



Foster Care/Adoption Application

Return completed form to:

Applicant(s)

INTEREST Foster Care Adoption Both

APPLICANT'S NAME: LAST	FIRST	M.I.	WORK PHONE	CELL PHONE
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CO-APPLICANT'S NAME: LAST	FIRST	M.I.	WORK PHONE	CELL PHONE
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HOME ADDRESS	HOME PHONE
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CITY	STATE	ZIP	EMAIL ADDRESS
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

DIRECTIONS FOR FINDING HOME (IF NEEDED)

All information is strictly confidential	Applicant		Co-Applicant			
	SOCIAL SECURITY NUMBER			SOCIAL SECURITY NUMBER		
BIRTH PLACE	BIRTH DATE	BIRTH PLACE	BIRTH DATE			
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female				
RACE/ETHNICITY	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other		
LANGUAGE(S) SPOKEN IN HOME	PRIMARY	OTHER (IF APPLICABLE)	PRIMARY	OTHER (IF APPLICABLE)		
RELIGION (IF APPLICABLE)						
EDUCATION	LAST GRADE COMPLETED		LAST GRADE COMPLETED			
	COLLEGE DEGREE ACHIEVED		COLLEGE DEGREE ACHIEVED			
MILITARY	BRANCH	LENGTH OF SERVICE	BRANCH	LENGTH OF SERVICE		
	TYPE OF DISCHARGE		TYPE OF DISCHARGE			
EMPLOYMENT: LIST YOUR EMPLOYMENT HISTORY FOR THE LAST THREE YEARS. USE ADDITIONAL PAGES IF NECESSARY	OCCUPATION		OCCUPATION			
	EMPLOYER		EMPLOYER			
	LOCATION	PHONE	LOCATION	PHONE		
	HOW LONG EMPLOYED HERE?	GROSS SALARY	HOW LONG EMPLOYED HERE?	GROSS SALARY		
	PREVIOUS EMPLOYER		PREVIOUS EMPLOYER			
	LOCATION	HOW LONG EMPLOYED HERE?	LOCATION	HOW LONG EMPLOYED HERE?		
	PREVIOUS EMPLOYER		PREVIOUS EMPLOYER			
	LOCATION	HOW LONG EMPLOYED HERE?	LOCATION	HOW LONG EMPLOYED HERE?		
OTHER INCOME	SOURCE	AMOUNT	SOURCE	AMOUNT		

Insurance Information

DO YOU HAVE INSURANCE COVERAGE FOR:	AUTO	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HOME OWNERS/RENTERS	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Home Information

TYPE OF HOUSING	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home
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<input type="checkbox"/> Rent	MONTHLY RENT PAYMENT	<input type="checkbox"/> Own	MONTHLY MORTGAGE PAYMENT
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HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?	YEARS	MONTHS
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PREVIOUS ADDRESSES (PHYSICAL & MAILING): LAST FIVE (5) YEARS	DATES (FROM-TO)

Marriage History

PRESENT MARRIAGE STATUS	PLACE OF MARRIAGE (TOWN, COUNTY, STATE)	DATE OF MARRIAGE
MAIDEN NAME	OTHER MARRIED NAMES	AKA NAMES
APPLICANT'S PREVIOUS MARRIAGES	TO WHOM?	DATE/PLACE OF DIVORCE
	DATE/PLACE OF MARRIAGE	DATE OF SPOUSE'S DEATH
	TO WHOM?	DATE/PLACE OF DIVORCE
	DATE/PLACE OF MARRIAGE	DATE OF SPOUSE'S DEATH
	TO WHOM?	DATE/PLACE OF DIVORCE
	DATE/PLACE OF MARRIAGE	DATE OF SPOUSE'S DEATH
CO-APPLICANT'S PREVIOUS MARRIAGES	TO WHOM?	DATE/PLACE OF DIVORCE
	DATE/PLACE OF MARRIAGE	DATE OF SPOUSE'S DEATH
	TO WHOM?	DATE/PLACE OF DIVORCE
	DATE/PLACE OF MARRIAGE	DATE OF SPOUSE'S DEATH
	TO WHOM?	DATE/PLACE OF DIVORCE
	DATE/PLACE OF MARRIAGE	DATE OF SPOUSE'S DEATH

If more than three (3) previous marriages, please list on separate sheet of paper.

Applicant's Family

PARENTS	FATHER	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	MOTHER	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
SIBLINGS (BROTHERS/SISTERS)	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	

If necessary, please list additional siblings on separate sheet of paper.

Co-Applicant's Family

PARENTS	FATHER	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	MOTHER	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
SIBLINGS (BROTHERS/SISTERS)	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	
	NAME	AGE	HEALTH
	MAILING ADDRESS	OCCUPATION	

Children

CHILDREN CURRENTLY IN HOME	NAME	DATE OF BIRTH	SCHOOL GRADE/OCCUPATION	BIRTH OR ADOPTED?
	NAME	DATE OF BIRTH	SCHOOL GRADE/OCCUPATION	BIRTH OR ADOPTED?
	NAME	DATE OF BIRTH	SCHOOL GRADE/OCCUPATION	BIRTH OR ADOPTED?
	NAME	DATE OF BIRTH	SCHOOL GRADE/OCCUPATION	BIRTH OR ADOPTED?
	NAME	DATE OF BIRTH	SCHOOL GRADE/OCCUPATION	BIRTH OR ADOPTED?
	NAME	DATE OF BIRTH	SCHOOL GRADE/OCCUPATION	BIRTH OR ADOPTED?
CHILDREN OUT OF THE HOME	NAME	DATE OF BIRTH	SCHOOL GRADE/OCCUPATION	BIRTH OR ADOPTED?
	MAILING ADDRESS		PHONE NUMBER	
	NAME	DATE OF BIRTH	SCHOOL GRADE/OCCUPATION	BIRTH OR ADOPTED?
	MAILING ADDRESS		PHONE NUMBER	
	NAME	DATE OF BIRTH	SCHOOL GRADE/OCCUPATION	BIRTH OR ADOPTED?
	MAILING ADDRESS		PHONE NUMBER	
CHILDREN DECEASED	NAME(S)		DATE(S)	

Other Home Occupants

List all others in the home, both adults and children			
NAME	RELATIONSHIP	DATE OF BIRTH	OCCUPATION/SCHOOL GRADE
NAME	RELATIONSHIP	DATE OF BIRTH	OCCUPATION/SCHOOL GRADE
NAME	RELATIONSHIP	DATE OF BIRTH	OCCUPATION/SCHOOL GRADE
NAME	RELATIONSHIP	DATE OF BIRTH	OCCUPATION/SCHOOL GRADE

Background Information

Have you ever ...	Applicant		Co-Applicant	
BEEN ARRESTED AS A JUVENILE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BEEN ARRESTED AS AN ADULT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RECEIVED PSYCHOLOGICAL/ PSYCHIATRIC TREATMENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PREVIOUSLY STUDIED FOR FOSTER CARE OR ADOPTION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BEEN INVOLVED IN CIVIL LITIGATION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If there is a YES answer to any of the above four questions, please explain circumstances. (Attach separate sheet if needed.)

References

APPLICANT'S RELATIVE	NAME	MAILING ADDRESS - CITY, STATE, ZIP	PHONE NUMBER
APPLICANT: LIST THREE OTHER PERSONS THAT KNOW YOU WELL AND ARE NOT RELATED TO YOU	NAME	MAILING ADDRESS - CITY, STATE, ZIP	PHONE NUMBER
	NAME	MAILING ADDRESS - CITY, STATE, ZIP	PHONE NUMBER
	NAME	MAILING ADDRESS - CITY, STATE, ZIP	PHONE NUMBER
CO-APPLICANT'S RELATIVE	NAME	MAILING ADDRESS - CITY, STATE, ZIP	PHONE NUMBER
CO-APPLICANT: LIST THREE OTHER PERSONS THAT KNOW YOU WELL AND ARE NOT RELATED TO YOU	NAME	MAILING ADDRESS - CITY, STATE, ZIP	PHONE NUMBER
	NAME	MAILING ADDRESS - CITY, STATE, ZIP	PHONE NUMBER
	NAME	MAILING ADDRESS - CITY, STATE, ZIP	PHONE NUMBER

Acknowledgment and Signatures

In signing this form, adoptive and/or foster parent applicants are verifying they have received a copy of and are acknowledging the following conditions of licensure/approval and that the information provided on this application is a truthful representation.

- A. The persons given as references will be contacted by mail, telephone or in a home visit.
- B. Police records and FBI fingerprinting will be checked and verified.
- C. Military history, employment, marriages and divorces will be verified.
- D. Medical records of the applicant(s) will be requested and reviewed.
- E. Pre-service training is mandatory for both applicants prior to completion of the home study process.
- F. Foster parents agree to adhere to the laws and regulations applying to foster children.
- G. New Mexico Children, Youth and Families Department/Protective Services has the right and the duty to visit the foster children in the foster home and to visit the adoptive children in the adoptive home prior to finalization of the adoption.
- H. A foster child shall not be surrendered to the care and control of any person, or relative of the child, other than a representative of New Mexico Children, Youth and Families Department/Protective Services, without authorization from CYFD.
- I. If a law officer takes protective custody of any foster child (under Section 32A-4-6 of the Children's Code), foster parents shall surrender custody of the foster child to the law officer.
- J. No independent planning, including adoption planning, for foster children shall be made by the applicant(s).
- K. An application for foster care/adoption *does not* guarantee a license/approval for placement of a child. An approval or denial is based on the suitability of the family for children for whom the Children, Youth and Families Department has responsibility.
- L. **I/(we) understand that signing this application does not guarantee that a foster home license will be issued to me/(us). This application is the beginning step in completing the home study process.**
- M.

APPLICANT NAME (PRINT)	APPLICANT SIGNATURE		
DATE			
CO-APPLICANT NAME (PRINT)	CO-APPLICANT SIGNATURE		
DATE			
FOR CYFD USE ONLY RECEIVED:	DATE	RECEIVED BY:	