



INSTITUTE FOR CHILDREN'S AID

A Voice of HOPE for Children Worldwide

ADMIN ONLY

Please circle a Program:

☐ LTFC ☐ URM

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):

APPLICANT #1

APPLICANT #2

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.

A large grid of graph paper, consisting of 30 columns and 30 rows of small squares, intended for sketching the front and back yards.

PREVIOUS ADDRESS INFORMATION

APPLICANT #1

Please list, in full, your past resident addresses since you were 18 years old to the present.

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

If more space is needed, please write the information on the back of this paper.

PREVIOUS ADDRESS INFORMATION

APPLICANT #2

Please list, in full, your past resident addresses since you were 18 years old to the present.

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

If more space is needed, please write the information on the back of this paper.

PREVIOUS ADDRESS INFORMATION Adopting family's last name_____

ADDITIONAL ADULT LIVING IN THE HOME (18 and over) RFA FAMILY NAME:_____

NAME: _____(please print)Relationship to Family:_____

Please list, in full, your past resident addresses since you were 18 years old to the present.

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

If more space is needed, please write the information on the back of this paper.

PREVIOUS ADDRESS INFORMATION Adopting family's last name_____

CAREGIVER(S) (must be 18 and over)

RFA FAMILY NAME:_____

NAME: _____(please print)Relationship to family:_____

Please list, in full, your past resident addresses since you were 18 years old to the present.

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

Street address: _____

City _____ Zip _____ County _____ State _____

Country _____ Dates you lived here from _____ to _____

If more space is needed, please write the information on the back of this paper.


ARRESTS AND CONVICTIONS


NO MATTER....

**WHAT AGE YOU WERE AT THE TIME
HOW LONG AGO
IF IT OCCURRED IN ANOTHER STATE
HOW MINUTE**

NO EXCEPTIONS....

- 1. YOU ARE TO GO TO THE COURT IN THE JURISDICTION OVER YOUR PARTICULAR CASE(S) FOR CERTIFIED DOCUMENTS. (The who, what, where, how and why of your case.)**
- 2. IF THE COURT NO LONGER HAS RECORDS OF YOUR CASE YOU MUST GO TO THE DEPARTMENT OF JUSTICE (DOJ) AND OBTAIN A PRINT OUT OF YOUR RECORD.**
- 3. YOU MUST WRITE OUT AN EXPLANATION (who, what, where, how, why and end result) FOR EACH OFFENSE.**


Initial


Initial

ASSESSMENT TOOL QUESTIONNAIRE

1. How did you hear about ICA? _____
2. Single? ____ Married? # years married: ____ Is decision to have a child in your home a mutual? Y or N
3. Number of children in the home: _____

Birth date: _____ Grade: _____ Boy: ☐ Girl: ☐ Biological ☐

Birth date: _____ Grade: _____ Boy: ☐ Girl: ☐ Biological ☐

Birth date: _____ Grade: _____ Boy ☐ Girl: ☐ Biological ☐

Birth date: _____ Grade: _____ Boy ☐ Girl: ☐ Biological ☐

4. Are other adult/s residing in your home agreeable to child coming into your home? _____
Adults' relationship to you: _____

5. Reason/motive for desiring a child in your home? _____

6. Extended family members' feelings about a child coming into your family?

7. What challenges/concerns do you foresee in having a child placed in your home?

8. Have you encountered any recent grief/loss? (infertility, miscarriage, death, victimization, etc.) Please explain:

9. Have you recently experience a significant life change? (change of residence, employment, family dynamic, etc.)

10. How do you feel about a child's desire to gain information/continue a relationship with birthparents?

11. Do you consider yourselves to be Christians?

Husband: ☐ Yes ☐ No ☐ Undecided Wife: ☐ Yes ☐ No ☐ Undecided

Name of Church: _____

12. Significance of religion/religious beliefs in your family life?

13. Your ideas about child-rearing and discipline methods:

14. Experiences/opportunities you feel important to provide a child:

15. Brief description of your home/neighborhood:

16. Do you have any dogs, cats, birds, small animals or bodies of water? Please give details:

17. Does anyone in your home smoke, if so, who? _____

18. Are you ready to step into an involved assessment process with full disclosure of your life details and information?

19. Are you open to extensive parent training regarding trauma and understanding the needs of the child in order to assist them toward healing?

20. Are you open to parenting a traumatized child?
