

Ohio Department of Job and Family Services
APPLICATION FOR CHILD PLACEMENT

AGENCY USE ONLY		
Agency Adoption Home Study Services of Ohio	Assessor Brenda S. Lare, MSSA,LSW	Date Application Received

Applicant #1 Name <i>(Please Print)</i>				Applying to <input type="checkbox"/> Foster <input checked="" type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					Work Phone #	
Applicant #2 Name <i>(Please Print)</i>				Applying to <input type="checkbox"/> Foster <input checked="" type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					Work Phone #	
Street Address			City	State OHIO	Zip Code	County
Home Phone #	Fax #		Emergency Contact Name		Emergency Contact Phone #	

HOUSEHOLD MEMBERS <i>(Add another sheet if necessary)</i>						
Name	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Relationship to Applicant #1						
Date of Birth						
Race*						
Ethnic Background*						
Ohio Resident at least 5 years? (if no, list states)	yes ___ no ___	yes ___ no ___				
School Grade Completed						
Area of Specialized Education			Directions to your home from the Agency			
Marital Status (if married, date of marriage)	date:	date:				
Employer or Source of Income						
How Long with this Employer						
Occupation						
Gross Annual Income						
Days/Hours of Work						
Driver's License #						
Expiration Date:						

* For statistical purposes only

SLEEPING ARRANGEMENTS (Indicate where all household members sleep, and where foster/ adopted children will sleep)
***If you will obtain a crib at the time an infant is placed in the home, please indicate that below**

BEDROOM	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): Crib*, Twin, Full, Bunk, etc. (If bunk, indicate upper - U or lower - L)
1			
2			
3			
4			
5			
6			

Does any family member smoke? Yes No Is smoking allowed in the house? Yes No

Are there any pets in the home? Yes No If yes, list/describe:

Do pets meet local safety requirements (Vaccinations, licenses, vicious animal restrictions, etc.)? Yes No

Comments

Children placed in the home would attend the following schools **PLEASE LIST LOCAL PUBLIC SCHOOLS**

Elementary School Name	Address
Middle School or Junior High School Name	Address
High School Name	Address
Name of Public School District	Do you plan to home school children? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate whether your home school plan has been approved by the public school district. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does applicant operate a business from the residence? Yes No Explain:

If yes, is business child care, adult day care or a rooming house? Yes No

Describe impact of home business on foster care/adoption plan:

VEHICLES One car Two or more cars Truck/SUV Van Recreational Vehicle Motorcycle Other

Are vehicles in operable condition? Yes No If no, explain

Are there infant car seats? Yes No Will Obtain Are there toddler car seats? Yes No Will Obtain

Do you have proof of insurance for all vehicles? Yes No Name of Insurance Company?

Is the home on or within comfortable walking distance of public transportation system (bus, etc.)? Yes No

If yes, distance to nearest transit or bus stop

Describe transportation plan if family does not own an operating vehicle or live on or within walking distance of a bus stop

MILITARY HISTORY (For any household member with military history)				
Name	Branch	Date Entered	Date Discharged	Type of Discharge
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
Explain if other than honorable discharge				

CRIMINAL HISTORY (Documentation verifying compliance must be received for all convictions)

Does any household member, including juveniles 12 - 18 years of age, have a criminal history? Yes No If yes, explain below

Name	Offense	City and State	Convicted? Approx. Date of Conviction/ Adjudication	Sentence	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?

Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs?
 Yes No If yes, please list each incident below

Name	Date of Arrest	City and State	Convicted? Approx. Date of conviction?	Sentence	License Suspended or Revoked?	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date?

APPLICANT RESIDENTIAL, EMPLOYMENT, AND MARITAL HISTORY (Add extra sheets if necessary)

Residential History	Applicant #1 List residences for the last 10 years	Applicant #2 List residences for the last 10 years
Date moved to current residence		
Previous address:		
Date moved to this address:		
Previous address:		
Date moved to this address:		
Previous address:		
Date moved to this address:		
Employment History	Applicant #1 List employers for the last 10 years:	Applicant #2 List employers for the last 10 years:
Present employer		
Job title		
Start date with present employer		
Previous employer		
Job title		
Dates of employment		

Previous employer		
Job title		
Dates of employment		
Marriage/Relationship History	Applicant #1	Applicant #2
Previous marriage/significant relationship to	name: _____	name: _____
Date marriage or relationship began	begin date: _____	begin date: _____
Date of separation	separation date: _____	separation date: _____
Date of legal termination	end date: _____	end date: _____
	how ended? _____	how ended? _____
Previous marriage/significant relationship to	name: _____	name: _____
Date marriage or relationship began	begin date: _____	begin date: _____
Date of separation	separation date: _____	separation date: _____
Date of legal termination	end date: _____	end date: _____
	how ended? _____	how ended? _____
TYPE OF CHILD YOU WOULD CONSIDER (Check all that apply)		
Age		Race
0 - 2 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		White <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider
3 - 5 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		Black/African American <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider
6 - 8 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		Asian <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider
9 - 11 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider
12 - 15 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		American Indian or Alaskan Native <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider
16 - 18 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		
Gender		Ethnicity
Male <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		Hispanic or Latino <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider
Female <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		Not Hispanic or Latino <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider
Number of Children		Child Specific
One <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		If you are applying to foster or adopt a specific child(ren), put his/her name(s) here: _____
Two <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		Is this child related to you by blood or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Three or more <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		If applicable, specify relationship
Teen Parent w/ Child <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider		
EXPERIENCE WITH CHILDREN		
Have you ever applied for or been certified as a foster caregiver in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied for or been approved to adopt a child in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes to either of these questions, identify the agency involved, : _____		
When did you apply, when you were certified or approved, and discuss your experiences. _____		
If you applied or were certified or approved with more than one agency, please list all agencies and contact information here.		
Has any household member ever applied for or been certified/approved for foster care or adoption in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify who in your home applied or was certified/approved, and what agency they were associated with.		

Some people have had previous contact with a child welfare agency. Sometimes this is a positive experience, sometimes there are challenges. Please tell us about any contact any applicant or household member has had with a child welfare agency (Children Services, Child mental health facility, community child serving agencies, etc.). Please give the name of the agency, approximate dates of contact and what the contact involved. Include both positive and negative experiences.

Check here if you have no experience with child welfare agencies

Describe your experience with children other than your own. This may include employment and/or volunteer work.

Please include contact information .References are required for each listed above.

Name:
Address:

Name:
Address:

role/relationship:
Email Address:
Phone:

role/relationship:
Email Address:
Phone:

REFERENCES

The state requires **3 NON-RELATIVE REFERENCES** from people who do not live with you. Some agencies require additional references.

If the spaces are empty, please supply the information for three non-relative references who do not live with you.

of references required by the agency completing the homestudy : **3 References**

	Name	Relationship	Address	Phone #	Email Address
1.					
2.					
3.					

ADULT CHILD REFERENCES

The state requires references from all adult children of the applicant(s) regardless of where they live or the amount of contact they have with the applicant. Please complete the following information for all adult children of all applicants.

Name	Relationship	Address	Phone #
		Address: Email Address:	
		Address: Email Address:	
		Address: Email Address:	
		Address: Email Address:	
		Address: Email Address:	

STATEMENT OF UNDERSTANDING

- I understand that this is an application only and that additional documents will be required. This will include medical statements, background checks, safety audit of the home, fire inspection, references, and other information requested by the agency. Failure of an applicant to provide required information or documentation in a timely manner will render this application incomplete and the agency's file on the application will be closed.
- I agree to complete orientation and preplacement training as required by the agency. Failure to attend required training will render this application incomplete and the agency's file on the application will be closed.
- I understand this application does not represent a final commitment by either party. Any placement of a child will be by mutual agreement.
- I certify that the information contained in this application is accurate and complete to the best of my knowledge.
- If there is any significant change affecting health, marital status, residence, family composition, employment, or criminal charges, I will notify the agency promptly, within 24 hours or the next working day.
- I give permission to the agency to contact my adult children for information applicable to the foster care and/or adoption assessment.
- I give permission to the agency to contact any personal references I provide to them for information applicable to the foster care and/or adoption assessment.
- I give permission to the agency to contact any other agency or association for information regarding any work with children or any care or supervision of children provided by myself or another household member.
- I give permission to the agency to contact any other agency for information and/or documentation regarding a previous application, certification, or approval for foster care or adoption.
- I give permission to the agency to access information in the statewide automated child welfare information system (SACWIS).
- I certify that I have been given access to or a copy of the rules and/or policies applicable to the program to which I am applying (Chapter 5101:2-5, Chapter 51012-7 and/or Chapter 5101:2-48 of the Administrative Code).
- Applications for a foster home certificate cannot be accepted for a residence that is licensed, regulated, operated under the direction of, or otherwise certified as a facility to care for unrelated persons, by the Ohio Department of Education, a local board of education, the Ohio Department of Mental Health and Addiction Services, a community alcohol, drug addiction and mental health services board, the Ohio Department of Developmental Disabilities, a county board of developmental disabilities, the Ohio Department of Health or a juvenile court.
- A person seeking to provide foster care or to adopt who knowingly makes a false statement that is included in the written report of a home study conducted pursuant to Section 3107.031 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A homestudy with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records. I understand that providing false information during the homestudy process will prevent the agency from considering my home for placement of a child and may be grounds for revocation of a foster home certificate and/or denial of adoption approval.

Applicant Name <i>(please print)</i>	Signature	Date
Applicant #1 print:	sign:	
Applicant #2 print:	sign:	

Please tell us how you were referred to this agency.

Note: Completion of this form is required in order for the agency to carry out its obligations under Chapters 5101:2-5, 5101:2-7, and/or 5101:2-48 of the Administrative Code. Your application cannot be processed unless this form is completed in its entirety.