

A Spirit of Home. Everyday.

CK FAMILY SERVICES

Application for Prospective Foster and/or Adoptive Families

Thank you for your interest in foster care and/or adoption. Our children are in need of stable, nurturing, families who have faith in God and can provide an environment where the children can heal from their past experiences of abuse and neglect. We appreciate your willingness to engage in this process as we carefully seek families with whom we can partner and make an impact in the lives of hurting children.

CK FAMILY SERVICES FAITH STATEMENT

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.

We believe in the resurrection of both the saved and the lost, that they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.

We believe in the spiritual unity of believers in our Lord Jesus.

We welcome your calls and emails. Please return your application to...



FAMILY SERVICES

Mail: CK Family Services
Attn: Family Development
PO Box 173038
Arlington, TX 76003-3038

Phone: 817-516-9100

Fax: 817-516-9102 attn: Family Development

Email: preservice@ckfamilyservices.org

Please note, this document is created as a locked form. You are welcome to type your information directly into the application or you may print the application and complete it by hand. Either way, the gray shaded form fields will not show when you print your application!

HEAD(S) OF HOUSEHOLD INFORMATION

Last Name:	Fluitt	Today's Date:	5/25/2022
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Parent #1:		<i>Christopher Fluitt</i>			
Parent #2:		<i>Sarah Fluitt (Maiden name Sarah Frazier)</i>			
<i>*Be sure to include ALL previous last names, maiden names, and aliases</i>					
Street:		<i>1113 Lombardy Dr</i>			
City:	<i>Plano</i>	County:	<i>Collin</i>		
State:	<i>Texas</i>	Zip:	<i>75023</i>		
Primary Phone:	<i>254-717-6844</i>	Live inside of the city limits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		Parent #1		Parent #2	
Work Phone:		<i>—254-717-6844</i>		<i>903-267-4498</i>	
Cell Phone:		<i>254-717-6844</i>		<i>903-267-4498</i>	
E-mail Address:		<i>chrisfluitt@gmail.com</i>		<i>sarahnfluitt@gmail.com</i>	
Sex:		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Date of Birth:		<i>12-22-1979</i>		<i>2-18-1983</i>	
Driver's License #:		<i>11858733</i>		<i>15358905</i>	
Social Security #:		<i>453590739</i>		<i>449879770</i>	
Place of Birth:		<i>Huntsville, TX</i>		<i>Denison, TX</i>	
Country of Citizenship:		<i>USA</i>		<i>USA</i>	
Race:		<i>Caucasian</i>		<i>Caucasian</i>	
Ethnicity:		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic	
Native American Tribe:		<i>NA</i>		<i>NA</i>	
Language(s) Spoken:		<i>English</i>		<i>English</i>	
Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
If Married, Date of Current Marriage:		<i>08-23-2008</i>			
Have you resided in another State in the past five years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; if yes, list states:					
Does your family have the ability to access email at least 2 times each week? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
How did you learn about CK Family Services, if another family please list name? _____					

OTHER HOUSEHOLD MEMBERS (include biological, step, adopted and KINSHIP children and adults that live in the home full or part time)

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Name:	<i>William Fluitt</i>	Name:	<i>Hudson Fluitt</i>
Relationship:	<i>Son</i>	Relationship:	<i>Son</i>
Date of Birth & age:	<i>4-16-2010 12 years</i>	Date of Birth & age:	<i>7-13-2013 8 Years</i>
Sex:	<i>Male</i>	Sex:	<i>Male</i>
Race:	<i>Caucasian</i>	Race:	<i>Caucasian</i>
Will this person help provide child care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Will this person help provide child care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name:	<i>Joshua Fluitt</i>	Name:	<i>Clyde Fluitt</i>
Relationship:	<i>Son</i>	Relationship:	<i>Father</i>
Date of Birth & age:	<i>6-18-2015 6 years</i>	Date of Birth & age:	<i>8-31-1948 73 years</i>
Sex:	<i>Male</i>	Sex:	<i>Male</i>
Race:	<i>Caucasian</i>	Race:	<i>Caucasian</i>
Will this person help provide child care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Will this person help provide child care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Name:		Name:	
Relationship:		Relationship:	
Date of Birth & age:		Date of Birth & age:	
Sex:		Sex:	
Race:		Race:	
Will this person help provide child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will this person help provide child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:		Name:	
Relationship:		Relationship:	
Date of Birth & age:		Date of Birth & age:	
Sex:		Sex:	
Race:		Race:	
Will this person help provide child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will this person help provide child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Adult Children That Do NOT Live In Your Home Full-Time

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List all adult biological, step and adopted children who live elsewhere. State regulations require CK Family Services to obtain a reference from all adult children prior to verification.

Name: _____ **Date of Birth:** _____
Address: _____
City, State, Zip: _____
Home Phone: _____ **Email:** _____
Child Of: _____ **Comments:** _____
Describe Current Relationship: _____

Name: _____ **Date of Birth:** _____
Address: _____
City, State, Zip: _____
Home Phone: _____ **Email:** _____
Child Of: _____ **Comments:** _____
Describe Current Relationship: _____

Name: _____ **Date of Birth:** _____
Address: _____
City, State, Zip: _____
Home Phone: _____ **Email:** _____
Child Of: _____ **Comments:** _____
Describe Current Relationship: _____

Name: _____ **Date of Birth:** _____
Address: _____
City, State, Zip: _____
Home Phone: _____ **Email:** _____
Child Of: _____ **Comments:** _____
Describe Current Relationship: _____

MOTIVATION

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Please check ALL answers that best describe you:

I/we want to foster

I/we want to foster to adopt (Dual Verification)

I/we want to adopt

Treatment Foster Care/PHBC

I/we have fostered or adopted before

I/we are interested in caring for a specific child

I/we are unable to have children/infertility issues

I/we have always wanted to be parents

What is your motivation to work with traumatized children? "Pure and undefiled religion before our God

and Father is this: to care for orphans and widows in their distress, and to keep oneself from being polluted

by the world." We don't have the ability to help everyone, but we have the ability to help at least one.

NEEDS OF THE COMMUNITY & YOUR SERVICE

All children served by CK Family Services have experienced trauma and will have challenges which our families will be expected to meet to their needs. Our goal is to serve all communities and to assist families to support and care for children in their own communities.

Identify challenges and needs you feel confident working with (Mark all that Apply):

Developmental Issues Yes No

Behavioral Challenges Yes No

Emotional Difficulties Yes No

Medical Difficulties Yes No

Please elaborate and describe any experience or skills you have supporting children who have experienced trauma: We have an autistic 12 year old. I'm not

sure this makes us more experienced or able to handle anything than anybody else, but it definitely shows

us that kids need love no matter the challenges they are dealing with.

FOSTER, ADOPTIVE & KINSHIP PARENTING EXPERIENCE

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Has any applicant ever applied or been approved as a kinship provider? Yes No

Has any applicant ever applied to be verified for any type of foster care or adoption before? Yes No

Has any applicant ever been verified for any type of foster care or adoption before? Yes No

Are any applicants currently verified for any type of foster care or adoption before? Yes No

Has any applicant ever been denied for any type of foster care or adoption before? Yes No

Has any applicant ever purchased a homestudy for adoption? Yes No

If you answered Yes to any of these questions, please explain: *We are currently working with CPS to be placed as a fictive kinship placement for an 8 year old. They have completed a homestudy, background check, and family interviews.*

Agency Name	City, State	Contact Name, Number, Email	Ages of Children Worked With

PROFESSIONAL CHILDCARE *If providing childcare as a daycare in your own home, CK is required to seek approval from Child Care Licensing prior to verification. Your home can care for no more than 6 children to include foster children, biological children, and daycare children*

Do you currently provide childcare in your home for children that do not live in your home? Yes No
 Is this care for a relative? Yes No Is this care for a non-relative? Yes No
 Is this care as a registered or licensed in-home daycare? Yes No

If you answered Yes to any of these questions, please explain

MARITAL HISTORY

Parent #1

Other than a current marriage, have you ever been married before? Yes No

If yes, how many times? _____
 Please list the name of each former spouse and date of divorce: _____

Parent #2

Other than a current marriage, have you ever been married before? Yes No

If yes, how many times? _____
 Please list the name of each former spouse and date of divorce: _____

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EDUCATION	Parent #1	Parent #2
High School/GED	School Name: <i>Waco High</i> Location: <i>Waco, TX</i> Year Graduated: <i>1998</i>	School Name: <i>Pottsboro High</i> Location: <i>Pottsboro, TX</i> Year Graduated: <i>2001</i>
College (Bachelor Level)	School Name: <i>UNT</i> Location: <i>Denton, TX</i> Year Graduated: <i>2007</i> Degree Earned: <i>Bachelor's of Art</i>	School Name: <i>UTMB</i> Location: <i>Galveston, TX</i> Year Graduated: <i>2013</i> Degree Earned: <i>Bachelor's of Science</i>
College (Master Level)	School Name: Location: Year Graduated: Degree Earned:	School Name: Location: Year Graduated: Degree Earned:
Other:		
Professional Licenses or Certificates:		<i>MLS(ASCP) - 04143224</i>

EMPLOYMENT HISTORY					
Parent #1					
If this parent has worked within the past 5 years, please document ALL work history for the past 5 years.					
Current Employer:	<i>Redemption Church</i>			Title:	<i>Pastor</i>
Date of Hire:	<i>2006</i>	Salary:	<i>\$12000</i>	Work Schedule:	<i>Work from Home</i>
Previous Employer:	<i>1st Christian Church, VanAlstyne, TX</i>		Dates Employed:	<i>12-2020 to current</i>	
Previous Employer:	<i>Tabernacle of Praise, Arlington, TX</i>		Dates Employed:	<i>2006-2013</i>	
Parent #2					
If this parent has worked within the past 5 years, please document ALL work history for the past 5 years.					
Current Employer:	<i>Legent Orthopedic Hospital, Carrollton</i>			Title:	<i>Lab Manager</i>
Date of Hire:	<i>3-2022</i>	Salary:	<i>\$97,000</i>	Work Schedule:	<i>Mon-Fri days</i>
Previous Employer:	<i>Texas Health Allen</i>		Dates Employed:	<i>1-21 to 3-22</i>	
Previous Employer:	<i>BSW - Sunnyvale</i>		Dates Employed:	<i>6-19 to 1-21</i>	

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Previous Employer	<i>UTSW - Dallas</i>	Dates Employed:	<i>4-18 to 6-19</i>
Previous Employer	<i>Texas Health Dallas</i>	Dates Employed:	<i>4-2008 to 4-2018</i>

RESIDENTIAL HISTORY

When did you move to your current address (month/year)? *June 2019*

How long have you been at this address? *3 years*

If you have been at this home for less than **10 years**, list previous addresses to total **10 years** of residential history. If you need more space, please attach an additional page to your application.

Parent #1

#1 Street: *3116 Queens Way* City: *Plano*

State: *TX* Zip: *75074* Dates (month/year): *June 2017 to June 2019*

#2 Street: *1926 Pueblo Dr* City: *Garland*

State: *TX* Zip: *75040* Dates (month/year): *May 2014 to June 2017*

#3 Street: *105 Trellis Place #105* City: *Richardson*

State: *TX* Zip: *75081* Dates (month/year): *Oct 2007 to May 2014*

#4 Street: City:

State: Zip: Dates (month/year):

#5 Street: City:

State: Zip: Dates (month/year):

Parent #2 Residential history is EXACTLY the same as Parent #1. If not, complete residential history below:

#1 Street: City:

State: Zip: Dates (month/year):

#2 Street: City:

State: Zip: Dates (month/year):

#3 Street: City:

State: Zip: Dates (month/year):

#4 Street: City:

State: Zip: Dates (month/year):

#5 Street: City:

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State:		Zip:		Dates (month/year):	
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PETS (Please list ANY and ALL Pets regardless of indoor or outdoor)

Our family does not own any pets, farm, or other animals.

Pet Name	Type of Animal	Pet Name	Type of Animal
<i>Lyric</i>	<i>Dog</i>		

Current Rabies Vaccinations for all Dogs, Cats and Ferrets? Yes No

RECREATIONAL EQUIPMENT

Does your home have a:

- Swimming pool? Yes No *If yes, refer to CK Home Compliance Checklist for requirements*
- Hot Tub/Spa? Yes No *If yes, refer to CK Home Compliance Checklist for requirements*
- Trampoline? Yes No *If yes, Trampolines are an approval only basis. Please send photos*
- Other bodies of water? Yes No *Fountain, fishing pond, ravine, or lake? Please send photos*
- Buildings on property? Yes No *Storage buildings, sheds, guest home, barns? Please send photos*

FIREARMS, WEAPONS, AND AMMUNITION

Do you have any firearms, weapons, or ammunition at your house or on your property? Yes No

If yes, please describe the firearms, weapons, and ammunition and how they are safely stored under lock and key. Weapons and ammunition must be locked separately. See CK Home Compliance Checklist for details.

We have a rifle and a shotgun. Both are stored unloaded, in a locked gun safe in the master bedroom closet.

TRANSPORTATION-CK Families are required to transport children placed in their home

Do you have any barriers transporting children placed in your home a minimum of 50 miles' round trip to required appointments and visitation? Yes No

If yes, explain:

Do you have a backup plan to assist with transportation if needed? *Yes, both parents have vehicles that can transport children.*

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CHILDCARE PLANS

For children not of school age, who will provide all-day childcare? Where will the care be provided? *All school age*

children in the home. Chris will be home with the kids during the day when no school is in session.

For any child, who will provide early morning and/or afternoon/evening childcare? Where will the care be provided?

A parent will be here with the kids before and after school.

Who does your family use to help you with child pick-up, drop-off, activities, homework, etc. regularly? In emergency Situations?

Clyde Fluitt picks up the kids on the rare occasion a parent cannot do it.

Frequent/Regular Visitors and Babysitters

List the names of all persons' age 18 and older that visit your home or stay the night at your home regularly. This includes anyone who is in your home three or more times per month. In addition, this includes family and friends that would visit the home and stay with the family two times per year for more than 48 hours or at least one time per year for more than 7 days. Please also list any potential babysitters. Please be aware that you will need to submit a background check for these people and they must be returned and cleared before a person may be a frequent/regular visitor or babysitter.

All families must have at least one local approved babysitter prior to verification.

Name	Relationship	Name	Relationship
<i>Alex Sidebottom</i>	<i>Friend</i>		

Financial Information

Monthly Income: Please list all sources of income (include real estate, adoption subsidy, retirement, child support, public assistance, social security, etc.)

Income Source:	<i>Legent Orthopedic</i>	Monthly Net	\$ <i>4900</i>
Income Source:	<i>First Christian Church</i>	Monthly Net	\$ <i>1400</i>
Income Source:	<i>Redemption Church</i>	Monthly Net	\$ <i>938</i>
Income Source:	<i>Clyde Fluitt Rent</i>	Monthly Net	\$ <i>500</i>
Current Savings:	<i>\$50,000</i>		\$
Total Monthly Net Income			\$ <i>7738</i>

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Monthly Expenses: if an item does not apply to your budget please indicate with "n/a"			
Rent or mortgage (including taxes and insurance)		\$	1564
Rental property (including any mortgage, taxes, insurance, and expenses)		\$	
Telephone/Cell Phone/Cable/Internet		\$	137
Water		\$	110
Gas		\$	
Electricity		\$	180
Groceries and Household Supplies		\$	800
Pet Care		\$	25
Day Care/Child Care/School Tuition		\$	
Car Payments		\$	
Gasoline and Auto Maintenance		\$	500
Auto Insurance		\$	81
Clothing		\$	125
Recreation and Entertainment		\$	250
Medical and Dental Care (not covered by insurance)		\$	50
Health, Dental & Life Insurance Payments (not deducted from paycheck)		\$	167
Prescription Medications (all household members)		\$	3
Child Support or Alimony Payments		\$	
Tithe and Charitable Giving		\$	750
Regular Savings/Investments		\$	1500
Credit Card Payments		\$	
Other Loan Payments		\$	
Other (Specify)	<i>Karate and rec center membership</i>	\$	250
		\$	
Total Monthly Expenses		\$	6492
Total Monthly Income		\$	7738
Remaining Resources		\$	
(income minus expenses)		\$	1246
Does your family have Medical Insurance coverage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Company:	<i>BCBS</i>
Do you and/or your spouse have Life Ins. coverage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Company:	
Have you declared bankruptcy in the past year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please explain:			

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Religious Background

Please answer the questions below so that we may assess the support system that you have in place and best match you with children for placement.

What is your family's religious preference/denomination? Christian

Church Name: Redemption Church

City: Plano

How often does your family attend religious services? Weekly

How has your faith made a difference in your life? Yes

How would you assist a child in their personal spiritual development? We would hope to guide the

child to a close relationship with God and teach them to lean on Him during their lives

How would you provide appropriate supervision and care for a child who desired to participate in a religious faith or activity that is different from what you believe or what you wished to attend?

We would not stand in the way of her studying other faiths, but if she is studying other faiths we would want her to study Christianity as well. We encourage questions and studying to find truth.

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Personal Background Information

This information is to assist us in identifying potential areas that may require additional sensitivity, information, and documentation to support you in becoming a foster/adoptive parent

Parent #1 Name: Christopher Fluit

- Do you expect any change in marital status, employment, family size...
Have you experienced a significant loss or challenge in the past year...
Are you now or have you ever attended counseling or therapy...
Are you now or have you ever been prescribed psychotropic medications...
Have you ever been hospitalized for an emotional, mental, or behavioral condition...
Are you now receiving or have you ever received treatment for chemical dependency...
Have you ever been the victim of a physical assault, sexual assault, molestation...
Have you ever been arrested as an adult or as a juvenile?
Have you ever been accused, charged, or convicted of an act of assault, child battering...
Have any of your children ever been arrested or placed in foster care...
Have the police been called to your home for any reason, including Family/Domestic Violence Issue...

For any questions marked as "Yes," please thoroughly explain. Include dates & how the situation was resolved.

Multiple horizontal lines provided for written responses to the survey questions.

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Parent #2

Name: Sarah Fluitt

- Yes No Do you expect any change in marital status, employment, family size (other than adding through foster care and/or adoption), or place of residence in the next year?
- Yes No Have you experienced a significant loss or challenge in the past year, such as death, divorce, infertility/fertility treatment, miscarriage, pregnancy loss, job change/loss, or foreclosure?
- Yes No Are you now or have you ever attended counseling or therapy for any purpose?
- Yes No Are you now or have you ever been prescribed psychotropic medications such as an antidepressant or mood stabilizer?
- Yes No Have you ever been hospitalized for an emotional, mental, or behavioral condition/illness?
- Yes No Are you now receiving or have you ever received treatment for chemical dependency?
- Yes No Have you ever been the victim of a physical assault, sexual assault, molestation, or any type of physical, mental, emotional, or sexual abuse as a child or adult?
- Yes No Have you ever been arrested as an adult or as a juvenile?
- Yes No Have you ever been accused, charged, or convicted of an act of assault, child battering, child molestation, or any type of abuse or neglect?
- Yes No Have any of your children ever been arrested or placed in foster care or a treatment facility for emotional, mental, or behavioral condition/illness?
- Yes No Have the police been called to your home for any reason, including Family/Domestic Violence Issue in the past 10 years?

For any questions marked as "Yes," please thoroughly explain. Include dates & how the situation was resolved.

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All House Hold Members

Name(s) *William Fluitt, Hudson Fluitt, Joshua Fluitt, Clyde Fluitt*

(include biological, step, adopted and KINSHIP children and adults that live in the home full or part time)

- Yes No Are you now or have you ever attended counseling or therapy for any purpose?
- Yes No Are you now or have you ever been prescribed psychotropic medications such as an antidepressant or mood stabilizer?
- Yes No Have you ever been hospitalized for an emotional, mental, or behavioral condition/illness?
- Yes No Are you now receiving or have you ever received treatment for chemical dependency?
- Yes No Have you ever been the victim of a physical assault, sexual assault, molestation, or any type of physical, mental, emotional, or sexual abuse as a child or adult?
- Yes No Have you ever been arrested as an adult or as a juvenile?
- Yes No Have you ever been accused, charged, or convicted of an act of assault, child battering, child molestation, or any type of abuse or neglect?
- Yes No If an adult, have any of your children ever been arrested or placed in foster care or a treatment facility for emotional, mental, or behavioral condition/illness?

For any questions marked as "Yes," please thoroughly explain. Include dates & how the situation was resolved.

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References

Please list 3 non-relative references. These people should know at least one of the applicants for more than 3 years. **Please also list 2 relative references.** All references should be able to speak to your moral character and lifestyle and both applicants should be equally represented within the references listed. Please make your references aware that they will be receiving a form to complete on your behalf. CK Family Services prefers to send references by email. **Each reference should be someone living outside of your home, not including any adult children.**

Relative Name: Jerod Breakiron Relationship: Cousin

Email: _____

Address: 407 E Ash #1411, Johnson City, TX 78636

Home Phone: _____ Cell Phone: 512-799-5108

Relative Name: Sarahgail Frazier Relationship: Sister-in-law

Email: _____

Address: 326 Ross Ave, Denison, TX 75020

Home Phone: _____ Cell Phone: 903-821-9221

Non-Relative Name: David Fuller Relationship: Pastor, Mentor, Former employer

Email: shepherdsbread@sbcglobal.net

Address: 6201 Fannin Dr, Arlington, TX 76001

Home Phone: _____ Cell Phone: 817-992-1502

Non-Relative Name: Ron Muller Relationship: Family Friend

Email: ronmuller@sbcglobal.net

Address: 900 Valley View Drive, Allen, TX 75002

Home Phone: 972-727-9640 Cell Phone: 972-489-4805

Non-Relative Name: Charles Cregg Relationship: Neighbor

Email: _____

Address: 1112 Joshua Tree Dr, Plano, TX 75023

Home Phone: 972-881-7736 Cell Phone: 214-733-0280

Additional Information and Declaration

Is there anything else that you would like for us to know about your family?

Once your application is submitted, one of our team members will be calling to review your application with you. Approval of an application does not guarantee verification for foster care and/or adoption.

By initialing below, I am declaring that the information provided is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified and understand that if any of this information is found to be inaccurate or false, this may be used to discontinue any further consideration of my application. I give my consent for any agencies, employers, companies, friends or family members to be contacted. Completion of this application does not obligate the family or agency to proceed in becoming a licensed foster care and/or adoptive family.

Applicant #1 initials CF

Application #2 initials SF