



## **Tennessee Baptist Children's Homes, Inc. (TBCH) INSTRUCTIONS FOR USE Resource/Respite Home Application for Parenting**

The purpose of this form is to gather information from resource home applicants to initiate the approval process. Only resource home applicants are to complete the form. Please read TBCH's FAQs before completing the application to make sure TBCH is a good fit for you.

Applicants will complete as much information as possible in each section (as applicable).

TBCH staff can assist the applicants in completing the application by reviewing for blank or incomplete information and following up accordingly.

\*Applicants and co-applicants are required to sign page 6 in order for the application to be considered valid.

Once you have completed your application please save it and e-mail it to [fostercare@tennesseechildren.org](mailto:fostercare@tennesseechildren.org).

Thank you for your interest in ministering to TN children and families through TBCH.

\*Your electronic submission of this form, as long as page 6 is filled out, symbolizes your signature to this document. Your actual signature will be required once your application is fully processed.



<b>Military Service:</b> <i>(dates)</i>			
<b>While in Military Service, were you ever convicted by a General Court Martial?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Occupation:</b>			
<b>Employer:</b>			
<b>Annual Income:</b>			
<b>Children</b>			
		<b>Birth Date:</b>	
<i>Last Name      First Name      Middle Name</i>		<b>Race:</b>	<b>Hispanic Origin:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Primary Language:</b>	<b>Secondary Language:</b>		
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>School/Grade or Occupation:</b>	<b>In/Out of the Home:</b> <input type="checkbox"/> In <input type="checkbox"/> Out	<b>Relationship:</b>
		<b>Birth Date:</b>	
<i>Last Name      First Name      Middle Name</i>		<b>Race:</b>	<b>Hispanic Origin:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Primary Language:</b>	<b>Secondary Language:</b>		
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>School/Grade or Occupation:</b>	<b>In/Out of the Home:</b> <input type="checkbox"/> In <input type="checkbox"/> Out	<b>Relationship:</b>
		<b>Birth Date:</b>	
<i>Last Name      First Name      Middle Name</i>		<b>Race:</b>	<b>Hispanic Origin:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Primary Language:</b>	<b>Secondary Language:</b>		
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>School/Grade or Occupation:</b>	<b>In/Out of the Home:</b> <input type="checkbox"/> In <input type="checkbox"/> Out	<b>Relationship:</b>
		<b>Birth Date:</b>	
<i>Last Name      First Name      Middle Name</i>		<b>Race:</b>	<b>Hispanic Origin:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Primary Language:</b>	<b>Secondary Language:</b>		
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>School/Grade or Occupation:</b>	<b>In/Out of the Home:</b> <input type="checkbox"/> In <input type="checkbox"/> Out	<b>Relationship:</b>

			Birth Date:		
<i>Last Name      First Name      Middle Name</i>			Race:	Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:		Secondary Language:			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		School/Grade or Occupation:		In/Out of the Home: <input type="checkbox"/> In <input type="checkbox"/> Out	Relationship:
<b>Others in the Home</b>					
			Birth Date:		
<i>Last Name      First Name      Middle Name</i>			Race:	Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:		Secondary Language:			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		School/Grade or Occupation:		In/Out of the Home: <input type="checkbox"/> In <input type="checkbox"/> Out	Relationship:
			Birth Date:		
<i>Last Name      First Name      Middle Name</i>			Race:	Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:		Secondary Language:			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		School/Grade or Occupation:		In/Out of the Home: <input type="checkbox"/> In <input type="checkbox"/> Out	Relationship:
			Birth Date:		
<i>Last Name      First Name      Middle Name</i>			Race:	Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:		Secondary Language:			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		School/Grade or Occupation:		In/Out of the Home: <input type="checkbox"/> In <input type="checkbox"/> Out	Relationship:
			Birth Date:		
<i>Last Name      First Name      Middle Name</i>			Race:	Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language:		Secondary Language:			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		School/Grade or Occupation:		In/Out of the Home: <input type="checkbox"/> In <input type="checkbox"/> Out	Relationship:
<b>Reference Information From Individuals Living Outside This Home</b>					
	Name	Address	Telephone #/E-mail	Relationship	
Applicant (Relative)					
Co-Applicant (Relative)					

	Name	Address	Telephone # and E-mail	Relationship
<b>Non-relative Reference</b>			Telephone:	
			E-Mail:	
<b>Non-relative Reference</b>			Telephone:	
			E-Mail:	
<b>Non-relative Reference</b>			Telephone:	
			E-Mail:	
<b>Pastor Reference</b>			Telephone:	Name of Church
			E-Mail:	

Have you had previous involvement with the Department of Children's Services?  Yes  No  
 If yes, please summarize your involvement and the time frame during which this took place.

Have you previously applied to be a foster and/or adoptive parent with another agency?  Yes  No  
 If yes, when and with what agency?

How did you hear about our agency? (If from church please list the name of the church.)

### Type of Child You Hope to Parent

Gender:  Female  Male  Either      Age Range: \_\_\_\_ to \_\_\_\_ year(s) old

Kinship Only:  Yes  No      Sibling Group:  Yes  No

If yes, how many children would you consider fostering at this time?

\*\*\*What type of history of child abuse/neglect exposure are you willing to parent? (Check all that apply)

Physical Abuse      Sexual Abuse      Neglect only      Any Type of Neglect/Abuse with help.

\*\*\*Note: By the end of the preparation process, the description of the child you hope to parent may change. If so, you are encouraged to update this information in order to be adequately matched with a child you feel you can most successfully parent.

Do you use alcohol?      Applicant:      Yes      No      Co-applicant:      Yes      No

TBCH policy requires that foster parents abstain from alcohol use in the presence of foster children including not keeping alcohol where foster children can see it in the home. This also applies to children, other adults & guests in the home as alcohol is a trigger for many of our children.

Do you commit to following TBCH policy regarding alcohol use while fostering TBCH children in your home? Please sign below to affirm.

\_\_\_\_\_ Applicant

\_\_\_\_\_ Co-applicant

Legal		
Are you currently charged with, or have you ever been convicted of or placed on probation or received a suspended sentence in Tennessee or any other state for:		
	Applicant	Co-Applicant
a. Any crime involving children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any crime of violence against another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Possession, sale manufacturing or transportation of drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Any other crime? ( <i>explain</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any other information you need to discuss?		

I/we certify that the information I/we am/are providing in this application is correct and complete to the best of my/our knowledge, information, and belief.

consent to the release of \_\_\_\_\_ for the mailing list of foster parent associations, training, and newsletters. Signature of applicant(s) authorizes Tennessee Baptist Children’s Homes to contact the references listed on the application form and authorizes said references to respond to inquiry.

I/We understand that TBCH will conduct local, state and federal background checks on us as required by law. I/We give permission to conduct all public checks without specific written release for any and all public records. I/We also understand that I/we will give formal written release for local, state and federal checks that are not public record.

I/we am/are aware that should investigation show any falsification or material misrepresentation, I/we will not be considered for a resource parent, or if serving as a resource parent, my/our home will be closed and will be disqualified from future consideration.

In addition I/we understand that the information on this form including my/our approval status will be shared or provided to the TN Department of Children’s Services and other intities as required by state and federal law.

**\*\*I/We understand that TBCH will treat all of my/our information with the highest confidentiality and protective standards possible.**

\_\_\_\_\_  
*Applicant’s Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Applicant Signature*

\_\_\_\_\_  
*Date*