**Commonwealth of Massachusetts**

**Department of Children and Families**

Family Resource Application  
Cover Sheet

Date:

Please provide the information below as indicated. If you need assistance, please contact:  
the recruitment line at 1-800-543-7508

Please mail this application to:

Department of Children & Families

Foster Care/Adoption Recruitment Unit

600 Washington Street

Boston, MA 02111:

Check the family resource type(s) you are interested in:

KINSHIP

CHILD-SPECIFIC

UNRESTRICTED

Check the program(s) you are interested in:

FOSTER CARE

ADOPTION

**Applicant Information:**

|  |  |  |
| --- | --- | --- |
| **Applicant Name**: |  |  |
| *(Last, First Middle)* | *(Maiden, if applicable)* |
| **Other Names Used:** |  | |
| **Co Applicant Name**: |  |  |
| *(Last, First Middle)* | *(Maiden, if applicable)* |
| **Other Names Used:** |  | |

|  |  |
| --- | --- |
| **Address:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Co Applicant** |
| **Home Phone:** *(including area code)* |  |  |
| **Work Phone:** *(including area code)* |  |  |
| **Cell Phone:** *(including area code)* |  |  |
| **Email Address:** |  |  |

**Emergency Contact Information:**

Please provide the name and telephone number(s) of the person(s) through whom you can be reached in an emergency:

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| --- | --- | --- |
|  | **Emergency Contact 1** | **Emergency Contact 2** |
| **Name** |  |  |
| **Phone Number** *(including area code)* |  |  |
| **Hours Available** |  |  |

**Language Information:**

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| --- | --- | --- |
|  | **Primary Language** | **Other Language(s)** |
| **Spoken In Household** |  |  |
| **Written Comprehension** |  |  |

## Section A: INITIAL ELIGIBILITY SCREENING INFORMATION

PLEASE NOTE: The following information will be used by the Department to determine whether you meet the basic requirements for applying to become as a foster or adoptive family. IF NOT APPLICABLE, WRITE “N/A.” USE ADDITIONAL PAPER IF NECESSARY

1. **Applicant Information**

|  | **Applicant** | **Co Applicant** |
| --- | --- | --- |
| **Gender:** |  |  |
| **Date of Birth:** |  |  |
| **Place of Birth:** *(City, State, Country)* |  |  |
|  |  |
| **Social Security No.:** |  |  |
| **Country of Citizenship:** |  |  |
| **Immigration Status:** *(Only if Not US Citizen)* |  |  |
| **Education:** *(Last Grade Completed)* |  |  |
| **Current Marriage Date:** |  |  |
| **Prior Marriage Dates:** *(Start and End Dates)* |  |  |
| Employment Info | | |
| **Current Employment Type:** |  |  |
| **Hours/Days Worked:** |  |  |
| **Date Employment Began:** |  |  |
| **Contact For Employment Verification:** *(Employer Name and Phone No.)* |  |  |
| Income Information | | |
| **Total Income Per Year**: |  |  |
| **Income Sources** *List Sources including TAFDC/welfare, SSI or SSA for self/ others)* |  |  |
| **Contact for Income Verification**  *(Name and Phone No.)* |  |  |

**Family/Household Member Information**

1. Please provide the following information for *ALL additional* individuals living in your home, including children. If you need to include additional household members, please attach additional sheets as necessary.

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| --- | --- | --- | --- | --- |
| **Full Name** *(First Middle Last)* | **Gender** | **DOB** | **Living at Home?** | **School Grade or Occupation** |
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**Frequent Visitor Information**

1. Please provide the following information for other individuals who regularly spend time at the home, including family members, especially individuals who stay overnight or provide care to any child in the home. If you need to include additional frequent visitors, please attach additional sheets as necessary.

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| --- | --- | --- | --- |
| **Full Name** *(First Middle Last)* | **Gender** | **DOB** | **Nature of Contact** |
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1. Is someone providing family-based child care in the home? YES  NO

If yes, have you notified your EEC licensor that you are applying to be a foster parent?

YES  NO

If yes, please list name of person(s) providing family-based child care services, the number and ages of children who are being cared for, and enclose a copy of the child care license:

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| --- | --- |
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| *(Person(s) Name)* | *(Number and Ages of Children Being Cared For)* |

1. Is someone caring for a disabled individual in the home? YES  NO

If yes, please explain who is receiving care, why and who is providing care; identify the agency, if any, that is supporting the care being provided:

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1. **Child Care Plan:** Please provide names of any person(s) other than yourself or your co-applicant who will provide day care and supervision in your home for any child(ren) placed with you and describe any other child care or day care services you plan to use, or will need, to assist you in providing care and supervision:

Please be aware that no pre-school age child in DCF foster/pre-adoptive care may be placed in work-related child care for more than 50 hours per week (or 25 hours per week for child in grade 1 or up).

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1. **Housing:** Own  Rent

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| --- | --- |
| **How long at current address?:** |  |
| **Name and telephone number of contact for verification:** |  |
| **Previous address:** |  |
| **How long at previous address?** |  |
| **Name and telephone number of contact for verification:** |  |

1. **Animals at Home:** Do you have any? YES  NO

If yes, please list type(s), and if dogs, indicate breed, age and purpose:

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**History as Foster Care of Adoptive Family**

1. Have you applied to this or any other agency for foster care or adoption? YES  NO

If yes, please list agency name(s) and date(s) of application:

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| --- | --- |
| **Agency Name** | **Date of Application** |
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1. Are you, or any member of your household, now providing foster or pre-adoptive care? YES  NO

If yes, please list the name of person(s) providing foster/pre-adoptive care and identify the placement agency:

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| --- | --- |
| **Household Member Name** | **Agency Name** |
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Please be aware that DCF will conduct a search of Massachusetts Criminal Offender Record Information, Sex Offender Registry Information and child welfare records to determine if you, or any member of your household, has a history of previous involvement with DCF or criminal conduct which would make your home not eligible for the placement of foster children. If you have previously lived in a state other than Massachusetts or in a U.S. territory or on an Indian reservation within the past 5 years, you are requested to provide comparable information from that state or other authority’s child welfare systems. Please also be aware that DCF may make collateral contacts with any other individuals regarded by DCF as useful to the determination of whether you are eligible to apply to become a foster or adoptive family for DCF. If you are eligible to apply, DCF will require that you and any members of your household age 15 and older be fingerprinted through a DCF authorized fingerprinting facility. There is no cost to you for fingerprinting. If you provide child care in your home, DCF may contact, or exchange information with, the Department of Early Education and Care concerning the children you provide child care to and the children DCF places in your home.

**FAILURE TO ANSWER THE FOLLOWING QUESTIONS OR TO PROVIDE THE INFORMATION REQUESTED REGARDING ANY HISTORY OF CHILD ABUSE OR NEGLECT OR CRIMINAL CONDUCT IS CAUSE FOR MANDATORY DISQUALIFICATION FROM BECOMING A DCF FOSTER OR ADOPTIVE FAMILY.**

1. **Crimes:** Have you or any member of your family or household ever been charged with, or convicted of, a crime (as an adult or as a juvenile, including any incident where a record was sealed, or the disposition was dismissed, continued without a finding, vacated, filed or not processed)? Has a temporary or permanent protective order ever been issued against you or a member of your household [i.e., under MGL c. 208 (divorce); MGL c. 209 (abandonment in marriage); or MGL c. 209A (abuse prevention)]?

YES  NO

If yes, please explain:

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1. **DCF Involvement:** Have you or any member of your family or household ever been a client of this Department, as an adult or as a child (e.g., a recipient of CHINS/CRA or voluntary services), or the subject of a 51A (i.e., a report of child abuse or neglect), or have you received comparable services from another state, U.S. territory or tribal authority?

YES  NO

If yes, please explain and provide approximate dates of service:

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1. **Firearms:** Do you or any member of your household have firearms? YES  NO

If yes, please provide a copy of the firearm identification card and/or pistol permit.

I hereby apply to be a foster or adoptive parent.

I agree to participate in the DCF approved pre-licensing training and parenting group for preparation and assessment that is required for the type of license I am seeking.

I further agree to release any information necessary for this application/evaluation and to allow an inspection of my home.

I understand that DCF will obtain references, make inquiries regarding any child abuse or criminal record, and that any falsification or withholding of information on this application may be grounds for my denial as a foster or adoptive parent.

I agree that DCF may make collateral contacts with any individuals named in this application, as well as other individuals regarded by DCF as useful to evaluation of this application.

I agree that DCF may provide information about me and my household members with the Department of Early Education and Care if I currently or in the future provide child care under a license issued by DEEC.

I understand it is my obligation to report any change in circumstances regarding housing, health, household membership (including all individuals who spend substantial time—especially overnights—in my home), pets/animals and/or other background information provided in this application.

I also understand that, upon licensing as a foster or adoptive parent, I become a "mandated reporter" and will be required to report suspected child abuse and neglect to the Department.

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| *(Applicant Signature)* | *(Date)* | *(Co Applicant Signature)* | *(Date)* |