TruLight127 Ministries
It Takes a Village to Save a Child

Foster / Adopt Application

PERSONAL INFORMATION

Date of Application:			Marital Status:		
Family Last Name:					
Street Address:					
City:		State:		Zip Code:	
Parent #1 Full Legal Name:					
DOB:			Place of Birth:		
Parent #2 Full Legal Name:					
DOB:			Place of Birth:		

Is your home currently licensed, regulated, approved, or operated by any other agency? ☐ YES ☐ NO			
If yes, Name of Agency?			
Address of Agency?			
Date of License		Phone #:	

Have you or anyone in your home ever applied to another agency to be a foster parent? ☐ YES ☐ NO	
If yes, please list name of agency:	

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Parent # 1 Information					
Driver's License #:					
Race:		US Citizen: ☐ Yes ☐ No		Legal Resident: ☐ Yes ☐ No	
Cell Phone #:		Email:			

Complete History of Residence for the past TEN years.

Must list dates for each address

Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	

Parent #2 Information					
Driver's License #:					
Race:		US Citizen: ☐ Yes ☐ No		Legal Resident: ☐ Yes ☐ No	
Cell Phone #:		Email:			

Complete History of Residence for the past TEN years.

Must list dates for each address

Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	
Date:		Address:	



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EDUCATION INFORMATION

Parent #1 Education Level:		Graduated ☐ Yes ☐ No	
Last School Name:			
Parent #2 Education Level:		Graduated ☐ Yes ☐ No	
Last School Name:			

Information for the School District You Live In

Name of School District:	
Elementary School Name:	
Elementary School Address:	
Elementary School Phone #:	
Middle School Name:	
Middle School Address:	
Middle School Phone #:	
High School Name:	
High School Address:	
High School Phone #:	

EMPLOYER INFORMATION

Parent #1 Information			
Employer:			
Employer Address:			
Employer Phone #:		Job Title:	
Work Schedule:		Date of Hire:	
Parent #2 Information			
Employer:			
Employer Address:			
Employer Phone #:		Job Title:	
Work Schedule:		Date of Hire:	

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BACKGROUND

Tell us if you're interested in: ☐ Fostering ☐ Adopting or ☐ Both

How many children are you considering in your home?			
Explain what you would see as a good match for your home:			
Gender: ☐ Male ☐ Female ☐ Either			
Ages:		Ethnicity:	

Local Law Enforcement Contact Phone #:	

We must conduct an address check with the local police office for domestic violence and police calls to the home for the past 24 months.

Have you ever been arrested or convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please explain:	

Have you or anyone in your household ever been reported for abuse or neglect of a child or children? ☐ Yes ☐ No

If yes, please explain:	

Have you or anyone in your household ever been convicted of child abuse or neglect of a child or children? ☐ Yes ☐ No

If yes, please explain:	

REQUIREMENTS

Requirements for Foster/Adoptive Applicants:

- Be at least 21 years old
- You may be single or married. If married, both spouses must complete the process.
- Minimum income: $20,000/single applicants - $25,000/couples (add $3,000 per child living in the home
- Expenses must not exceed income

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HOUSEHOLD OCCUPANT INFORMATION

Everyone ages 13 & up must submit a Background Consent Form
(14 & up MUST complete the FBI Fingerprinting)
If you have more to list, please put information in an email.

Name:						Relationship:					
DOB:		Age:		Gender:			Race:				
Name:						Relationship:					
DOB:		Age:		Gender:			Race:				
Name:						Relationship:					
DOB:		Age:		Gender:			Race:				
Name:						Relationship:					
DOB:		Age:		Gender:			Race:				
Name:						Relationship:					
DOB:		Age:		Gender:			Race:				

CHILDREN NOT LIVING IN HOME

We will need to contact and obtain a reference from children 12 & up
If you have more to list, please put information in an email.

Name:				DOB:	
Phone:		Email:			
Name:				DOB:	
Phone:		Email:			

RELIGIOUS AND/OR COMMUNITY ORGANIZATIONS

Are you involved or associated with a religious or community organization or other association? (i.e. church, club, group, etc.) Please identify below:

Name:	
Website:	
Phone #:	
Name:	
Website:	
Phone #:	



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PERSONAL REFERENCES

We will contact everyone listed. List four references that you have known for at least TWO years. Please list only those with whom your family is well acquainted. Each reference must have complete address and email address. The reference must be one Church/Community Leader, one Family Member not in the home, and two people in your community not related to you.

Church/Community Leader Name:			
Email:		Phone #:	
Family Member Name:			
Email:		Phone #:	
Friend/Co-Worker Name:			
Email:		Phone #:	
Friend/Co-Worker Name:			
Email:		Phone #:	

AUTHORIZATION

Submission of this signed application signifies that Applicant and Applicant's Spouse authorize TruLight127 Ministries, Inc. to obtain a copy of any consumer or credit report related to this application and to verify any rental history, employment history, or any other information related to this application.

I hereby declare that the information provided by me in this application for foster parent is true, accurate, and complete to the best of my knowledge. I give my permission for any of this information to be verified and understand that if any of this information is found to be inaccurate or false, this may be used to terminate any further consideration of my application. I give my consent for any agencies, companies, friends, or family members to be contacted. If married, both parents must sign.

Parent #1 Signature	Parent #2 Signature