

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**FOSTER-ADOPTIVE PARENT APPLICATION**

Please complete **OCFS-5183D**, *Medical Report* and **OCFS-5183E**, *Safety Review Form*  
as part of the foster/adoptive parent application process.

<b>APPLICANT INFORMATION (Each applicant must complete a separate form.)</b>			
LAST NAME, FIRST NAME, MIDDLE INITIAL:			
DATE OF BIRTH: / /	FOSTER CARE ONLY <input type="checkbox"/> FOSTER CARE AND ADOPTION* <input type="checkbox"/> <i>*Complete attachment for Adoption Applicants.</i>	HOME PHONE: (    )    -	CELL PHONE: (    )    -
CURRENT ADDRESS:		SCHOOL DISTRICT:	
CITY:		STATE:	ZIP CODE:
HOW LONG HAVE YOU: <input type="checkbox"/> Owned <input type="checkbox"/> Rented	EMAIL ADDRESS:		
<b>CURRENT EMPLOYMENT INFORMATION</b>			
CURRENT EMPLOYER:		HOW LONG?	
EMPLOYER ADDRESS:			
CITY	STATE:	ZIP CODE:	
PHONE:	EMAIL:		
POSITION:	SCHEDULE:		
<b>MARITAL STATUS:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Couple living together		
<b>DEMOGRAPHICS<sup>1</sup></b>			
<b>SEX<sup>2</sup>:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male			
<b>GENDER IDENTITY<sup>3</sup>:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer			
<b>SEXUAL ORIENTATION<sup>4</sup>:</b> <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Don't know <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer			
RACE:	ETHNICITY:	RELIGIOUS AFFILIATION:	
LANGUAGES SPOKEN:			
<b>NATIVE AMERICAN?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, Tribal Affiliation:</i>			

<sup>1</sup> Applicant has the right to decline to answer questions in first box without any impact to their application.

<sup>2</sup> Sex refers to a person's biological and physiological characteristics.

<sup>3</sup> Gender Identity refers to a person's internal sense of themselves, regardless of anatomy.

<sup>4</sup> Sexual Orientation refers to a person's emotional, romantic and sexual attraction to other persons.



**FOSTER/ADOPTIVE PARENTING EXPERIENCE**

Have you previously applied to be a foster or adoptive parent in this state or another state?

No  Yes *If yes, with what agency?*

Were you accepted or denied?  Accepted  Denied *If denied, what was the reason?*

Have you had a foster parent certification revoked, suspended, surrendered or lapsed?

No  Yes *If yes, what was the reason?*

Are you currently an approved adoptive parent?  No  Yes

*If yes, please provide approval date and the approving agency name(s) and contact information.*

APPROVED DATE:	APPROVED AGENCY:	CONTACT INFORMATION:
/ /		
/ /		
/ /		

Plans for supervision of child during work hours, after school, summer:

Do you operate a day care program in your home?  No  Yes

*If yes, number of children:* \_\_\_\_\_ *Hours of operation:* \_\_\_\_\_

Do you operate a Family-Type Home for Adults?  No  Yes

Do you operate any other business out of your home?  No  Yes

*If yes, what are the hours of operation?*

Do you have a license for any of the businesses in your home?  No  Yes

*If yes, what are the hours of operation?*

**TRANSPORTATION**

Do you have a car?  No  Yes

Do you have a driver's license?  No  Yes

*If yes, expiration date:* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Proof of valid license provided?  No  Yes

Proof of valid car insurance provided?  No  Yes

What are your plans for transporting the child in foster care as needed?

**REFERENCES – List at least one reference who can verify your work record and qualifications**

NAME	ADDRESS	PHONE/EMAIL ADDRESS

**List three references, other than relatives, who can serve as personal references**

NAME	ADDRESS	PHONE/EMAIL ADDRESS

**EMPLOYMENT HISTORY**

Employer:  
 Dates of employment:     /     /     To     /     /  
 Position:  
 Hours worked per week:  
 Reason for leaving:

Employer:  
 Dates of employment:     /     /     To     /     /  
 Position:  
 Hours worked per week:  
 Reason for leaving:

Employer:  
 Dates of employment:     /     /     To     /     /  
 Position:  
 Hours worked per week:  
 Reason for leaving:

**EDUCATION HISTORY**

HIGHEST EDUCATION COMPLETED:  Grade School     High School     GED     Associates Degree  
 Bachelor's Degree     Master's Degree     Ph. D.  
 Other:

**FINANCIAL INFORMATION**

INCOME FROM EMPLOYMENT: (verified by W-2 or 1040)

OTHER INCOME AND SOURCE:     PA     SSI     SSD     Disability     Child Support  
 Other, specify:

TOTAL MONTHLY INCOME:

**EXPENSES:**

▶ rent/mortgage	\$
▶ utilities	\$
▶ car payments	\$
▶ car insurance	\$
▶ other insurance	\$
▶ loans/debts	\$
▶ food, clothing, etc.	\$
Total monthly expenses	\$

**FOR ADOPTION ONLY:**

Does your family have medical insurance coverage?     No     Yes

Is your family experiencing any financial stressors (i.e. foreclosure, bankruptcy) etc.?     No     Yes

*If yes, please explain:*

SIGNATURE OF APPLICANT:

**X**

DATE:

   /     /

**APPLICANT SWORN STATEMENT – one per applicant**

Please answer the questions below in full.

LAST NAME:

FIRST NAME:

MIDDLE NAME:

MAIDEN NAME OR ANY OTHER ALIAS:

CURRENT MAILING STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

1. Have you ever been convicted of any crime within New York State or another state/jurisdiction?  No  Yes

*If yes, provide an explanation for each crime for which you were convicted including the type of crime, the location, the date and circumstances:*

2. Has any person age 18 or older currently residing in the home ever been convicted of a crime in New York State or any other jurisdiction or state?  No  Yes

*If yes, provide an explanation for each crime for which you were convicted including the type of crime, the location, the date and circumstances:*

**To the best of my knowledge, I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in disqualification as an applicant for deliberately presenting false or misleading information.**

SIGNATURE OF APPLICANT:

X

DATE:

/ /