

Foster/Adoptive Parent Application

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
FOSTER-ADOPTIVE PARENT APPLICATION

Please complete **OCFS-5183D, Medical Report** and **OCFS-5183E, Safety Review Form**
as part of the foster/adoptive parent application process.

APPLICANT INFORMATION (Each applicant must complete a separate form.)			
LAST NAME, FIRST NAME, MIDDLE INITIAL:			
DATE OF BIRTH: / /	FOSTER CARE ONLY <input type="checkbox"/> FOSTER CARE AND ADOPTION* <input type="checkbox"/> <i>*Complete attachment for Adoption Applicants.</i>	HOME PHONE: () -	CELL PHONE: () -
CURRENT ADDRESS:		SCHOOL DISTRICT:	
CITY:		STATE:	ZIP CODE:
HOW LONG HAVE YOU: <input type="checkbox"/> Owned <input type="checkbox"/> Rented		EMAIL ADDRESS:	
CURRENT EMPLOYMENT INFORMATION			
CURRENT EMPLOYER:		HOW LONG?	
EMPLOYER ADDRESS:			
CITY	STATE:	ZIP CODE:	
PHONE:	EMAIL:		
POSITION:	SCHEDULE:		
MARITAL STATUS:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Couple living together		
DEMOGRAPHICS¹			
SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male			
GENDER IDENTITY³: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer			
SEXUAL ORIENTATION⁴: <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Don't know <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer			
RACE:	ETHNICITY:	RELIGIOUS AFFILIATION:	
LANGUAGES SPOKEN:			
NATIVE AMERICAN? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, Tribal Affiliation:</i>			

¹ Applicant has the right to decline to answer questions in first box without any impact to their application.

² Sex refers to a person's biological and physiological characteristics.

³ Gender Identity refers to a person's internal sense of themselves, regardless of anatomy.

⁴ Sexual Orientation refers to a person's emotional, romantic and sexual attraction to other persons.

FOSTER/ADOPTIVE PARENTING EXPERIENCE

Have you previously applied to be a foster or adoptive parent in this state or another state?

No Yes *If yes, with what agency?*

Were you accepted or denied? Accepted Denied *If denied, what was the reason?*

Have you had a foster parent certification revoked, suspended, surrendered or lapsed?

No Yes *If yes, what was the reason?*

Are you currently an approved adoptive parent? No Yes

If yes, please provide approval date and the approving agency name(s) and contact information.

APPROVED DATE:

APPROVED AGENCY:

CONTACT INFORMATION:

/ /

/ /

/ /

Plans for supervision of child during work hours, after school, summer:

Do you operate a day care program in your home?

No Yes

If yes, number of children:

Hours of operation:

Do you operate a Family-Type Home for Adults?

No Yes

Do you operate any other business out of your home?

No Yes

If yes, what are the hours of operation?

Do you have a license for any of the businesses in your home?

No Yes

If yes, what are the hours of operation?

TRANSPORTATION

Do you have a car? No Yes

Do you have a driver's license?

No Yes

If yes, expiration date:

/ /

Proof of valid license provided?

No Yes

Proof of valid car insurance provided?

No Yes

What are your plans for transporting the child in foster care as needed?

REFERENCES – List at least one reference who can verify your work record and qualifications

NAME	ADDRESS	PHONE/EMAIL ADDRESS

List three references, other than relatives, who can serve as personal references

NAME	ADDRESS	PHONE/EMAIL ADDRESS

EMPLOYMENT HISTORY

Employer:

Dates of employment: / / To / /

Position:

Hours worked per week:

Reason for leaving:

Employer:

Dates of employment: / / To / /

Position:

Hours worked per week:

Reason for leaving:

Employer:

Dates of employment: / / To / /

Position:

Hours worked per week:

Reason for leaving:

EDUCATION HISTORY

HIGHEST EDUCATION COMPLETED: Grade School High School GED Associates Degree
 Bachelor's Degree Master's Degree Ph. D.
 Other:

FINANCIAL INFORMATION

INCOME FROM EMPLOYMENT: (verified by W-2 or 1040)

OTHER INCOME AND SOURCE:

PA SSI SSD Disability Child Support
 Other, specify:

TOTAL MONTHLY INCOME:

EXPENSES:

▶ rent/mortgage	\$
▶ utilities	\$
▶ car payments	\$
▶ car insurance	\$
▶ other insurance	\$
▶ loans/debts	\$
▶ food, clothing, etc.	\$
Total monthly expenses	\$

FOR ADOPTION ONLY:

Does your family have medical insurance coverage? No Yes

Is your family experiencing any financial stressors (i.e. foreclosure, bankruptcy) etc.? No Yes

If yes, please explain:

SIGNATURE OF APPLICANT:

X

DATE:

/ /

APPLICANT SWORN STATEMENT – one per applicant

Please answer the questions below in full.

LAST NAME:

FIRST NAME:

MIDDLE NAME:

MAIDEN NAME OR ANY OTHER ALIAS:

CURRENT MAILING STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

1. Have you ever been convicted of any crime within New York State or another state/jurisdiction?

No Yes

If yes, provide an explanation for each crime for which you were convicted including the type of crime, the location, the date and circumstances:

2. Has any person age 18 or older currently residing in the home ever been convicted of a crime in New York State or any other jurisdiction or state?

No Yes

If yes, provide an explanation for each crime for which you were convicted including the type of crime, the location, the date and circumstances:

To the best of my knowledge, I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in disqualification as an applicant for deliberately presenting false or misleading information.

SIGNATURE OF APPLICANT:

X

DATE:

/ /

Application to Adopt

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

APPLICATION TO ADOPT
Family Adoption Registry Information

NOTE: Select ALL acceptable characteristics. You may choose more than one entry in each area.

Sex Male Female Other **Age:** Under 2 2-5 6-7 8-9 10-13 Over 13

Ethnicity Code: _____ _____ _____ _____ _____ _____ _____
Primary Language Code: _____ _____ _____ _____ _____ _____ _____
Secondary Language Code: _____ _____ _____ _____ _____ _____ _____
Religion Code: _____ _____ _____ _____ _____ _____ _____

ETHNICITY CODE (FOR CHILD AND PARENTS)			LANGUAGE CODE (FOR CHILD AND PARENTS)		
AA Black or African American	ASI Indian	AI Nat Am Lan	KM Cambodian		
AAC Caribbean	ASJ Japanese	AL Albanian	KR Korean		
AAH Haitian	ASK Korean	AR Arabic	LA Laotian		
AAN Native African	ASX Other - Asian	BN Bengali	MU Multiple		
AAX Other - Black or African American	HP Hispanic	BS Bosnian	NI Nigeranlbo		
AL Alaskan Native	ML Multiple	CC Cantonese	PJ Punjabi		
AM Native American	PI Native Hawaiian/Pacific Islander	CF Fujianese	PL Polish		
AS Asian	WH White	CH ChnseOther	PR Portuguese		
ASC Chinese	XNR Not Reported	CM Mandarin	PT Patois		
RELIGION CODE (FOR CHILD AND PARENTS)			CR HaitnCreol	RO Romanian	
AT African Religion	IS Muslim/Islamic	CZ Czech	RS Russian		
BA Baptist	JW Jehovah's Witness	EN English	SC SerboCroat		
BP Other Protestant	LU Lutheran	ET Ethiopian	SI Amer Sign		
BU Buddhist	ME Methodist/Wesleyan	FA Farsi	SL Braille		
CJ Jewish	MO Mormon	FL Fulani	SP Spanish		
CS Christian Science	NA Native American	FO Filipino	TL Tagalog		
CT Chinese Traditional	OC Other Christian	FR French	UK Unknown		
DE Other Eastern	PE Pentecostal	GK Greek	UR Urdu		
EN None/Secular	PR Presbyterian	GR German	VT Vietnamese		
EP Episcopal/Anglican	RC Catholic	GU Gujarati	YI Yiddish		
FP No Preference	RO Russian Orthodox	HI Hindi	XX Other		
GO Greek Orthodox	UN Unknown	HW Hebrew			
HI Hindu	UU Unitarian/Universal	IT Italian			
	XX Other	JP Japanese			
		KH Khmer			

If you will consider a child with special needs and individual needs check ALL appropriate choices in the boxes below:

CATEGORIES OF CHILD NEEDS	MILD	MODERATE	SEVERE
Medical/Physical Needs			
Educational/Learning Needs			
Mental Health Needs			
Developmental Delay Needs			
Would you be willing to accept a legally "At Risk" child? <input type="checkbox"/> No <input type="checkbox"/> Yes		Would you be interested in adopting a sibling group? <input type="checkbox"/> No <input type="checkbox"/> Yes	

CATEGORIES OF CHILD NEEDS

Medical/Physical Needs - This category includes children with specific medical/physical needs that may require an additional level of care beyond that normally given at the child's age level. This category includes children that may display some of the following medical problems that range from acute to chronic and/or terminal illness: a child who experiences respiratory problems ranging from asthma to reactive airway disease or skin conditions that range from eczema to those that require surgical/medical intervention; children with physical disabilities that impair the use of vision, hearing and mobility; and children with neurological problems that range from seizure disorders to different levels of cerebral palsy. This section will include infants that require additional medical intervention as well as some children who have gastrointestinal medical needs, and children who experience a wide range of allergy conditions. Additionally, children with conditions such as Down syndrome, fetal alcohol syndrome, Tourette and sickle cell disease will be included in this section.

Educational/Learning Needs - This category includes children with educational/learning needs ranging from educational support to diagnosed learning disabilities. Examples will include visual/receptive/auditory processing difficulties, dyslexia and educational delays. In addition, children may require special educational intervention.

Mental Health Needs - This category includes children with mental/emotional disorders ranging from experiencing acting-out behavioral and emotional problems to having been adjudicated Persons in Need of Supervision (PINS), and Juvenile Delinquents. Further examples of mental health needs include those children exhibiting some of the following behaviors low-frustration tolerance, early sexual activity, sexually acting-out behavior, enuresis, encopresis, and cruelty to animals. Also included are children who exhibit these additional issues: resistance to adult authority, have difficulty with their peers, runaway behavior, school absence and or discipline issues, diagnosed attention problems including Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder, substance abuse sleep disorders, and theft and gang activity. Children who are physically aggressive, violent and destructive will be noted here.

Developmental Delay Needs - This category includes children whose developmental needs range from receptive/ expressive language, fine/gross motor skills, social adaptations, and self-help skills to those needing intensive assistance in self-help skills and assistance towards achieving independent living. Also included in this section are children who have temporary developmental delays or more permanent deficits.

EXPLANATION OF MILD, MODERATE AND SEVERE LEVELS

MILD

Medical/Physical Needs – Child has a condition(s) which require non-acute medical attention such as: visual or hearing impairments, allergies, asthma, controllable epilepsy or follow-up conditions which have been surgically corrected such as open-heart surgery.

Educational/Learning Needs – Child is slightly behind in one or more subjects but attends regular school classes. Child may have some minor learning disabilities.

Mental Health Needs – Child has a diagnosed condition that may mildly impair their ability to function such as an adjustment or attachments disorder. Child is generally emotionally stable but may be facing a situation (disruption, new foster home) that has created a temporary emotional stress and may be addressed. Child has or has had a problem controlling their behavior, usually associated with a specific incident such as a disruption.

Developmental Needs – Child has a mild delay in development and may be receiving speech, occupational or physical therapy.

MODERATE

Medical/Physical Needs – Child that has a moderate level of cerebral palsy, cleft defects which have not yet been surgically treated, sickle cell disease if severe complications are not present, partial impairment of normal movement, diabetes, heart defects which can be repaired, spina bifida without the most severe complications.

Educational/Learning Needs – Child is 2 to 3 years behind in subjects and receiving resource room help or other special tutoring aside from being in the regular classroom.

Mental Health Needs - Children with one of the described conditions requiring on going intervention services and a higher level of supervision and or treatment. Child is experiencing emotionally related problems that may interfere with child's school performance or interaction with others. Child has a history of acting out causing problems at school and in interpersonal relationships.

Developmental Needs – Child needs assistance with skills of daily living. Child is receiving early intervention services for significant lags in speech, fine/gross motor skills.

SEVERE

Medical/Physical Needs - Children with spina bifida with severe complications, muscular dystrophy, cerebral palsy with severe retardation and or paralysis, total paralysis, cystic fibrosis, blindness, total deafness, and terminal illnesses.

Educational/Learning Needs - Children diagnosed as learning disabled or mentally disabled that are in special classroom settings.

Mental Health Needs - Children who are schizophrenic, autistic and /or who act out destructively such as a fire-setter or a serious suicide risk. Children that are seriously emotionally disturbed, are in residential treatment, are receiving intensive therapy, or are in emotionally handicapped classroom settings. Children who exhibit severe acting-out and/or violent behavior. Children on medication to control their behavior.

Developmental Needs - Children with severe mental disability. Children receiving intensive therapy to obtain skills of daily living, children needing extensive supervision for daily functioning.

Accept Child who is "Legally at Risk" - Indicate with an "X" if applicant is willing to accept a child who is legally at risk. Detailed below, are two definitions associated with "Legally at Risk".

- The child's birth parents have not terminated their parental rights and/or surrendered the child. Therefore, the child may not become available for adoption.

Note: This definition is appropriate for the recruitment and placement of children.

- A child is freed for adoption and there are potential legal impediments to the completion of the adoption including, but not limited to:
 - a) there is a pending appeal of the termination of parental rights;
 - b) there is a putative father who is claiming to be a person whose consent to the adoption is required;
 - c) there is a conditional surrender where the surrender limits or restricts who the adoptive parent can be; and d) the child's immigration status.

Note: This definition is appropriate for matching and searching photo-listed children with families registered in the Family Adoption Registry.