

- Copy of SS Card, Payroll Stub containing SS#, Military ID containing SS#, W-2, or
- If SS Card is lost, applicant can go to nearest Social Security office, request a new card and get a SS# verification Printout to turn in while waiting for card.
- A W-4, 1040, 1040A, 1040EZ and related forms completed by the taxpayer are not acceptable

Federal Law also requires a Fingerprint-based criminal history check of the National Crime Information Center (NCIC) (otherwise known as a Federal Bureau of Investigation (FBI) check) and if an applicant and/or household member lived outside of Texas in the previous five years, a check of the other state's central registry for child abuse and neglect. **Once the completed Application is accepted, and background checks have been initiated, Pathways staff will contact you regarding the process for completing the FBI Fingerprint check(s).**