

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



Adoption & Foster Care Application

I am interested in:

(Please check one)

☐

Foster Care

☐

Adoption

☐

Kinship Care

Applicant (Parent 1)

Last

First

MI

DOB

Male/Female

Spouse or Partner (Parent 2)

Last

First

MI

DOB

Male/Female

Address

Street

Apt #

City/State

Zip

Home Phone

Email address: _____

(Parent 1) Work Phone

(Parent 2) Work Phone

1. How long have you lived at this address: _____

2. Do you live within a 25-mile radius of Washington DC? ☐ Yes ☐ No

3. Do you reside in Section-8 Housing: ☐ Yes ☐ No or Transitional Housing ☐ Yes ☐ No

Personal Information

Parent 1

Parent 2

3. Place of Birth

4. Social Security

5. Religion

6. Highest Grade Completed

7. Race/Ethnic Origin

8. Number of Bedrooms

9. Insurance (check all that you have)

☐ Life

☐ Medical

☐ Auto

☐ Home

Children at Home

	<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Others in Home

	<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relationship</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Sources of IncomeParent 1Parent 2

10. Who is your primary Employer? _____

11. Annual Income _____

(✓ Check all that apply)

☐ Employment ☐ Self-Employment ☐ Social Security/Disability ☐ Retirement

☐ SSI ☐ TANF or AFDC ☐ Child Support ☐ Other _____

Marital Status

12. ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Dom. Partner ☐ Widowed ☐ LGBT Individual/Family (optional)

If married, date of marriage _____

Criminal History

13. Do you or anyone in your household have a trial pending for any charge? ☐ Yes ☐ No
If yes, please explain: _____

14. Have you or anyone in your household ever been convicted of a crime? ☐ Yes ☐ No
If yes, please explain: _____

15. Are you or anyone in your household currently on probation or parole? ☐ Yes ☐ No
 If yes, please explain: _____

16. Have you or anyone in your household ever been investigated for child abuse or neglect?
☐ Yes ☐ No If yes, please explain: _____

Medical History

17 Does either parent have any health condition for which you are or have recently received treatment? If yes, please explain:

Parent 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>

18. Are you currently or have you ever been an adoptive or foster parent? ☐ Yes ☐ No
 If so, where and when did you adopt/foster? ☐ DC ☐ MD ☐ VA ☐ Yes Other _____
 Date _____

19. Are you currently applying or have you ever applied to become an adoptive or foster parent through another agency? ☐ Yes ☐ No
 If yes, please explain and indicate the agency and date: _____

About the Child(ren) You Wish to Adopt/Foster (check all that apply)

Age Range	Gender	Number of Children
<input type="checkbox"/> 0 – 2 years	<input type="checkbox"/> Male	<input type="checkbox"/> one
<input type="checkbox"/> 3 – 5 years		<input type="checkbox"/> two
<input type="checkbox"/> 5 – 10 years	<input type="checkbox"/> Female	<input type="checkbox"/> three
<input type="checkbox"/> 10 – 15 years		<input type="checkbox"/> four
<input type="checkbox"/> 15 – 20 years	<input type="checkbox"/> Either	<input type="checkbox"/> five or more

****Please Note CFSA Licenses all homes from 0-20 or 6-20 depending on Lead Paint Results**

20. Would you consider fostering or adopting any of the following:
☐ Children with special medical/emotional needs ☐ Teenage mothers and their children

Comments/Remarks _____

Please Sign:

I attest to the best of my knowledge that all of the above information is correct and complete.

Parent 1

Date

Parent 2

Date

Please return this application to the recruiter during orientation fax or mail to:

**CHILD & FAMILY SERVICES AGENCY
ADOPTION & FOSTER CARE RECRUITMENT UNIT
200 I Street SOUTHEAST
WASHINGTON, DC 20003
FAX: (202) 727-3348**

For more information call: (202) 671-LOVE (671-5683)

Referrals

1. How did you hear about this program? _____
2. Do you know a neighbor, friend or family member who is interested in adoption or foster care?

Name

Phone

Summary and Disposition
(For Office Use Only)

- * Date referred to orientation _____ Home approved ☐ Yes ☐ No
- * Date referred to training _____ Date home approved _____
- * Date training completed _____

Comments

