

STATE OF MONTANA
Department of Public Health and Human Services
Child and Family Services Division
Resource Family Application

The estimated time for processing a correctly completed application is 6 months.
--

The following self-report information is gathered to obtain pertinent information which will be used in your family assessment.

<p align="center">Please check all that are applicable:</p> <p><input type="checkbox"/> ADOPTION <input type="checkbox"/> GUARDIANSHIP</p> <p><input type="checkbox"/> FOSTER CARE <input type="checkbox"/> KINSHIP CARE</p>	<p align="center">For CFS Office Use Only:</p> <p><input type="checkbox"/> Legal risk approved</p> <p><input type="checkbox"/> Concurrent placement approved</p>
--	---

Applicant #1				Applicant #2			
Legal Name:				Legal Name:			
Last	First	Middle	Maiden	Last	First	Middle	Maiden
Date of Birth		Place of Birth		Date of Birth:		Place of Birth:	
		Sex:				Sex:	
SSN #:		Dr. Lic#:		SSN #:		Dr. Lic#:	
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	
May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>				May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Work phone:				Work phone:			
Hours of Work:				Hours of Work:			
E-mail Address:				E-mail Address:			
Residence Address:				Length of Time at Residence:			
Mailing Address:							
Please give clear direction for reaching your home:							
Last grade completed in school:				Last grade completed in school:			
Occupation:				Occupation:			
Marital Status:		Date of Marriage:		Place of Marriage:			

Religion: _____	Religion: _____
Race/Ethnicity (check all that apply): <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian Enrolled Yes <input type="checkbox"/> No <input type="checkbox"/> Which Tribe _____ Enrollment # _____	Race/Ethnicity (check all that apply): <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian Enrolled Yes <input type="checkbox"/> No <input type="checkbox"/> Which Tribe _____ Enrollment # _____

Have you experienced any major life changes within the last 12 months, such as:

- | | |
|--|--|
| a. <input type="checkbox"/> Loss of employment or serious financial difficulties | e. <input type="checkbox"/> Death of a spouse or child |
| b. <input type="checkbox"/> Marital counseling | f. <input type="checkbox"/> Birth or adoption of a child |
| c. <input type="checkbox"/> Marital separation | h. <input type="checkbox"/> Other |
| d. <input type="checkbox"/> Divorce | |

Have you been convicted of a crime involving child or elder abuse or neglect, including sexual abuse, physical assault, or other acts of violence? (if Yes, please explain in section below) **Yes** **No**

Have you ever been named as a perpetrator in a substantiated report of child or adult abuse or neglect (or exploitation of an adult)? (If Yes, please explain in Section below) **Yes** **No**

Have any of your own birth children been in foster care? (If Yes, please explain in Section below) **Yes** **No**

(Please use this section below to explain any yes answers above)

Type/age of child(ren) applying to adopt, foster, or become guardian for:

Age Range	Sex	Number
-----------	-----	--------

For Adoptive applicants only:

Are you interesting in adopting a sibling group? Yes **No** .

If Yes, how large of a sibling group would you consider for placement? _____

Dphhs-CFS-090 (Rev 2/2012)

Please provide the following information related to all of your children:

Name	Relationship (i.e. son, daughter)	Birth Date	Birthplace	Last grade completed in school	Race/Ethnicity and if applicable, Tribal affiliation	Social Security Number	Does child live with you?

Please provide the following information on all **others** in household: *(all household members 18 and older must have fingerprints completed. ARM 37.51.305(2) defines household members as any person staying in your household two weeks or longer).*

Name	Birth Date	Grade in School or Occupation	Relationship

Attach additional sheets if necessary

Please list four (4) references: [Required for initial application and as requested by the Department]

Only one reference may be a relative to applicant(s)

	Name	Complete Mailing Address	Telephone	E-mail Address	Relationship
1.					
2.					
3.					
4.					

We/I hereby apply to foster / provide kinship for / adopt / become guardian for a child from the Department of Public Health and Human Services/Child and Family Services Division (DPHHS/CFSD). We/I agree to provide any information required by DPHHS/CFSD to process this application, including interviews, references, physical and/or mental health examinations and health records, if requested. We/I understand that this application does not create any obligation on the part of DPHHS/CFSD to approve us/me as a foster parent(s)/ kinship/adoptive/guardian or to place a child with us/me once I/We are approved. I/We agree that the information provided in this application is true and accurate.

Applicant Signature

Date

Applicant Signature

Date