

**COMMONWEALTH CATHOLIC CHARITIES**

1512 Willow Lawn Drive  
P.O. Box 6565  
Richmond, VA 23230  
804-285-5900

541 Luck Avenue, Suite 118  
Roanoke VA 24016  
540-342-0411

507 Park Avenue, SW  
Norton, VA 24273  
276-679-1195

**FOSTER CARE/RESOURCE PARENT APPLICATION**

**ALL INFORMATION IN THIS APPLICATION IS CONFIDENTIAL**

**IMPORTANT: Both parents must sign form**

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code County

Home Telephone Number: \_\_\_\_\_  
Area Code Number

Foster Mother Work Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Foster Father Work Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

How long have you resided in the State of Virginia? \_\_\_\_\_

E-mail address if available: \_\_\_\_\_

Emergency telephone no. \_\_\_\_\_  
Area Code Number Name and Relationship to Contact

**Please Notify us if any changes occur in telephone numbers**

Home: Own Rent (Circle one please)

If married date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/day/year City State Church or Other

How were you referred to this agency? \_\_\_\_\_





**LIST ALL OTHER PERSONS LIVING IN THE HOME.**

Name	DOB	Relationship	Sex	Occupation	Reside in Home
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

**Name Any of Minor/ Adult Children Who Live Outside the Home.**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____		
_____		
_____		
_____		

**MOTIVATION TO FOSTER/RESOURCE AND PREFERENCE**

Why do you want to foster/adopt a child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Child Desired: Male \_\_\_ Female \_\_\_ Either \_\_\_ Age Range \_\_\_\_\_

Caucasian \_\_\_ Biracial \_\_\_ African American \_\_\_ Asian \_\_\_ Hispanic/Latino \_\_\_

Other \_\_\_\_\_

Are you interested in a sibling group? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Age Range: \_\_\_\_\_

Would you accept a special needs child? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you applied for a child from another source? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

Have you had a home study done previously? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the outcome of the home study? Approved \_\_\_ Not Approved \_\_\_

If Yes, Agency name, address, phone number \_\_\_\_\_  
\_\_\_\_\_

**Interests and Hobbies: Include organizations and clubs in which you are actively involved:**

Foster/Resource Father \_\_\_\_\_

\_\_\_\_\_

Foster/Resource Mother \_\_\_\_\_

\_\_\_\_\_

**If previously married, please answer the following:**

Foster/Resource Father

To Whom: \_\_\_\_\_ Date of Marriage \_\_\_\_\_

How did marriage end? (e.g. divorce) \_\_\_\_\_ Date & Place \_\_\_\_\_

Foster/Resource Mother

To Whom \_\_\_\_\_ Date of Marriage \_\_\_\_\_

How did marriage end? (e.g. divorce) \_\_\_\_\_ Date & Place \_\_\_\_\_

**Please add information about any other marriages or divorces here:**

**Have you ever received counseling/treatment/medication for mental health or substance abuse?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES**

List three (3) people who have known you for a minimum of four (4) years. Your choices should reflect a variety of relationships. Please do not give relatives as references. Be sure to include complete addresses, including zip codes.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to Applicant(s) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to Applicant(s) \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to Applicant(s) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Foster/Adoptive Father

\_\_\_\_\_  
Signature of Foster/Adoptive Mother

## **RESOURCE FAMILY ACCEPTANCE POLICY**

Commonwealth Catholic Charities Treatment Foster Care Program (referred to as CCC TFC) is a licensed private child placing agency (LCPA) in the Commonwealth of Virginia and is accredited by the Council on Accreditation of Services for Families and Children. CCC TFC links special needs children and teenagers with treatment foster families and provides a variety of support services designed to help youth adjust to their environment and become self-sufficient adults.

CCC TFC evaluates potential foster families for suitability as CCC Treatment Foster Parents. Consideration must be given to such factors in which the judgment of professional agency staff might have an impact on their relationship with a CCC TFC minor. Information given by you as the applicant will be kept in strict confidence and will only be accessible to staff of Commonwealth Catholic Charities.

The undersigned acknowledges and agrees that he/she is not obligated if called upon to perform the services herein applied for, and that the agency is not obligated to place, or actively seek to place foster children.

If for any reason the undersigned applicant is not accepted as a foster parent, all information obtained through intake procedures will remain the property of CCC TFC. Applicants who are not accepted will not necessarily be given reasons for non-acceptance as to do so could jeopardize screening policies. Furthermore, in the event the applicant is approved, the undersigned understands that CCC may later exercise the right to close the home to future placements and terminate the relationship at any time. Contents of the closed file remain the property of CCC as per policy. A copy of documents authored in their entirety or in part by the foster parents may be released to the foster parents.

In the event an applicant is approved and begins providing services to a CCC TFC minor, the undersigned agrees that the legal guardian and/or CCC TFC reserves the right to terminate the relationship between a foster parent and a CCC TFC minor, if that action is believed to be in the best interest of the minor. Further, in the event of such termination by the legal guardian or professional staff, CCC TFC is not obligated to provide the foster parent with any specific reasons for such termination.

Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

(Rev. 7/10)