

Sherwood & Myrtie

Foster's Home

for Children

Thank you for taking the time to fill out this application. By doing this, you recognize our purpose in the community which is to provide sanctuary and healing to children of trauma. We appreciate you wanting to join us in our mission for children:

- To provide a **S**afe environment to grow
- To provide an avenue for Emotional management
- To provide a way to mourn the Loss of significant events and people
- To provide a solution focused Future

Please include a copy of your Driver's License and a copy of your Social Security Card as both are required to complete the Texas Department of Family and Protective Services Criminal History Check.

If you have any questions, please do not hesitate to contact Doug Young, doug.young@fostershome.org, or 254-968-2143 ext. 246.



Applicant Name	
Applicant Name:	

Applicant Information

DATE:						
First Name: Middle		Name:		Last Name:		
Other Names Used: (Mar	ried, Maiden, Etc.) _					
Date of Birth:	Social	Security N	lumber:			
Age Sex						
The following are require	ed for the Texas DFP	S Criminal	History Che	eck:		
United States Citizen:	Yes No					
Ethnicity: Hispanic	Not Hispanic					
Race: American India	n/Native Alaskan	Asian	Black			
Native Hawaiia	n/Pacific Islander	White	Other			
Driver's License Number	and Type:					
Phone Numbers: Home:			Cell:			
Email address:						
Current Address (please	include the county)	:				
Permanent Address (plea	ase include the cour	nty):				
List RESIDENCE address t	or the last 5 years: ((Have you	live out of s	tate in the last 5 years?	? Yes	No)
List all other cities in TEX	AS where you have	had reside	ency since y	ou were 14 years old:		