YOUTH OFFENDER FOSTER HOME APPLICATION

SECTION 1

Applicant

(Last Name, First, Middle) _____ Date of Birth: _____ Home Phone: _____
Birth Place: _____ Work Phone: _____
Social Security #: _____ Gender: ☐ Male ☐ Female Cell Phone: _____
Driver's License #: _____ Email: _____ Pager: _____

Race/Ethnic Background	Cultural Origin	Current Marital Status	Religious Affiliation (optional)	Employment Status
☐ Asian/Pacific Islander ☐ African-American ☐ Caucasian ☐ American Indian/Alaskan Native → _____ (Tribe) ☐ Background is Unknown	☐ Hispanic ☐ Other Than Hispanic ☐ Unknown	☐ Married ☐ Separated ☐ Never Married ☐ Divorced ☐ Widow(er)		☐ Employed Full Time ☐ Employed Part Time ☐ Retired ☐ Not Employed ☐ Never Employed

Co-Applicant

(Last Name, First, Middle) _____ Date of Birth: _____ Home Phone: _____
Birth Place: _____ Work Phone: _____
Social Security #: _____ Gender: ☐ Male ☐ Female Cell Phone: _____
Driver's License #: _____ Email: _____ Pager: _____

Race/Ethnic Background	Cultural Origin	Current Marital Status	Religious Affiliation (optional)	Employment Status
☐ Asian/Pacific Islander ☐ African-American ☐ Caucasian ☐ American Indian/Alaskan Native → _____ (Tribe) ☐ Background is Unknown	☐ Hispanic ☐ Other Than Hispanic ☐ Unknown	☐ Married ☐ Separated ☐ Never Married ☐ Divorced ☐ Widow(er)		☐ Employed Full-Time ☐ Employed Part-Time ☐ Retired ☐ Not Employed ☐ Never Employed

Home Address:

(Street/Route) (City) (State) (Zip) (County of Residence)

Mailing Address (If different):

(Street/Route) (City) (State) (Zip)

Emergency Contact: (If applicant and co-applicant are unavailable)

Name: _____ Telephone/Cell Number: _____
Address: _____

Household Composition: List who lives in the home – include name, date of birth, gender, relationship to you, school or work schedule, ODL# (if applicable) and SSN#. (Attach additional sheets of paper if necessary.)

Name	Date of Birth	Gender	Relationship to You	School or Work Schedule	Drivers License #	SSN#
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					

Schools:

Nearest Elementary School:	City:	Distance:
Nearest Middle School/Jr. High:	City:	Distance:
Nearest High School:	City:	Distance:

Housing:

Water Supply: ☐ Public ☐ Private (Attach Well Test)	Sewer System: ☐ Public ☐ Private	No. of Bathrooms: __

Sleeping Arrangements	Floor Location				Specify who sleeps in each room and number of beds in the room
	Main	2nd Floor	Basement	Attic	
Bedroom 1					
Bedroom 2					
Bedroom 3					
Bedroom 4					

Insurance Information:

	Company Name	Policy Number	Coverage Amount	Exp. Date
Home/Renters:				
Auto:				

Financial Statement: OYA needs to provide a stable environment for youth, therefore an assessment of the entire stability of the family is conducted. The following questions are regarding financial stability. This is only a part of the whole picture. Provide as much information as possible.

1. Current Household Monthly Income: (independent of foster care maintenance payment)..... _____

2. Current Household Monthly Expenses: (Summarize and total below)

   Housing: _____ Transportation: _____ Loans: _____
   Food: _____ Clothes: _____ Recreation: _____
   Utilities: _____ Credit Cards: _____ Other: _____

   Total Expenses: _____

3. Current Yearly Income: Applicant: _____ Co-Applicant: _____

4. Household income for the last three years:

Year $$	20__	20__	20__
5 – 15,999			
16 – 24,999			
25 – 34,999			
35 – 49,999			
50,000 +			

5. Do you, other members of household or anyone living on your property own firearms or weapons? ☐ Yes ☐ No
   Where and how are they stored?

   _____

6. Do you, other members of household or anyone living on your property have a concealed weapons permit?
   ☐ Yes ☐ No
   If yes, what is your safety plan for keeping your gun inaccessible to the youth?

   _____

7. List type and serial number of all guns in the household or anywhere on your property.

Gun Type	Serial Number	Gun Type	Serial Number

The Oregon Youth Authority (OYA) is legally responsible for assuring the physical, mental, and emotional well-being of children placed in substitute care. Oregon Law requires that an investigation be made of applicants who desire to operate a foster home. Falsification of information on this application is a criminal offense and may disqualify an applicant. By signing this application, you acknowledge that you have read and understand the Rules regulating the certification of foster homes. By signing this application, you also agree to cooperate in the investigation and to comply with OYA Rules and Policy governing certification of foster homes.

X _____ _____
(Signature of Applicant) (Date)

X _____ _____
(Signature of Co-Applicant) (Date)

SECTION 2 – Individual Background Information (The certifier will provide each foster parent applicant a copy of this section. Each applicant must complete Section 2 individually, sign and attach to Section 1 of the application.)

Certifier Name: _____ **Date:** _____

Applicant Name: _____ **Foster Home Name:** _____

Previous Names or Nicknames: _____

Financial:

1. Current Employment:

   Employer: _____ Work Phone: _____

   Address: _____

   Occupation: _____ Date of Employment: _____ Monthly Income: _____

   Status: ☐ Full time ☐ Part time ☐ Seasonal ☐ Retired ☐ Volunteer ☐ Other _____

2. Have you filed for bankruptcy in the last five years? ☐ Yes ☐ No
   Explain circumstances:

3. List all of your employers for the last five years and length of employment:

Employer	Years	Start Date	End Date

4. List your addresses for the last five years:

Street	City	State	Move in Date	Move Out Date

Education and Training:

1. What is the highest grade you completed in school? _____

2. List any degrees or certifications you have earned (include dates, and school).

   _____

3. What in your background would help you be a foster parent for delinquent teenagers? (workshops, trainings, skills, etc.)

   _____

Marital History: List current and previous relationship information.

1. Are you currently in a marriage or committed relationship? _____

How long? _____

Have there been any separations? _____ For how long? _____

2. Have you previously been married? ☐ Yes ☐ No
   If yes, provide details:

   _____

Children/Grandchildren: List ALL your children - including adopted, step and grandchildren.
(Attach additional sheets of paper if necessary.)

Name	Date of Birth	Gender	Relationship to You	Whereabouts	Frequency of Visit (if out of home)
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

Health Information:

1. List any health conditions you have:

   _____

2. Have you ever been in counseling or mental health treatment? ☐ Yes ☐ No
   If Yes, provide details:

   _____

3. Are you taking any medication? ☐ Yes ☐ No
   What and why?

   _____

4. Do you smoke? ☐ Yes ☐ No How much? _____

5. Do you consume alcohol? ☐ Yes ☐ No How much? _____ How often? _____

Family of Origin History: Please answer the following questions or write a short personal history.
(Attached additional sheets of paper if necessary)

1. Who raised you? _____

2. How many siblings do you have and where do you fit in the order? _____

3. What were the significant events in your childhood? (parents divorce, family deaths, multiple moves, legal difficulties, etc)?

   _____

4. State any history of sexual abuse, emotional abuse, domestic violence, substance abuse, or mental illness in your childhood family.

5. In your childhood family, did you or your family have contact with juvenile court, police, protective service agency, or foster care system? ☐ Yes ☐ No If Yes, please give details.

Personal Habits:

1. Describe your life style including hobbies, recreational activities and personal habits.
   (Use additional sheet of paper if necessary)

Foster Parenting: (Use additional sheet of paper if necessary)

1. Why do you want to be a foster parent for OYA?

2. Do you now or have you ever provided full-time care to adults or children through another organization or agency?
   ☐ Yes ☐ No
   If Yes, for what organization/agency? _____
   Year of application: _____ Type of application: _____
   Reason for the termination or closure of that license or certification:

3. Have you ever been or previously applied to be a foster parent with any agency, private or public? ☐ Yes ☐ No
   If Yes, for what agency/program? _____
   Year of application: _____ Type of application: _____
   Reason for the termination or closure of that license or certification:

4. How will a delinquent youth in your home affect you and your family?

5. What things do you have planned to provide for yourself and your family to avoid burnout?

6. What kinds of youth behaviors do you want to work with?

7. What kinds of youth behaviors would you not accept into your home?

8. Describe your parenting style.

9. How do you work together as parents?

10. Will one of you be primary foster parent?

11. How do you plan to support a tobacco-free, alcohol-free environment for youth?

_____

Legal History:

1. Have you or other members of household had any criminal arrests and/or charges, including juvenile delinquency arrests and/or charges? ☐ Yes ☐ No

   If Yes, list below: name, arrests/charges, date of offense, state of offense and the resolution of each.
   (Attach additional sheets of paper if necessary)

Name	Arrests/Charges	Date of Offense	State of Offense	Resolution

2. Have you or other members of household had any allegations and/or charges of abuse and/or neglect?
   ☐ Yes ☐ No

   If Yes, list below: name, allegations and/or charges of abuse and/or neglect, date of offense and/or charges, state of offense and resolution of each. (Attach additional sheets of paper if necessary)

Name	Allegation/Charges	Date of Offense	State of Offense	Resolution

References: List at least four references, three of whom are unrelated (if filing joint application each person must provide at least two different references), who have known you for two years or more and who can attest to your ability to provide care and supervision to youth offenders. In addition, the OYA may contact schools, employers, and other persons, including adult children, as references.

1.

Name (First, Last) **Telephone/Cell Numbers**

Mailing Address (Street) (City) (State) (Zip)

2.

Name (First, Last) **Telephone/Cell Numbers**

Mailing Address (Street) (City) (State) (Zip)

3.

Name (First, Last) **Telephone/Cell Numbers**

Mailing Address (Street) (City) (State) (Zip)

4.

Name (First, Last) **Telephone/Cell Numbers**

Mailing Address (Street) (City) (State) (Zip)

By signing below, I verify all information provided in this section of the application is true and accurate to the best of my knowledge. I understand that falsification of information on this application is a criminal offense and may disqualify me as an applicant.

X _____ _____

(Signature of Applicant) (Date)