

| | Child | | Child | | Child | | Child | | Child | |
|---------------------------------|----------------|--|----------------|--|-----------------------|--|-----------------------|--|-----------------------|--|
| First Name | | | | | | | | | | |
| Middle Name | | | | | | | | | | |
| Child's Gender | Male Female | | Male Female | | Male Female | | Male Female | | Male Female | |
| Date of birth | | | | | | | | | | |
| Social Security # | | | | | | | | | | |
| Driver's License # | | | | | | | | | | |
| Height | | | | | | | | | | |
| Weight | | | | | | | | | | |
| Hair color | | | | | | | | | | |
| Eye color | | | | | | | | | | |
| Complexion | | | | | | | | | | |
| Race | | | | | | | | | | |
| Education | | | | | | | | | | |
| Occupation | | | | | | | | | | |
| Gross annual income | | | | | | | | | | |
| Church affiliation | | | | | | | | | | |
| Recognized Member? | yes no | | yes no | | yes no | | yes no | | yes no | |
| Primary language | | | | | | | | | | |
| Other languages spoken fluently | | | | | | | | | | |
| Child adopted or biological | | | | | adopted biological | | adopted biological | | adopted biological | |

3. Are you currently a verified foster home? YES NO
If so, name of agency? _____
Address: _____
Telephone number: _____ E-mail address: _____
Check if you had PRIDE MAPPS Training? If so, when? _____
4. Have you ever applied to be foster parents? YES NO
If yes, give the following information regarding the agency that completed your foster home study:
Name: _____
Address: _____
Telephone number: _____ E-mail address: _____
Our application was withdrawn denied approved. Date: _____
5. Have either of you ever been reported to any child agency or law enforcement agency for child abuse/neglect? YES, (him) YES, (her) NO, (neither)
If yes, what agency? _____
6. Have either of you ever had a finding of "REASON TO BELIEVE" for any type of child abuse/neglect? YES, (him) YES, (her) NO, (neither)
7. Since you have been married, have you been involved in any domestic violence calls that resulted in the Police or Sheriff's Department coming to your home? YES NO If so, when: _____
Please describe the incident in the space below.

If any response below is HAVE or ARE, please contact the Agency prior to submitting your Pre-application.

HUSBAND (check correct responses):

I have have not been convicted of a misdemeanor or felony other than routine traffic violations.
There are are not criminal charges pending against me or my family members, to the best of my knowledge.

If the above responses were HAVE and/or ARE, please give the date of conviction and the nature of the offense

WIFE (check correct responses):

I have have not been convicted of a misdemeanor or felony other than routine traffic violations.
There are are not criminal charges pending against me or my family members, to the best of my knowledge.

If the above responses were HAVE and/or ARE, please give the date of conviction and the nature of the offense

Please provide the following for the local Police and Sheriff's Department where you currently reside:

Police Department: _____ Sheriff's Department: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone Number: _____ Phone Number: _____
area code & phone number area code & phone number

Please provide the following for the local Police and Sheriff's Department where you lived at the time of the domestic violence call(s):

Police Department: _____ Sheriff's Department: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone Number: _____ Phone Number: _____
area code & phone number area code & phone number

Are you willing to submit to drug screening and to allow anyone in your household over 14 years of age to submit to drug screening? YES NO

If no, please contact the Agency prior to submitting your Pre-application.

Applicants MUST email a digital photograph of themselves as a couple as soon as the Pre-Application is submitted. Mail that to attention@christianhomes.com. Be sure to include your name in the email so that we will know whose photo we received.

The information provided on this pre-application is true and accurate to the best of our knowledge. I/We understand that withholding or falsifying information relevant to our application process may be grounds for denial of our application to adopt, foster, or foster/adopt.

| | | | |
|--------------------------------|------|--------------------------------|------|
| Prospective Father's Signature | Date | Prospective Mother's Signature | Date |
|--------------------------------|------|--------------------------------|------|

The following pages permit Christian Homes to secure criminal history and child abuse clearances. If there are more than six people in your home 14 years of age or older that require criminal history checks, please contact us and we will email you additional forms to complete.

5. Doctor Name _____
(one with Address _____
most contact with City _____ State _____ Zip _____
entire family Phone _____
Email Address: _____

6. Neighbor Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Email Address: _____

7. Friend Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Email Address: _____

8. Parents (HIS) Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Email Address: _____

9. Parents (HERS) Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Email Address: _____

The following page permits Christian Homes to secure the criminal history and child abuse clearances. If there are more than two people in your home that require criminal history checks, please duplicate that page so that you have a form for everyone in your home 14 years of age or older.

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

Please complete the information below on each applicant and any household member 14 years of age or older who regularly or frequently stays in the home

| | | | | | |
|---|---------------------|---|--|---|--|
| <input type="checkbox"/> Initial | | <input type="checkbox"/> 24 Month Check | | <input type="checkbox"/> FBI Check Required | |
| Social Security Number | | | ID Type – Drivers License or ID Number - St | | |
| First Name | | Middle Name | | Last name | |
| Street Address | | City | | State | Zip |
| County | Telephone No. (A/C) | | Date of Birth | | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous addresses outside of Texas, including the county: | | | Relationship of person to requestor | | |
| | | | <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff Member <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____ | | |
| Date Hired/Used by the Operation/Agency | | Ethnicity (must accompany race) | | Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native | |
| Other names used (married,maiden,etc.) First Name | | Middle Name | | Last name | |

| | | | | | |
|---|---------------------|---|--|---|--|
| <input type="checkbox"/> Initial | | <input type="checkbox"/> 24 Month Check | | <input type="checkbox"/> FBI Check Required | |
| Social Security Number | | | ID Type – Drivers License or ID Number - St | | |
| First Name | | Middle Name | | Last name | |
| Street Address | | City | | State | Zip |
| County | Telephone No. (A/C) | | Date of Birth | | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous addresses outside of Texas, including the county: | | | Relationship of person to requestor | | |
| | | | <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff Member <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____ | | |
| Date Hired/Used by the Operation/Agency | | Ethnicity (must accompany race) | | Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native | |
| Other names used (married,maiden,etc.) First Name | | Middle Name | | Last name | |

PLEASE INCLUDE:

A COPY OF THE DRIVER LICENSE FOR EACH OF YOU AND ANY HOUSEHOLD MEMBER 14 YEARS OF AGE OR OLDER WHO HAS A DRIVER'S LICENSE AND WHO REGULARLY OR FREQUENTLY STAYS IN THE HOME MUST ACCOMPANY THIS FORM.