

**RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH & FAMILIES
APPLICATION FOR A NEW FOSTER CARE & ADOPTION LICENSE**

Alliance Human Services, Inc.
Agency Name

Please type or print. If you need extra space to provide complete answers, please attach extra pages.

1. What type of license are you applying for? Please check one of the following:

- License to care for specific child(ren) (kinship foster care)
 General foster care & adoption license (non-kinship foster care)

If applying for a license to care for specific child(ren): Please list the name(s) of child(ren) for whom you are already providing foster care or for whom you would like to provide foster care:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

What is your relationship to the child(ren) listed above? _____

2. Applicant 1:

Last Name First Name Middle Name Maiden Name

Gender Identity Race Hispanic – Y/N DOB

Preferred Pronoun: He She They Ze A pronoun not listed No pronoun preference

U.S. Citizen or Permanent Resident? – Y/N If “no,” please state your immigration status.

Please list all other names and aliases you’ve ever used. If you have not used any, write “none.”

3. Applicant 2:

Last Name First Name Middle Name Maiden Name

Gender Identity Race Hispanic – Y/N DOB

Preferred Pronoun: He She They Ze A pronoun not listed No pronoun preference

U.S. Citizen or Permanent Resident? – Y/N If “no,” please state your immigration status.

Please list all other names and aliases you’ve ever used. If you have not used any, write “none.”



5. Telephone and Email: Applicant 1 Applicant 2
 Home phone: Cell: _____ Cell: _____
 _____ Work: _____ Work: _____
 Email: _____ Email: _____

4. Address: _____
 Number, Street, Apt. City or Town Zip Code

May we call you at work? Applicant 1: Yes No Applicant 2: Yes No

What is your preferred contact number? _____

6. Please indicate city/town, state, and dates of residency for the past 5 years:

<u>Applicant 1</u>		<u>Applicant 2</u>	
Location	Dates (MM/YY-MM/YY)	Location	Dates (MM/YY-MM/YY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Please provide the following information about ALL of your children, including birth, step, and adoptive, regardless of age and current residence.

<u>Last Name</u>	<u>First Name</u>	<u>DOB</u>	<u>Living with you? Y/ N</u>	<u>Adopted? Y/N</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Please list all other members of your household:

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>DOB</u>	<u>Relationship to you</u>
_____	_____	_____	_____	_____

9. What languages are spoken in your home? _____

Are you able to read and understand English? Applicant 1: Yes No Applicant 2: Yes No

Do you need an interpreter? No Yes (if yes, which language(s) and applicant(s)): _____

10. Do you have sufficient income to meet your family's current living expenses? Yes No

11. Please provide the following information regarding your current or most recent employment

Applicant 1:

<u>Employer</u>	<u>Address</u>	<u>Start/End Dates</u>	<u>Position</u>	<u>Work Days/Hours</u>
-----------------	----------------	------------------------	-----------------	------------------------

Applicant 2:

<u>Employer</u>	<u>Address</u>	<u>Start/End Dates</u>	<u>Position</u>	<u>Work Days/Hours</u>
-----------------	----------------	------------------------	-----------------	------------------------

12. Do you have any other sources of income? Yes No If "yes," please explain:

13. Have you, your partner, your child(ren), or any other member of your household ever been investigated by Child Protective Services in Rhode Island or any other jurisdiction in the U.S. or any other country?

Yes No If "yes," please explain:

14. Have you or your partner ever had a child or children placed outside of your home by this or any other state in the U.S. or any other country? Yes No If "yes," please explain:

15. Have you, your partner, your children, or any other member of your household ever received services from a child welfare agency (such as DCYF), Juvenile Detention/Corrections (such as Rhode Island Training School), or Juvenile Probation in Rhode Island or any other jurisdiction in the U.S. or abroad?

Yes No If "yes," please explain:

16. Have you or your partner ever been licensed to provide day care, foster care, or adoptive care in any state or country, or have you ever applied for such a license? Yes No If "yes," please explain:

17. Have you, your partner, your child(ren), or any other member of your household ever been arrested, or charged by the police or any other law enforcement agency, or been arraigned, indicted, or convicted of any offense in any state or country? Yes No If "yes," please explain:

18. Do you or your partner have a history of physical or mental illness or a condition that may affect your capacity to parent a child who may be physically, emotionally, or behaviorally challenging? Yes No If "yes," please explain:

REFERENCES

19. Please list below all physicians, counselors, psychologists, psychotherapists, and other healthcare professionals providing services to you and/or members of your family residing in your household:

Provider's Name Office Address Family Member's Name Primary or Specialist?

20. Personal References:

Please list four (4) persons who have known you for at least two years and can comment on your family's lifestyle and values. Please inform them that they will be used as references and will be receiving a letter from DCYF requesting a personal reference response. Please ask your references to return their response to DCYF as soon as possible to help avoid delays in processing your application.

	<u>Full Name</u>	<u>Complete Address, Including Zip Code</u>
<i>Non-Relative</i>	1	_____
<i>Non-Relative</i>	2	_____
<i>Relative</i>	3	_____
<i>Either</i>	4	_____

HOUSING AND SAFETY FACTORS

21. What is your housing situation?

Rent Own Other (Please explain): _____

22. How many rooms are in your home? _____

23. How many bedrooms? _____

24. How many pets are in your home? _____

<u>Name and Type of Pet</u>	<u>Licensed? (Yes/No)</u>	<u>Up to date on rabies vaccinations? (Yes/No)</u>

RECRUITMENT

25. Why are you interested in becoming a foster or adoptive parent? There is no right or wrong answer.

26. What prompted you to take concrete steps towards becoming a foster or adoptive parent? Check all that apply:

- Attended an info session hosted by (organization name): _____
- Talked to a foster or adoptive parent (parent’s name): _____
- News story Poster or flyer Billboard
- TV/Radio Ad Websites: _____
- Other (please explain): _____

SIGNATURE(S)

Please read the following statement and sign your application by hand if submitting your application via mail or fax. If you are submitting your application electronically without printing it first, please type your full name and check the box next to it.

I/We, the undersigned, attest that the information contained in this application is complete and accurate. I/We understand that any false representation on this application may be cause for denial of the license we are seeking or immediate revocation of any license if it has been issued. I/We further understand that all members of my/our household will undergo clearances by the Bureau of Criminal Identification and/or local law enforcement authorities and the Department of Children, Youth and Families. We understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name below, I am electronically signing my application.

Applicant #1

Date

By checking this box and typing my name below, I am electronically signing my application.

Applicant #1

Date

Please return your completed application by email or postal mail. If submitting your application via email, please send it to the following address:

Alexandra.Tentoco@alliancehumanservices.org

If sending your application via postal mail, please send it to the following address:

105 Sockanosset Cross Road Suite 116
Cranston, RI 02920

If you have any questions, please call us at (401) 900-8805.

Appendix B

Please: provide applicant(s) SSN

Applicant #1

Date

Applicant #2

Date