



# INSTITUTE FOR CHILDREN'S AID

A Voice of HOPE for Children Worldwide

<b>ADMIN ONLY</b>
Please circle a Program:
<input type="checkbox"/> LTFC <input type="checkbox"/> URM
<input type="checkbox"/> TFC

## PRELIMINARY APPLICATION *Journey Of Hope*

*Please type or print clearly, giving complete and accurate information as requested. Thank you!*

Last Name Only: \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_

Cell# (A#1): (\_\_\_\_) \_\_\_\_\_ Cell# (A#2): (\_\_\_\_) \_\_\_\_\_

Work# (A#1): (\_\_\_\_) \_\_\_\_\_ Work# (A#2): (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Directions for reaching your home: \_\_\_\_\_

### 1. SOCIAL INFORMATION:

#### APPLICANT #1

#### APPLICANT #2

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Driver's License: Verified: \_\_ By: \_\_\_\_\_ (Attach a Copy) Verified: \_\_ By: \_\_\_\_\_ (Attach a Copy)

Education (Degree): \_\_\_\_\_

Schools Attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Military Experience: \_\_\_\_\_

(Branch, Rank & Date)

(Branch, Rank & Date)

Hobbies/Interests: \_\_\_\_\_

Community Activities: \_\_\_\_\_

A DIVISION OF  
INTERNATIONAL CHRISTIAN ADOPTIONS

HEADQUARTERS: 41745 Rider Way, #2, Temecula, CA 92590 | T: 951.695.3336 | F: 951.308.1753 | www.4achild.org | info@4achild.org

BRANCH: 1800 Martin Luther King Parkway, Suite 201, Durham, NC 27707 | T: 919-797-9920

BRANCH: 6248 Birdcage St., Citrus Heights, CA 95610 | T: 916.248.8490 | 333 University Ave., Ste. 200, Sacramento, CA 95825

**2. MARRIAGE:**

Date: \_\_\_\_\_

Place of Marriage (Church Name/or Other): \_\_\_\_\_

By Whom: Title: \_\_\_\_\_ Name: \_\_\_\_\_

Location (City, State & Country): \_\_\_\_\_

**Former Marriages:**

**Applicant #1** (To Whom-Name): \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Status:  Divorced  Deceased Date: \_\_\_\_\_

**Applicant #2** (To Whom-Name): \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Status:  Divorced  Deceased Date: \_\_\_\_\_

**3. RELIGION:**

Church Name & Denomination: \_\_\_\_\_

Church Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Telephone No.: (\_\_\_\_) \_\_\_\_\_

Are You Full Members: **Applicant #1**  Yes  No **Applicant #2**  Yes  No

Distance from Your Home: \_\_\_\_\_

List Church Activities/Offices Held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. HEALTH:**

**APPLICANT #1**

**APPLICANT #2**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

List medical \_\_\_\_\_

problems for which \_\_\_\_\_

treatment is needed: \_\_\_\_\_

\_\_\_\_\_

Specialists who have treated you: Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No.: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Have you had any mental health problems for which you have needed treatment and/or hospitalization?  
 Yes  No Explain: \_\_\_\_\_

Are you undergoing any kind of therapy?  Yes  No  
 Explain: \_\_\_\_\_

Are you on any medication? Explain: \_\_\_\_\_

**5. HOME AND COMMUNITY:**

*Please sketch and give the approx. square footage of your Home and Yard on the provided FACILITY SKETCH forms (after page 5).*

List all the persons living in your home excluding you (include children, relatives, boarders, etc.):

<u>NAME</u>	<u>BIRTH DATE</u>	<u>RELATIONSHIP</u>	<u>OCCUPATION/SCHOOL GRADE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To which school would you send a child (name of school): \_\_\_\_\_  
 City: \_\_\_\_\_ What distance is it from your home? \_\_\_\_\_

**6. ECONOMIC CONDITION AND WORK HISTORY (Current Employment):**

	<u>APPLICANT #1</u>	<u>APPLICANT #2</u>
Company Name:	_____	_____
Position/Title:	_____	_____
Date of Hire:	_____	_____

Benefits: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Gross Income: \_\_\_\_\_  
 \_\_\_\_\_

**7. HOUSING AND AUTOMOBILE INFORMATION:**

**HOME:**

**Own**  Yes  No **Rent**  Yes  No Monthly Payments: \$ \_\_\_\_\_ Square Footage \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

**CAR(S):** Make and year: \_\_\_\_\_

Make and year: \_\_\_\_\_

Make and year: \_\_\_\_\_

Proof of Auto Insurance (*for transporting children*)  Yes  No

**8. REFERENCES:**

List three (3) references that we may contact, giving ICA complete information below, who have known you well for a number of years. **Please do NOT include relatives, family physicians or pastors.**

<u>Name</u>	<u>Complete Address</u>	<u>Telephone No.</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you working with another foster care agency?  Yes  No

Have you ever been rejected as a foster parent or have you ever been the subject of an unfavorable Home Study? No \_\_\_\_\_ Yes \_\_\_\_\_

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. CRIMINAL HISTORY:**

Have you ever been accused or arrested for child abuse, neglect and/or molestation?  Yes  No

Explain: \_\_\_\_\_

Have you ever been accused or arrested for spousal abuse?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, please list offenses and dates and give explanation.

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please provide I.C.A. with a notice of final disposition from the court records for any offenses.*

\_\_\_\_\_

ICA carries liability insurance for the protection of our staff, families and children.

We have carefully and honestly completed this application for foster care. An agency representative may verify this information about our family. We understand that the acceptance of this application and approval of our family assessment is the decision of the staff. We will tell the staff of any changes prior to approval. We declare under penalty of perjury that the foregoing is true and correct. We also release any and all information in our files to other appropriate adoption agencies and/or foreign representatives involved in our adoption process. (Failure to disclose information or make any misrepresentations can result in immediate termination.)

**Applicant #1's Name (Print):** \_\_\_\_\_

**Applicant #1's Signature:** \_\_\_\_\_

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

**Applicant #2's Name (Print):** \_\_\_\_\_

**Applicant #2's Signature:** \_\_\_\_\_

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

PLEASE SKETCH THE FLOOR PLAN OF YOUR HOME, IDENTIFYING EACH ROOM AND THE BEDROOM(S) WHICH THE ADOPTED CHILD/REN WILL OCCUPY. MARK EACH WINDOW, DOOR AND EXIT TO THE OUTSIDE. IDENTIFY EXITS (DOORS AND WINDOWS) TO USE IN CASE OF EMERGENCY.

A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for sketching a floor plan.

PLEASE SKETCH YOUR FRONT AND BACK YARDS. INCLUDE YOUR HOME AND GARAGE (WITHOUT DETAILS OF THE INSIDE). INCLUDE ALL OTHER STRUCTURES, STORAGE SHEDS, POOL, FOUNTAIN, SIDEWALKS, PLANTERS, ETC. MAKE REFERENCE TO ALL FENCES, GATES, PLAY AREAS AND ANIMAL PENS.

