

TeamBuilders Treatment Foster Care Application

All Information is Strictly Confidential

Applicant's Name: last, first, middle	Social Security Number	Driver License No	Work Number
Co-Applicant's Name: last, first, middle	Social Security Number	Driver License No	Work Number
Home Address-Number and Street			Home Number
Mailing Address: (if different from above)			Cell Phone
Directions for finding your home, if difficult to locate:			Cell Phone

APPLICANT

Birth	Place	Date				
Identity	Countries ancestors came from			Ethnicity		
Language	Primary Language Spoken in the home			Other Languages spoken in the home		
	Religion (if applicable)			Sexual Preference		
Physical description	Sex	Height	Weight	Hair Color	Eye Color	Skin Color
Education last grade/Degrees completed	Grammar	High School	College			
Military Service (Please attach DD 214)	Branch	Length of Service	Type of Discharge			
Employment	Primary Source of Income <input type="checkbox"/> None <input type="checkbox"/> Earnings <input type="checkbox"/> Military <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance <input type="checkbox"/> SSI – Disability <input type="checkbox"/> other _____					
	Please list your job experiences for the past 10 years. Start with you most recent employment.					
		Period of Employment	Job Title	Monthly Income	Reason For leaving	
Other Income	Source		Amount			

MARITAL HISTORY

Present marriage	Place: Town, County, and State	Date Married
Previous Marriages?	1	2
To Whom?		
Date and Place?		
Date and Place of Divorce?		
Date of Spouse's Death?		
If more than two (2) previous marriages, please list on a separate sheet of paper.		

APPLICANT'S FAMILY

Name	Contact Information		Age	Health	Occupation
Father	Phone				
	Address				
Mother	Phone				
	Address				
Brothers/Sisters	Phone				
	Address				
	Phone				
	Address				
	Phone				
	Address				
	Phone				
	Address				
Children from previous marriages	Phone				
	Address				
	Phone				
	Address				

CO-APPLICANT

Birth	Place	Date				
Identity	Countries ancestors came from			Ethnicity		
Language	Primary Language Spoken in the home			Other Languages spoken in the home		
	Religion (if applicable)			Sexual Preference		
Physical description	Sex	Height	Weight	Hair Color	Eye Color	Skin Color
Education last grade/Degrees completed	Grammar	High School	College			
Military Service (Please attach DD 214)	Branch	Length of Service	Type of Discharge			
Employment	Primary Source of Income <input type="checkbox"/> None <input type="checkbox"/> Earnings <input type="checkbox"/> Military <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance <input type="checkbox"/> SSI - Disability <input type="checkbox"/> other _____					
	Please list your job experiences for the past 10 years. Start with you most recent employment.					
		Period of Employment	Job Title	Monthly Income	Reason For leaving	
Other Income	Source			Amount		

MARITAL HISTORY

Present marriage	Place: Town, County, and State	Date Married
Previous Marriages?	1	2
To Whom?		
Date and Place?		
Date and Place of Divorce?		
Date of Spouse's Death?		
If more than two (2) previous marriages, please list on a separate sheet of paper.		

CO-APPLICANT'S FAMILY

Name	Contact Information		Age	Health	Occupation
Father	Phone				
	Address				
Mother	Phone				
	Address				
Brothers/Sisters	Phone				
	Address				
	Phone				
	Address				
	Phone				
	Address				
	Phone				
	Address				
Children from previous marriages	Phone				
	Address				
	Phone				
	Address				

Children

Name(s) of Child(ren) in the home	BIRTH DATE	Occupation or School Grade	Natural or Adopted?			
				Month	Day	Year
Children not living with you	Whereabouts	Month	Day	Year	Occupation or School Grade	Natural or Adopted?
Others in the home: Adults and Children (over 18)	Relationship	Month	Day	Year	Occupation or School Grade	

REFERENCES – The following people may be contacted via mail or phone regarding your application

REFERENCE	NAME	MAILING ADDRESS	TELEPHONE NUMBER
Applicant's Relative			
Applicant's Employer			
Co-Applicants Relative			
Co-Applicant's Employer			
OTHER—Three (3) persons <u>Not related to you</u> who know you well. (APPLICANT)			
OTHER—Three (3) persons <u>Not related to you</u> who know you well. (CO-APPLICANT)			

****PLEASE COMPLETE THIS ENTIRE SECTION****

OTHER FINANCIAL INFORMATION (applicant and co-applicant)

SAVINGS	DEBTS		INSURANCE COVERAGE		
	Total Owed \$	Monthly Payments \$	Life \$	Auto \$	Medical \$
Other Assets			Home \$	Other Insurance \$	

HOME INFORMATION

_____ House	_____ Apartment	_____ Trailer	Number of Bedrooms: _____
_____ Rented	Amount per month: \$ _____	_____ Owned	Amount per month: \$ _____
PREVIOUS ADDRESSES: Last Five (5) Years		DATES: From-To	
How long have you lived at your current address? _____ Years and _____ Months			

QUESTION	APPLICANT	CO-APPLICANT
Have you previously applied for employment at TeamBuilders?		
Are you at least 25 years of age?		
Do you have a valid New Mexico Driver's license? Expiration Date:	Expiration Date:	Expiration Date:
Have you been convicted of a DWI in the last five (5) years?		
Have you been on parole or probation in the last five (5) years? If yes, explain:		
Have you ever been convicted of or pled guilty to a felony? If yes, explain:		
Have you ever been arrested for offenses dealing with mistreatment of children or violations of moral turpitude? If yes please explain:		
Is there anything in your background that might cause concern about hiring you to work with children (i.e. arrests, convictions, drug use, etc.)? If yes, explain:		
Were you ever arrested as a juvenile? If yes, explain:		
Have you ever been arrested as an adult? If yes, explain:		
Have you ever received any psychological or psychiatric treatment?		
Have you had any moving traffic violations in the past three (3) years? If yes, list the offenses and dates:		
Do you own a dependable vehicle for transportation?		

DO ANY OF THE FOLLOWING AFFECT YOU AND YOUR CO-APPLICANT'S ABILITY TO PERFORM THE TYPE OF WORK CONDUCTED AT TEAMBUILDERS?

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>		<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Rupture?	Y () N ()	Y () N ()	Silicosis or Tuberculosis?	Y () N ()	Y () N ()
Defective Sight?	Y () N ()	Y () N ()	High Blood Pressure?	Y () N ()	Y () N ()
Loss of any organ?	Y () N ()	Y () N ()	Epilepsy?	Y () N ()	Y () N ()
Back trouble?	Y () N ()	Y () N ()	Arthritis?	Y () N ()	Y () N ()
Dizziness?	Y () N ()	Y () N ()	Rheumatism?	Y () N ()	Y () N ()
Defective Hearing?	Y () N ()	Y () N ()	Heart Disease?	Y () N ()	Y () N ()

APPLICANT

CO-APPLICANT

Precluding health conditions?		
Able to restrain?		
Active in recreational activities?		
Able to climb stairs?		
Hear with out a hearing aid?		
Used controlled substances in the last five years?		
Treatment for substance abuse, including alcohol? When?		
Convicted of possession or distribution?		
Prescribed medication?		
Filed workers compensation claim? When?		
Any other kind of injury?		
On the job injury; If so complete the section below:		

APPROXIMATE DATE OF INJURY	EMPLOYER AT THE TIME OF INJURY	NATURE OF INJURY	WERE YOU DISABLED?	APPROXIMATE TIME OFF WORK?	WAS A BENEFITS CLAIM MADE?

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME **ADDRESS** **WORK #** **HOME #**

I hereby authorize TeamBuilders Counseling Services, Inc. to investigate and verify the facts stated by me in this application.

I hereby declare that the information provide by me in this application is true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application will deny my consideration for employment. I also understand that if selected, any misstatement or omission of fact on this application shall be considered cause for dismissal. I further understand that if I am considered for the Treatment Foster Care Program, I will be subject to a criminal records check.

NOTE: If application is not completely filled out, it may cause delays.

Applicant Signature

Date

Co-Applicant Signature

Date

ACKNOWLEDGEMENT 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:

- 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 applicants 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 treatment foster children.
- G. TeamBuilders representatives have the right and duty to visit foster children in the foster home.
- H. If a law officer takes protective custody of any foster child (under Section 32-1-A-(4) of the Children's Code) foster parents shall surrender custody of the foster child to the law officer.
- I. All planning is made in conjunction with the team.
- J. An application for foster care does NOT guarantee a license/approval for placement of a child. An approval or denial is based on the suitability of the family for the youth in need of Treatment Foster Care.
- K. 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 HOMESTUDY PROCESS.
- L. If my (our) application is approved, I (we) am (are) NOT guaranteed placement in my (our) home.
- M. I have been given a copy of this form as designated by my signature.

Applicant

Co-Applicant

Date Signed

Date Signed