



Sherwood & Myrtle

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 **Safe** 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.

Application Instructions

- Complete an *Applicant Information* sheet for everyone in your household who is over the age of 14. (if more than 2 are needed, extras can be found at the bottom of the sponsorship application.)
- Read pages 3-4 to everyone in your household over the age of 14. The primary applicant needs to sign page 4.
- Have 3 people complete the Reference Statements. If applying as a couple, the references may be combined.



Applicant Information

DATE: _____

First Name: _____ Middle Name: _____ Last Name: _____

Other Names Used: (Married, Maiden, Etc.) _____

Date of Birth: _____ Social Security Number: _____

Age _____ Sex _____

The following are required for the Texas DFPS Criminal History Check:

United States Citizen: Yes No

Ethnicity: Hispanic Not Hispanic

Race: American Indian/Native Alaskan Asian Black
Native Hawaiian/Pacific Islander White Other

Driver's License Number and Type: _____

Phone Numbers: Home: _____ Cell: _____

Email address: _____

Current Address (please include the county):

Permanent Address (please include the county):

List RESIDENCE address for the last 5 years: (Have you live out of state in the last 5 years? Yes No)

List all other cities in TEXAS where you have had residency since you were 14 years old:



Co-Applicant Information

DATE: _____

First Name: _____ Middle Name: _____ Last Name: _____

Other Names Used: (Married, Maiden, Etc.) _____

Date of Birth: _____ Social Security Number: _____

Age _____ Sex _____

The following are required for the Texas DFPS Criminal History Check:

United States Citizen: Yes No

Ethnicity: Hispanic Not Hispanic

Race: American Indian/Native Alaskan Asian Black
Native Hawaiian/Pacific Islander White Other

Driver's License Number and Type: _____

Phone Numbers: Home: _____ Cell: _____

Email address: _____

Current Address (please include the county):

Permanent Address (please include the county):

List RESIDENCE address for the last 5 years: (Have you live out of state in the last 5 years? Yes No)

List all other cities in TEXAS where you have had residency since you were 14 years old:



Sponsorship Information

How many children live in your home? _____ What are their ages? _____

What is your occupation? _____

Work Hours: _____

What is your spouse's occupation? _____

Work Hours: _____

Is there a certain child you would like to sponsor? If so, who? _____

Type of Sponsorship desired: Clothing Vacation Weekend Other

Comments: _____

How did you hear about the Sponsor Program? _____

Continued on next page



Guidelines for Sponsor Services

LOSS & FUTURE

Sherwood & Myrtie Foster's Home for Children is excited about your family's interest in providing a sponsor home for children living on our campus. We are always looking for dedicated Christian families who will share their homes and love with a child. Sponsors can sometimes develop very unique and beneficial relationships with children who do not have family involvement of their own. Many of our children develop very special relationships with these "sponsor families" that last many years.

SAFETY

Foster's Home for children is licensed as a child caring institution by the State of Texas. As a part of this license, we are required to ensure, at all times, that certain standards be met regarding the program we provide for our children. Because of this, we want to make prospective sponsor families aware of certain policies that we must follow when we allow children to visit sponsor families. Please review this carefully and make every effort to see that these policies are complied with. Your cooperation with these will insure the safety of our children and protect you from any responsibility for negligence.

1. All firearms, explosive materials, and projectiles such as darts, arrows, and BB's should be out of the access of all youth under the age of 18. These items may be used by youth only when supervised by an adult.
2. All medications should be stored out of the reach of the youth. Prescriptions should be under lock or stored safely in the sponsoring adults' bedroom. Dispensing medication should be carefully supervised by the sponsoring adult and recorded on provided forms.
3. Youth should not be allowed to make overnight plans away from the sponsor family unless permission is received from the youth's consultant.
4. No youth over the age of 6 should share a bedroom with a person of the opposite sex.
5. Emergencies or serious incidents should be reported immediately to the youth's case manager, caregivers, or an administrator. The emergency number for Foster's Home for Children is 254-459-9664; then use 911.
6. When a youth is placed with you, a medical release form will be provided for permission to receive medical services or illnesses or emergencies. This should be kept available at all times.
7. No youth's picture may be used in any news media without permission in writing from the Vice President of Children's Services or the youth's case manager.
8. Decisions regarding activities such as dating or outings must be discussed with the youth's caregivers or case manager. They can best share information with you regarding the appropriateness of the youth being given these freedoms.
9. Under no circumstances will alcohol, drugs, tobacco, or pornography be accessible to the youth.
10. It is a volunteer/sponsor's legal responsibility to report abuse or neglect to the President/CEO of the Vice President of Children's Services.
11. All volunteers/sponsors understand that youth visits are based upon privileges. If youth are without privileges they will not go on sponsor visits. This may happen the day of the visit. Sponsor visits are a privilege and may need to be taken away based on the behavior of the youth that day.



Guidelines for Sponsor Services continued...

12. All sponsors must call by 12:00 PM on Wednesday for weekend visits. Sponsors must call two days in advance for summer visits during the week.
13. All sponsors must obtain confidentiality of youth's situations.
14. All sponsors are asked to complete an evaluation form. This evaluation will help us to know how the sponsorship program is helping the child.

STATEMENT BY SPONSOR: I have read and understand the rules regarding sponsoring of children from the Foster's Home for Children and agree to abide by it.

Signature of Applicant(s)

Date

Vice President of Children's Services

Date



Reference Statement

Please offer any appropriate comments concerning your impressions of this individual's personal or professional qualities relative to the above mentioned position. Thank you for your assistance. You may be assured that any information you give us will remain confidential.

1. How long have you known this individual? _____

2. What is your relationship with this individual? _____

3. Please comment on this individual's maturity and stability: _____

4. Describe this individual's character and temperament: _____

5. What are some of this individual's strengths? _____

6. What are some of this individual's growth areas? _____

7. Does this individual have experience working with children? _____

8. Do you know of any instability in this person, such as unusual tension or irritability, gambling, drinking, use of narcotics, history of poor mental health, mental illness, and the like? _____

9. Please add any additional comments you care to make: _____

Signature

Date

Printed Name



Reference Statement

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Printed Name



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 8. Do you know of any instability in this person, such as unusual tension or irritability, gambling, drinking, use of narcotics, history of poor mental health, mental illness, and the like? _____

 9. Please add any additional comments you care to make:

Signature

Date

Printed Name



Additional Applicant Information

DATE: _____

First Name: _____ Middle Name: _____ Last Name: _____

Other Names Used: (Married, Maiden, Etc.) _____

Date of Birth: _____ Social Security Number: _____

Age _____ Sex _____

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