

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			
SEX²: <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:

/ /