

**FOSTER/ADOPTIVE APPLICATION**

CHILDREN'S HOME OF LUBBOCK

P.O. BOX 2824

LUBBOCK, TEXAS 79408

(806) 762-0481

\_\_\_\_\_  
Date of Application

Informational Request from Prospective Parents

- Please Attach:**
1. A picture of your family group (Individual or together)
  2. A picture of your home. (Write name on back.)
  3. A copy of your driver's license and social security card(s)
  4. Verification of any present marriage and, if applicable, for previous marriages, divorces or deaths of former spouses
  5. Physicals for any family member in the home (within 1 year)
  6. Copy or verification of High School Diploma or GED
- (Note: Please do not send anything to be returned.)

1. \_\_\_\_\_  
Surname

Husband: \_\_\_\_\_  
First name Middle Birth date Birthplace SS#

Wife: \_\_\_\_\_  
First Name Middle Maiden name Birth date Birthplace SS#

2. RACE:

Husband:  White  Black  Hispanic  Other \_\_\_\_\_  
Member Church of Christ  Yes  No  Other \_\_\_\_\_

Wife:  White  Black  Hispanic  Other \_\_\_\_\_  
Member Church of Christ  Yes  No  Other \_\_\_\_\_

3. RESIDENCE: \_\_\_\_\_  
Mailing address/physical address

\_\_\_\_\_  
City State Zip code county

PHONE: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Please list all other cities in Texas where there has been residency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. DIRECTIONS FOR REACHING HOME: \_\_\_\_\_

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5. DATE OF THIS MARRIAGE: \_\_\_\_\_ PLACE: \_\_\_\_\_

5A. Explain any previous marriage on separate sheet.

6. EDUCATIONAL HISTORY:

Grade and Years (Circle highest grade attended)

	Grade School	High School	College	Post Grad.
Husband:	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2
Degree _____	Name and address of last public school or university attended			Date _____

	Grade School	High School	College	Post Grad.
Wife:	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2
Degree _____	Name and address of last public school or university attended			Date _____

1. HEALTH:

Describe any handicaps, chronic conditions, serious illnesses operations, giving approximate date and degree of recovery. What is your present health condition? (Please have your physician send a detailed medical report including reasons for sterility, if known, (or applicable) and ask him to return the report directly to the Children's Home of Lubbock. Physician's report may be mailed after our personal interview, if preferable.)

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2. OTHER MEMBERS IN HOUSEHOLD (including children, relatives and non-relatives, roomers, and boarders. If apartment is attached to your premises, state occupants. Social Security numbers need to be included for children 14+ years old.)

Full Name	Relationships	Birth date	Sex	Employment/School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. CHILDREN OUT OF THE HOME: (Including deceased children)

Name	Birth date	Address	(If deceased, give date) Reason out of Home
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Do you own your own home? \_\_\_\_ Value \_\_\_\_\_ Equity \_\_\_\_\_  
 Amount or Rent or Mortgage \_\_\_\_\_ if farming, state acreage \_\_\_\_\_  
 Number of Rooms \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

5. Where will family attend church (CONGREGATION)  
 \_\_\_\_\_

6. EMPLOYMENT:

	Occupation	Name and Address of Employer	Date Employed	Annual Income
Husband	_____	_____	_____	_____
Wife	_____	_____	_____	_____

Attach separate sheet showing EMPLOYMENT RECORD of husband and wife FOR THE PAST TEN YEARS. Give occupation, name of employer, dates of employment, wage or salary, and reason for termination of employment.

7. On a separate sheet show your present FINANCIAL ASSETS AND LIABILITIES. This can be in the form of an income tax report, itemized statement from your banker, etc. Include in your report your annual income, property, life insurance, savings, and debts. Please do not send reports to be returned to you.

8. LIST CLUB AFFILIATIONS, RECREATIONAL INTERESTS AND HOBBIES:

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9. LIST PERSONAL WEBSITES / EMAIL ADDRESSES/ OR BLOG ADDRESS:

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10. DESCRIPTION OF FAMILY:

Husband

Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Skin \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Wife

Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Skin \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

National Descent: (i.e. – Irish, German, etc.) Husband \_\_\_\_\_ Wife \_\_\_\_\_

11. On a separate sheet, list parents, brothers, sisters of both husband and wife, giving the following information: name, address, age, education, and occupation of both relative and relative's spouse and number of children in family. Give ages of minor children.

12. TYPE OF CHILD DESIRED: List maximum age and number of children you prefer:

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Are there any physical, medical or social factors you cannot accept?

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13. REFERENCES: Give as references seven persons who are well acquainted with your family life. Include an Elder, your minister and employer. Give only references that we can contact personally. Include one relative, if available as a reference. **WE MUST HAVE COMPLETE ADDRESSES PLEASE**

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone</u> (day/evening)	<u>Related?</u>
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We authorize the Child Placement Service of the Children's Home of Lubbock to use the above information in making a study of our application. (**Application must be signed by husband and wife to be valid.**)

Signed: \_\_\_\_\_  
Husband

Signed: \_\_\_\_\_  
Wife