

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

APPLICATION FOR CHILD PLACEMENT

Be sure to complete every question/blank. If the information does not apply, please note "N/A."

Agency use only. Assessor Name:	Agency use only. Country of Adoption:	Agency use only. Agency Name: Children's Hope International	Agency use only. Agency Phone # 216.524.HOPE(4673)	Agency use only. Date Completed Application Received:	
Applicant #1 Name (Please Print) First Middle Last (Maiden)		Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Pager or Cell Phone # ()		
SSN: _____ - _____ - _____			Work Phone # ()		
			Work Fax # ()		
			Email:		
Applicant #2 Name (Please Print) First Middle Last (Maiden)		Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Pager or Cell Phone # ()		
SSN: _____ - _____ - _____			Work Phone # ()		
			Work Fax # ()		
			Email:		
Street Name & Address (Apt. or Lot #)		City	State	Zip Code	County in Ohio
Home Telephone Number: ()		Home Fax Number: ()		Emergency Contact Name: Telephone Number: ()	

HOUSEHOLD MEMBERS (If more than 6 people, add another sheet)

	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Name						
Relationship to Applicant #1						
Date of Birth						
Race*						
Ethnic Background*						
School Grade Completed						
Marital Status (if currently married, date of marriage)						
Area of Specialized Education (if applicable)						
Employer or Source of Income						
How long with this employer						
Occupation						
Gross Annual Income						
Days/Hours of Work (in normal work week)						
Driver's License Number						

* For statistical purposes only

CRIMINAL HISTORY

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	Approximate Conviction Date	Sentence

Has any household member been arrested/convicted for driving while intoxicated (DWI) or driving under the influence (DUI)?

Yes No If yes, explain below

Name	Number of Arrests	Number of Convictions	Date of Last Conviction	City /State of Last Conviction	On Probation or Parole?	License Suspended or Revoked?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SLEEPING ARRANGEMENTS of ALL HOUSEHOLD MEMBERS
(also include where a foster or adopted child will sleep)**

BEDROOM	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S) Crib, Single, Double, Bunk (If bunk, indicate upper - U or lower - L)
1			
2			
3			
4			
5			
6			

Directions to home from agency

Children placed in the home would attend the following schools:

Elementary School Name	Address
Middle School or Junior High School Name	Address
Senior High School Name	Address

Name of Public School District: _____ Do you plan to home school children? Yes No

If yes, indicate whether your home school plan has been approved by the public school district. Yes No

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, vicious animal restrictions, etc.)? Yes No

Comments

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

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

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

TRANSPORTATION

VEHICLES: One car Two or more cars Truck 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

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

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

Residential History List residences for the last 10 years	Applicant #1	Applicant #2
Has the applicant been an Ohio resident for the last five years? PLEASE LIST 10 YEARS OF RESIDENCY	Agency use only. How verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency use only. How verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date moved to current residence:		
Previous address (city, state) Date moved to this address:		
Previous address (city, state) Date moved to this address:		
Previous address (city, state) Date moved to this address:		

Employment History List employer(s) for the last 10 years:	Applicant #1	Applicant #2
Present employer: Job title: Length of time with present employer:		
Previous employer: Job title: Dates of employment:		
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: Date marriage or relationship began: Date of separation: Date of legal termination:		
Previous marriage/significant relationship to: Date marriage or relationship began: Date of separation: Date of legal termination:		

TYPE OF CHILD WILL CONSIDER

Please tell us what type of child you are interested in fostering or adopting. Check all that apply. If you are applying to foster or adopt a specific child(ren), put his/her name(s) here:

Is this child related to you by blood or marriage? Yes No If applicable, specify relationship:

<p>Age:</p> <p>0 - 2 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>3 - 5 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>6 - 8 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>9 - 11 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>12 - 15 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>16 - 18 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p>	<p>Race:</p> <p>White <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>African American/Black <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Asian <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>American Indian or Alaskan Native <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p>
<p>Number of Children:</p> <p>One <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Two <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Three or more <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Teen Parent w/ Child <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p>	<p>Ethnicity:</p> <p>Hispanic or Latino <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Not Hispanic or Latino <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p>
<p>Sex:</p> <p>Male <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Female <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p>	<p>Applicant(s) Comments:</p>

EXPERIENCE WITH CHILDREN

Have you ever been or are you currently certified as a foster caregiver in this state or any other state? Yes No
 Have you ever applied for or been approved to adopt a child in this state or any other state? Yes No

If you answered yes to either of these questions, explain here, and identify the agency involved

Some people have had previous contact with a child welfare agency. Sometimes this is a positive experience, sometimes not so positive. Please tell us about any contact either applicant 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.

References: Children's Hope requires FIVE total references: three must be from non-relatives, two must be from relatives. Please supply three non-relative references and two relative references.

The state requires three non-relative references for foster care and four references (three from non-relatives) for adoption. Some agencies or local court systems require additional references. If the agency has filled in the blanks below, it or the court has requirements beyond the state rule. If the blanks below contain a number, you will need to supply that number of references. If the spaces are empty, please supply three non-relative references for foster care and four (three from non-relatives) for adoption.

of references for foster care: _____ # of references for adoption **5** OR # of references for a combined foster care/adoption study

Reference Name	Relationship	Phone Number	Street Address	City	State	Zip Code
			_____ Email: _____			
			_____ Email: _____			
			_____ Email: _____			
			_____ Email: _____			
			_____ Email: _____			

May we contact your employer for a reference? Applicant #1 Yes No Applicant #2 Yes No

If this box *has* an X in it your local agency or court requires an employer reference. Your application cannot proceed without permission to obtain this reference. Please provide the following information:

	Supervisor Name	Phone Number	Employer Address	City	State	Zip Code
Applicant #1						
Applicant #2						

STATEMENT OF UNDERSTANDING

I/we understand that this is an application only and additional documents will be required. This will include medical statements, criminal background check, home study, safety audit of your home, references, and other information or documentation requested by the agency. Failure of an applicant to provide required information or documentation or to attend required training within one year from the date the completed application is received by the agency will render this application incomplete and the agency's file on the application will be closed.

I/we understand that the \$200 application fee for this agency is non-refundable.

I/we agree to complete orientation and preplacement training as required by the agency.

This application does not represent a final commitment on either side. Any placement of a child will be by my/our mutual agreement.

I/we certify that the information contained in this application is accurate and complete to the best of my knowledge.

I/we understand that providing materially false information will prevent the agency from considering my/our home for placement of a child and is grounds for denial or revocation of a foster home certificate.

If there is any significant change affecting health, marital status, residence, family composition or household occupants, employment or criminal charges, I/we agree to notify the agency promptly.

I/we give permission to the agency to contact any references or agency or association for information regarding any work or involvement with the supervision of a child which I/we have done.

I/we certify that I/we have been given a copy of the rules and/or policies governing the certification of foster homes (Chapters 5101:2-5 and 5101:2-7 of the Administrative Code).

Applications for a foster home certificate cannot be accepted by agents of the Ohio Department of Job and Family Services 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, a community alcohol, drug addiction and mental health services board, the Ohio Department of Mental Retardation/ Developmental Disabilities, a county board of mental retardation/developmental disabilities, the Ohio Department of Health or a juvenile court.

A person seeking to provide foster care or to adopt a minor who knowingly makes a false statement that is included in the written report of a home study conducted pursuant Section 3107.02 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised code. A home study with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records.

Applicant Name (please print)	Signature	Date
Applicant #1		
Applicant #2		

Please tell us how you were referred to this agency.

Be sure to include the following information when submitting this Home Study Application:

- \$200 Home Study Application Fee, payable to Children's Hope;
- Photocopies of adoptive parent(s) birth certificate(s), marriage certificate, and divorce decree(s), if applicable (these will be used for immigration purposes, so that we can complete your I-600A application for you);
- Completed Children's Hope Adoption Application (if you have not already done so).

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