OPERATION OPEN ARMS INCORPORATED®

FOSTER/ ADOPTION APPLICATION
8918 STONE GREEN WAY, SUITE 100
LOUISVILLE, KY 40220
PHONE: 502-493-5007 FAX: 502-491-8600

I / We are interested in ☐ Fostering ☐ Adoption or ☐ Both		
PARENTAL INFORMATION		**DATE:**
Family Name		
Address		County:
City:	State:	Zip Code:
How long have you resided at the above address?		
Have you lived outside of Kentucky in the last 10 years? ☐ Yes ☐ No	If so, then where?	
(Check One) ☐ Own ☐ Rent ☐ Other		

Applicant 1	Applicant 2
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Do you text?	Do you Text?
Work Phone:	Work Phone:
Email Address:	Email Address:
Can you be contacted while at work? ☐ Yes ☐ NO	Can you be contacted while at work? ☐ Yes ☐ NO
First Name:	First Name:
Middle Name:	Middle Name:
Last Name:	Last Name:
Maiden Name:	
Social Security #:	Social Security #:
Date of Birth:	Date of Birth:
Race:	Race:
Smoke? ☐ Yes ☐ NO	Smoke? ☐ Yes ☐ NO
Education Level:	Education Level:
Annual Income:	Annual Income:
Occupation:	Occupation:
Employer:	Employer:
Employment start date:	Employment start date:
Employer Phone:	Employer Phone:
Employer Address:	Employer Address:
# of hours worked weekly?	# of hours worked weekly?

APPLICANT 1	APPLICANT 2
MILITARY INFORMATION	
Military Service? Branch:	Military Service? Branch:
Dates:	Dates:

Type of discharge (attach copy of DD214):		Type of discharge (attach copy of DD214:
RELIGIOUS INFORMAITON		
Religious Affiliation:		Religious Affiliation:
Name of Church, Synagogue, Mosque, etc.:		Name of Church, Synagogue, Mosque, etc.:
How often do you attend?		How often do you attend?
Have you ever worked for CHFS/DCBS/P&P?		Have you ever worked for CHFS/DCBS/P&P?

MARRIAGE OR DOMESTIC PARTNERSHIP (if more than 2 past marriages, please attach additional page with additional information)		
Date of marriage?		
Place (County/ State)		
APPLICANT 1		**APPLICANT 2**
# of previous marriages:		# of previous marriages:
Name of previous spouse:		Name of previous spouse:
Date of marriage:		Date of marriage:
Place of marriage:		Place of marriage:
Reason for divorce/death:		Reason for divorce/death:
Date of divorce/death:		Date of divorce/death:
Name of previous spouse:		Name of previous spouse:
Date of marriage:		Date of marriage:
Place of marriage:		Place of marriage:
Reason for divorce/death:		Reason for divorce/death:
Date of divorce/death:		Date of divorce/death:

COMMUNITY INFORMATION		
Elementary School (K – 5th Grades):	Home Resides School:	Cluster Name or Number:
Middle School (6th-8th Grades):	Home Resides School:	Other choice:
High School (9th -12th Grades):	Home Resides School:	Other choice:
How far is the closest hospital:	☐ 0-5 miles ☐ 6-10 miles ☐ 10-15 miles ☐ 15+ miles	
Type of water used in the home:	☐ City ☐ Well ☐ Delivered ☐ Cistern	

WHO RESIDES IN THE HOME			
Name	Date of Birth	Relationship	Will they be a caretaker?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

			☐ Yes ☐ No

CHILDREN (List all: living, deceased, at home or away from home. Identify the highest grade completed.)		
Does Applicant 1 have children? ☐ Yes ☐ No		Does Applicant 2 have children? ☐ Yes ☐ No
Child #1: Name:		☐ Male ☐ Female
Address:		Phone:
City/State/Zip	Date of birth:	Grade:
Relationship to Applicant 1: ☐ Biological ☐ Step ☐ Adopted		
Relationship to Applicant 2: ☐ Biological ☐ Step ☐ Adopted		
Child #2: Name:		☐ Male ☐ Female
Address:		Phone:
City/State/Zip	Date of birth:	Grade:
Relationship to Applicant 1: ☐ Biological ☐ Step ☐ Adopted		
Relationship to Applicant 2: ☐ Biological ☐ Step ☐ Adopted		
Child #3: Name:		☐ Male ☐ Female
Address:		Phone:
City/State/Zip	Date of birth:	Grade:
Relationship to Applicant 1: ☐ Biological ☐ Step ☐ Adopted		
Relationship to Applicant 2: ☐ Biological ☐ Step ☐ Adopted		
Child #4: Name:		☐ Male ☐ Female
Address:		Phone:
City/State/Zip	Date of birth:	Grade:
Relationship to Applicant 1: ☐ Biological ☐ Step ☐ Adopted		
Relationship to Applicant 2: ☐ Biological ☐ Step ☐ Adopted		

Continued: CHILDREN (Additional children please list them on the back of this page)		
Child #5: Name:		☐ Male ☐ Female
Address:		Phone:
City/State/Zip	Date of birth:	Grade:
Relationship to Applicant 1: ☐ Biological ☐ Step ☐ Adopted		
Relationship to Applicant 2: ☐ Biological ☐ Step ☐ Adopted		

Does the family have any pets? Please describe.

MEDICAL INFORMATION			
Name of Family Physician:			
Address:			
Phone and Fax Numbers:			
Does any member of the family have the following:			
Physical disability?	☐ Yes	☐ No	Who?
Medical Condition?	☐ Yes	☐ No	Who?
Received mental health treatment?	☐ Yes	☐ No	Who?
Currently taking medication?	☐ Yes	☐ No	Who?
What type of medication?			
Has any member been treated for alcohol or substance abuse?	☐ Yes	☐ No	Who?

PREVIOUS FOSTER CARE EXPERIENCE			
Have you ever applied to become a foster parent before:	☐ Yes	☐ No	Name of Agency?
What was the outcome of your application:			
If you provided foster care for another agency please complete the following:			
How long did you foster?		Why are you no longer providing care?	
Who made the decision to close your home?			
Where you in agreement to close your home?:	☐ Yes	☐ No	If no, explain:

PREVIOUS ADOPTION EXPERIENCE			
Have you adopted a child in the past?	☐ Yes	☐ No	Name of Agency?
When?		If more than one child, how many?	
How old was the child (ren)?			
What agency did you pursue the adoption through?			
Name of attorney that you used for the court proceedings?			

LEGAL INFORMATION		
Has any member of your household ever been CHARGED, FINED, OR CONVICTED for felony offense?:	☐ Yes	☐ No
If yes, then describe:		
Has any member of your household ever been CHARGED, FINED, OR CONVICTED for a misdemeanor offense?:	☐ Yes	☐ No

If yes, then describe:
Has any member of your household had allegations or charged of abuse or neglect brought against them?: ☐ Yes ☐ No
If yes, then describe:
Have any of your children been temporarily or permanently removed from you home by the courts or CPS?: ☐ Yes ☐ No
If yes, then describe:

CHILDREN OF INTEREST

Ages of children interested in caring for.: ☐ 0-5 ☐ 6-10 ☐ 11-15 ☐ 16-18 ☐ ALL

Race: ☐ White ☐ African American ☐ Hispanic ☐ Bi-Racial ☐ ALL ☐ Other (list):

Gender: ☐ Male ☐ Female ☐ Both

Identify issues that you WOULD BE willing to accept (check those that apply):

	Number of previous placements		Mental Retardation
	Physically abused		Tunes out, isolates, won't listen
	Sexually abused or exploited		Fire-setting
	Premature or low birth weight		Destroys property
	Failure to thrive		Physically aggressive
	Physical handicaps		Verbally aggressive
	Allergies		Hyperactive
	Medications		Lying
	Health needs		Stealing
	Eating habits / problems		Displays inappropriate behavior
	Special nutritional needs		Sense of humor
	Developmental delays		Sleeping difficulties
	Rocking, head banging		School difficulties
	Temper tantrums		Talents (sports, music, art, etc.)
	Wetting, soiling, smearing		Smokes
	Injury to self		Substance abuse problems
	Attachment difficulties		Cooperative
	Running away		

List your family's activities and interests:

Expected availability to participate in training.

Most convenient day of the week: Convenient hours:

*All adult household members are required to consent to criminal record checks that include state police, sex offender registry, and child abuse and neglect registry. Any one that has resided out of the state of Kentucky in the last ten years are required to consent to an FBI check.

*All foster parents are required to participate in 30 hours of pre-service training, and at least 6 hours annually.

I understand that by submitting my signature that it only indicates that I am interested in obtaining more information about becoming an Operation Open Arms, Inc. family. I understand that this is not a contract with Operation Open Arms, Inc., and that by completing this application it does not guarantee that I will be accepted as an Operation Open Arms, Inc. family.

SIGNATURE	
Applicant 1 Signature	Date
Applicant 2 Signature	Date