

CHD Foster Care

CHD Children and Families Program's

246 Park Street

West Springfield, MA 01089

Tel. 413.781.6556 / Fax 413.781.6523

On behalf of the Center for Human Development, we would like to thank you for your inquiry to be assessed as a family resource/foster parent. Please read this information carefully, as it will outline the steps to apply to be considered to be a family resource/foster parent and the expectations and requirements of this process and of family resource/foster parents for CHD. Should you have any questions please contact CHD Homefinding.

- Please complete and sign the attached application and questionnaire. Make sure you enter the information for ALL HOUSEHOLD MEMBERS, including name, date of birth, and social security number. Also, please indicate anyone who is a frequent visitor to your home and give the same information for them. This application needs to be completed entirely or it may get returned.
- Once the signed application is received, a CORI will be run on all household members who are age 14 and over. This check will include any criminal charges and any history with the Department of Children and Families. If you or any member of your household has any criminal/DCF history, please detail this on the application. If there are any criminal/DCF findings, the individual(s) will be requested to submit a statement explaining all charges/DCF history in order to determine if a waiver may be granted.
- Once the CORI check is completed and it is determined that CHD can proceed, a Homefinder will need to visit your home to complete an initial visit to determine if your home has the physical requirements required for becoming a family resource/foster home. All homes must have working smoke detectors and CO detectors on each floor and in the basement. All homes must also have a working fire extinguisher.
- All homes must have the required references. These include 3 personal references for each applicant, a minimum of one professional reference for each applicant, medical references for ALL family members, and school references for any children attending school.
- Each home will also need to supply a copy of each household member's birth certificate and social security card. Also needed is a copy of each adult member's driver's license. If married, a copy of the marriage certificate must be submitted and if divorced a copy of the divorce certificate must be submitted.
- If a home has pets, a copy of each pet's vaccinations must be submitted. Some breeds of dogs will preclude you from becoming a family resource; this includes Pit Bull, German Shepherd and Rottweiler.
- Each home is required to have a lock box or locked cabinet to store medication.

- A copy of the face sheet of a household’s homeowners’ insurance and auto insurance must be submitted.
- CHD does not place foster children in homes with an active daycare.
- Each applicant will be required to have their fingerprints taken at Identogo. The fingerprints will be compared to the national fingerprint data base but will not be retained.
- If you (or any immediate family member) are employed by the Department of Children and Families, you must inform your supervisor of your interest in becoming a foster parent for CHD. They will advise you who you need to contact to continue the application process.
- There may be additional documents necessary depending on a home’s situation.
- Each applicant will be required to attend a multiday training, MAPP, before receiving any placement. This training will give new family resource/foster parents the necessary skills to begin foster parenting as well as familiarize them with CHD policies and procedures. Foster parents are also required to attend trainings at the CHD office. Active CHD foster parents are required to do 24 hours of training annually. These trainings are offered on a regular basis.
- After approval, a CHD Homefinder will visit your home monthly to ensure that the home is up to date, this includes quarterly and annual events to update records and acquire new documentation. In addition, the foster child’s social worker and other collaterals will visit with you and the foster child at various times during the month when you have a child placed in your home. CHD Caseworkers will visit weekly. Quarterly reviews, and annual license renewals need to be completed to ensure your home continues to meet all requirements, regulations and guidelines.

We realize that this is an involved and may turn into an extensive process, but it is important to understand up front the expectations and policies required by the Center for Human Development in assessing and monitoring a placement resource.

If you have any questions, please call CHD Homefinding at 413.781.6556.

Sincerely,

CHD Homefinding Team

Jennifer Pierce – Assistant Program Director	JPierce@chd.org
Yamilca Nogue – Homefinding Team Leader	YNogue@chd.org
Patricia Overson – Homefinder	POverson@chd.org
Susan Raimer – Homefinder	SRaimer@chd.org
Itsamar Hernandez - Homefinder	IHernandez@chd.org
Jenny Davila – Homefinder	JDavila@chd.org

CHD Foster Care

FOSTER PARENT APPLICATION

Date: _____

Applicant: _____
(Last) (First) (Middle) (Maiden, if applicable)

Also known as: _____

Co-Applicant: _____
(Last) (First) (Middle) (Maiden, if applicable)

Also known as: _____

Home Address: _____

Telephone: _____
(Home) (Applicant cell) (Co-applicant cell)

E-mail address: _____

Directions to your home (from 246 Park Street, West Springfield, MA):

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Other ___

Date and State of Marriage: _____

Date and State of Divorce: _____

Language(s): Spoken in household Primary: _____ Secondary: _____

Written comprehension Primary: _____ Secondary: _____

How did you hear about CHD Foster Care? Check answer that applies best.

CHD Website ___ Friend / Colleague ___ Google - Internet ___ Facebook ___ Other ___

Referral by a CHD Foster Parent ___ If yes, name of Foster Parent _____

The following information will be used by the Center for Human Development (CHD) to determine whether your household meets the basic requirements for applying to serve as a foster family with regard to having the available time to care for children, your home having sufficient capacity, and the members of your household having histories that are free from conduct which would raise concerns regarding safety.

PERSONAL INFORMATION

	Applicant	Co-Applicant
Gender		
Birthday		
Place of Birth		
Social Security Number		
Country of Citizenship		
If not US Citizen, US immigration Status		
Education (last grade completed)		
Current Employer		
Current Employer Address		
Job Title		
Date Employment Began		
Hours / Days Worked		
Employer Contact & Telephone Number		
Income per year, list source (include TAFDC/Welfare, SSI or SSA for Self/others, Amount per year and Contact for verification (Name & Telephone Number)		
Driver's License Information State Issued and License Number		

FAMILY / HOUSEHOLD MEMBERS

(Please include all individuals living in home, including college students, military)

Name: _____

Gender: _____ DOB: _____ Social Security Number: _____

Relationship to applicant(s): _____

Currently living in the home? Yes or No

Student: Yes or No – if yes, school attending, current grade, school name and address:

Employed: Yes or No – if yes, occupation, employer name and address:

Name: _____

Gender: _____ DOB: _____ Social Security Number: _____

Relationship to applicant(s): _____

Currently living in the home? Yes or No

Student: Yes or No – if yes, school attending, current grade, school name and address:

Employed: Yes or No – if yes, occupation, employer name and address:

Name: _____

Gender: _____ DOB: _____ Social Security Number: _____

Relationship to applicant(s): _____

Currently living in the home? Yes or No

Student: Yes or No – if yes, school attending, current grade, school name and address:

Employed: Yes or No – if yes, occupation, employer name and address:

If more household members, please write information on the reverse side of this page.

FREQUENT VISITORS

(Please include any frequent visitors to the home. Any individual age 14 or over who spends a substantial amount of time at the home must be included)

Name: _____

Address: _____

Gender: _____

DOB: _____

Social Security Number: _____

Relationship to applicant(s): _____

Name: _____

Address: _____

Gender: _____

DOB: _____

Social Security Number: _____

Relationship to applicant(s): _____

Name: _____

Address: _____

Gender: _____

DOB: _____

Social Security Number: _____

Relationship to applicant(s): _____

Name: _____

Address: _____

Gender: _____

DOB: _____

Social Security Number: _____

Relationship to applicant(s): _____

If more frequent visitors, please write information on the reverse side of this page.

PLEASE ANSWER THE FOLLOWING QUESTIONS.

Is anyone providing daycare in the home? Yes or No. If yes please provide the name of person providing family based day care services, telephone number and ages of children who are being cared for and provide a copy of the daycare license.

Is someone caring for a disabled individual in the home? Yes or No. If yes, please explain

Child Care Plan (backup plan)

Please provide the names, addresses, DOB and Social Security number for any person other than applicant or co-applicant that will provide child care in your home for any child(ren) placed with you.

Housing: Own or Rent. How long at current address?

Please provide Name/address/telephone number for verification.
(Landlord, Mortgage Bank, or other)

Please provide previous address(es) if less than 7 years at current address:

Have you ever applied to this or any other agency for foster care? Yes or No. If yes list agency name and date of application.

Are you or any member of your household now providing foster care in your home? Yes or No. If yes please list name of agency and contact information.

Have you or any member of your household ever been charged with, or convicted of a crime (as an adult or as a juvenile, including any incident where the record was sealed, or the disposition was dismissed, continued without a finding, vacated, filed or not processed)? Yes or No. If yes please explain in detail and attach court documents (use reverse side of this page or attach separate paper if necessary)

Have you or any member of your household ever had a temporary or permanent protective order issued against you or member of your household? (ex. MGL c.208 divorce, MGL c. 209 abandonment in marriage, or MGL c. 209A abuse prevention)
Yes or No. If yes, please explain in detail and attach court documents (use reverse side of this page or attach separate paper if necessary)

Have you or any member of your household ever been a client or received services from CHD or DCF (in Massachusetts or any other state) as an adult or a child? Yes or No. If yes please explain in detail.

Have you or any member of your household ever been in foster care? Yes or No. If yes, please explain in detail.

If currently employed, please provide the name, address and telephone number for a professional reference for each employer.

Please provide the school name, address, telephone number and contact name for each school aged child in the household.

Do you have any pets in the home? Yes or No. Breed and purpose

Do you have any weapons or ammunition in the home? Yes or No. Please describe the type and use or purpose.

Characteristics of children desired? (age, gender, special needs, etc.)

REFERENCES

Please provide the name, address, and telephone number for each household member's primary care doctor / physician.

Please provide the name, address, and telephone number for three (3) personal references for each applicant.

1.

2.

3.

Please note that failure to disclose accurate information could result in termination of your application. Please be aware that the Center for Human Development (CHD) will conduct a search of the Massachusetts Court and Child Welfare records to determine if you or any member of your household has a history of previous involvement with CHD, DCF, or criminal conduct which would make your home unsuitable for the placement of children. If you have previously lived outside of Massachusetts, you are required to provide comparable information from that state's court and child welfare system. Please also be aware that CHD may make collateral contacts with any other individuals regarded by CHD as useful to the determination of whether you are eligible to apply to become a foster family for CHD.

This application is a statement of intention and may be withdrawn at any time.

I (We) allow for the Center for Human Development to seek information from other agencies with which I (We) have had contact. I (We) hereby give the Center for Human Development permission to check any/all references. I (We) understand that these references will be held strictly confidential.

Signatures

Applicant: _____ Date: _____

Co-applicant: _____ Date: _____

Name of individual completing form if other than applicant/co-applicant:

If you have any questions in reference to this application, you may call CHD at 413.781.6556 and ask to speak to a Homefinder.

FOR OFFICIAL USE ONLY

Application received by: _____

Date application was received: _____

Homefinder assigned: _____

Notes or Comments: _____

11. How do you (did you) discipline your children?

12. How were you disciplined as a child? Did this have an impact on how you feel about different types of discipline?

13. How would you discipline foster children?

14. How would you describe your childhood?

15. How would you describe your relationship with your parents?

16. How would you describe your relationship with your siblings?

17. What is your relationship like today with your family?

18. What events in your life have had a significant effect on you? Why?

19. Have you experienced trauma in your life? Explain.

20. Do you have any experience with drug/alcohol abuse in your life? Explain.

21. Do you have any experience with physical abuse in your life? Explain.

22. Do you have any experience with sexual abuse in your life? Explain.

23. Do you have any experience with neglect in your life? Explain.

24. Do you feel that you have the ability to parent a child who has experienced trauma in their life? Why?

25. What are important rules in your home?

26. Are there any guns/weapons/ammunition in your home? Are they locked? Could you move them to another location? If yes, please provide copy of FID card/pistol permit.

27. Do you have any pets? What kind? If yes, please provide updated vaccination certificate.

28. Have you had any previous marriages/long term relationships? Do you have any children who do not currently live with you? (ex. live with ex-spouse, college, on their own)

29. What do you/your family like to do for leisure activities? How would you include foster children in these activities?

30. Do you have any experiences, talents, education, or skills that you feel would help you caring for foster children?

The above information is accurate and true to the best of my knowledge.

Signed: _____ Date: _____

Applicant

Signed: _____ Date: _____

Co-applicant