

**All Foster Parent Applicants must complete the following prior to Becoming a Licensed Foster Parent**

1. Please completely fill out your foster parent applications, if you have any questions please call the PAC Foster Home Developer at (806)335-9138.
  - Please include the enclosed list of any grown children with complete addresses if applicable and return with your application.
  - Please mail a copy of a valid driver's license on everyone within the home that is able to drive.
  - Please mail a copy of a valid social security card on each applicant.
  - Please send all this information and your criminal history request to  
Panhandle Assessment Center  
4655 S. FM 1258  
Amarillo, Texas 79118
2. Completely fill out the Request for Criminal History and Central Registry Check and please write your Texas Driver's license Number on the form.
3. All adults (18 and older) must get their finger prints taken and a background check. You must set up the appointment to be fingerprinted two days after the Criminal History request is turned in. For finger print appointment please call Identix at 1-888-467-2080 or go to <http://www.identix.com>
4. A T.B. test must be completed on every member of your household. You may go to the local health department for this, your general practitioner, or some pharmacies do complete T.B. test. If you or a member of you family tests positive for T.B., you will need to go through your general practitioner and follow what they tell you to do. We must have documentation that states that you are not a health risk to anyone, and that you tested positive but are no longer contagious from either your General Practitioner or The State of Texas Health Department. You must have this completed and turned in to PAC before you will be allowed to complete your training hours. This is at your expense.
5. You must complete the following inspections, in any order, but they must be completed before we will complete a home study on your home, which is the final step.
  - A fire inspection of your home. If you live within city limits of a town you need to call your local fire department. Generally, this seems to take about 2 weeks, but it is up to the Fire Department and you. You must follow what they tell you to do.
  - An Environmental Health Inspection completed on your home. You will need to call your local health department. It normally takes about 2 weeks and it is done on their time.
  - Water checks: If you live in the city you are exempt from these checks. If you have well water you must have your water checked. To do this you go to your local health department and tell them you need their water testing

bottles. You must gain a sample of your well water and return it to the health department for them to check your water. Mail the results to PAC Foster Home Developer.

\*\*These will be required every year in the same month that the original was completed.

- If you want to be considered for a foster group home, which is eight or more children, including your own, and you have gas lines to anything in your home you must have gas inspections. You will have to have a plumber come out and inspect the lines. The lines must be inspected annually. This is for group homes only.
  - You must complete a floor plan of your home with the dimensions of each room. Measure around the outside of closets in rooms. Also, please indicate which room(s) will be for the foster home.
  - If you have animals we need a copy of their shot records, and after being hired you must get their shots done yearly in the same month that the last ones were completed and mail a copy to us. If you do not have pets you need not worry about this.
  - All foster parent applicants must complete First Aid and CPR for Adult, Child and Infant. A list is enclosed of places that offer First Aid and CPR classes for Amarillo and Lubbock. After you are hired as a foster parent you must complete CPR and First Aid annually in the same calendar month that you did when you first started. These hours do not count towards your annual training hours. This is at your expense.
  - We need a copy of marriage certificates for any and all marriages that you have had. We need a copy of your divorce decree, if applicable. If it is really long, we only need the first pages and last page of signatures.
  - You need to complete a budget for us. This consists of writing down any income that you receive monthly or annually and where it comes from, and also what expenses you have on either a monthly or yearly basis. For example, what you spend on groceries, electricity, and water every month.
  - PAC needs copies of the following:
    - The following are things that you must have to become a Foster Home:
    - A Copy of your car insurance on all vehicles that you will be transporting foster children in. A copy of your insurance card will do fine.
    - A copy of your Home Owner's Insurance or Renter's Insurance.
    - Any health insurance that you may have.
    - Any life insurance that you may have.
    - A copy of your High School Diploma or GED, and any college transcripts that you may have. If you do not have a High School Diploma or GED please contact PAC Foster Home Developer.
6. After you have done all the above, your criminal history has passed, you have your T.B. etc. Pac will complete the following items along with you;
- You will be required to complete 40 hours of training at Panhandle Assessment Center Emergency Shelter. This will help you become more

aware of the children that you will be working with as well as behaviors that they may exhibit. They can be completed at your own pace. After you are hired as a Foster parent you will be required to have 50 hours annually of training for single parent homes. All other homes will be required to have 30 hours annually for each parent in the home. When you are hired on you have one year to the date to complete your additional training hours. PAC tries to provide you with training opportunities throughout the year.

- PAC will provide medication and restraint training and you will be tested over it. This does not count towards your initial shelter training but does count toward your annual training requirement.
- PAC will have you complete Orientation Training. Pac will explain our policies and procedures, our written agreement, the Foster parent Handbook, and the Minimum Standards that the State of Texas Regulates. You will be asked to read our manuals, date and sign, and we will provide you with a copy for your records.
- PAC Foster Home Developer will complete an in-home study as the last step before your certification. We will set this up with you after everything above is completed. At the time of your home study, PAC Foster Home Developer will also train you on our paperwork and answer any question you have.

*Please feel free to call the PAC Foster Home Developer at any time with any questions that you may have. Also, if you are having difficulty please call and we will try to help you in any way that we can. The application process can go as quickly or as slow as you would like, it is up to you. We look forward to working with you in the future.*

## **CPR and First Aid Certification**

As a foster parent you need to receive CPR and First Aid Training for the Adult, Child, and Infant. If you are calling one of the providers below please make sure you tell them which kind of CPR and First Aid that you need, which again is for the Adult, Child, and Infant. You must receive CPR and First Aid yearly, exactly one year from the date you took it last, unless your certification is good for two years. Your PAC Case Manager will try to help you remember when you need to take it again, but ultimately it is up to you to remember. Also, if you find out any other people in the Lubbock or Amarillo area that teach First Aid and CPR privately please let us know at PAC so that we can add them to the list. PAC Child Placing Agency will try to have a yearly training for everyone at once at least once a year. You are welcome to take it before your time is up to get on a schedule with other foster homes in the area.

### Amarillo Area

Amarillo College  
Continuing Education Health Program  
806-354-6085  
(Usually every other month on the 2<sup>nd</sup> Saturday from 8am to 5 p, \$30.00, register in advance)

American Red Cross  
1800 S Harrison  
Amarillo, Tx 79102  
806-376-6309  
\$50.00  
(Usually several times throughout the month.)

Dane Lynn (North West Texas Hospital)  
806-353-7537  
(5 or more people is \$25.00 a person, less than five is \$40.00 a person.)

Baptist St. Anthony's Hospital  
Education Department, Sandy Thomas  
806-212-2000

Canyon Fire Department  
806-655-5010  
(5 or more students only, pay in advance, \$30.00)

Borger Golden Plains Community Hospital,  
Ashley Simpson  
806-273-1388

### Other Amarillo Numbers

City of Amarillo Health Department  
1411 Amarillo BLCD E  
Amarillo, Texas 79107  
They will do TB Test only

City of Amarillo Fire Department  
806-378-4238

### Lubbock Area

American Red Cross  
2201 19<sup>th</sup> Street  
Lubbock, Texas  
806-765-8534  
\$45.00

YMCA  
3101 35<sup>th</sup> Street  
Lubbock, Texas  
806-792-2723  
Classes usually on Tuesday and Thursday evenings from 6:30pm to 10pm. Call for current schedule

Glen Huff  
Certified to teach both American Heart Association and American Red Cross  
806-763-3656  
806-785-2295

### Other Lubbock Numbers

The City of Lubbock Health Department  
806-775-2933  
For water Testing Supplies and TB test

City of Lubbock Fire Department General Administration  
806-755-2632

Environmental Health Department  
821 S Johnson  
Amarillo, Texas 79101  
806-378-9472  
water well testing

**PANHANDLE ASSESSMENT CENTER  
THERAPEUTIC FOSTER CARE PROGRAM  
FOSTER PARENT APPLICATION**

Full Legal Name, including maiden name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)

Phone Number (include area code): \_\_\_\_\_

Cell Number (including area code): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

American Citizen: \_\_\_\_ Yes \_\_\_\_ No If no, we need a copy of your visa.

Spouse's Full Legal Name, including maiden: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)

Phone Number (include area code): \_\_\_\_\_

Cell Number (including area code): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

American Citizen: \_\_\_\_ Yes \_\_\_\_ No If no, we need a copy of your visa.

Occupation: His: \_\_\_\_\_ Hers: \_\_\_\_\_

Education: His: \_\_\_\_\_ Hers: \_\_\_\_\_

Please give us a copy of highest grade completed. If you have your GED, we need a copy of that certificate as well. On another sheet of paper, please list past employment history for husband and wife since age 21. Give company name, address, phone, length of employment, salary and reason for leaving.

Foster Care or other Child-Related Experience (work or volunteer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list those persons other than your own children who have lived with you any time during the past 15 years, their birth date, their relationship to you, and how long they lived with you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any member of the household been arrested or convicted of a felony or a misdemeanor?

\_\_\_\_ Yes \_\_\_\_ No If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any Domestic Violence calls made to the police department at any residence in which you have lived?

\_\_\_\_\_ Yes \_\_\_\_\_ No If so, please explain including the name and relationship of the person who made the call to the police department and the name and relationship of the person exhibiting domestic violence:

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Please list cities of residence for the last 15 years:

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Do you hold a current Driver's License or State issued ID?

HIS:

Yes \_\_\_\_\_ No \_\_\_\_\_

License Number \_\_\_\_\_

State of Issuance: \_\_\_\_\_

HERS:

Yes \_\_\_\_\_ No \_\_\_\_\_

License Number \_\_\_\_\_

Sate of Issuance: \_\_\_\_\_

List any traffic tickets received by any household member with the past three years. Include moving violation, DWI, etc.

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Have you ever been identified as an "Assigned Risk Driver"? \_\_\_\_\_

References: Give names and addresses of 5 persons **not** related to you, who would know of your work habits, personal habits, moral character, etc. We must have complete addresses.

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Name: \_\_\_\_\_ How Long Acquainted: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ How Long Acquainted: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ How Long Acquainted: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ How Long Acquainted: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ How Long Acquainted: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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We authorize investigation of all statements contained in this application. I/We understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I/We understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I further understand that staff and volunteers are required by law and have a responsibility to report any suspected incident of abuse or neglect of a child at the facility to the administrator. After the report is made to the administrator, and you suspect that the facility has not followed up on the report, staff and volunteers must then make a report directly to licensing, Child Protective Services or local law enforcement.

I understand my responsibility to report suspected abuse and /or neglect.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand that after Panhandle Assessment Center receives my application I must maintain contact. If I do not maintain contact two months after Panhandle Assessment Center receives my application, I must reapply to become a therapeutic foster parent.

Signed: \_\_\_\_\_  
Foster Parent Applicant

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

Signed: \_\_\_\_\_  
Foster Parent Applicant

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

\*\*\*\*\* In the event that we feel you meet the qualifications to be a Panhandle Assessment Center foster parent, additional information will be required in order to complete the criminal history background check.

List of Any of your GROWN children  
For Grown Children Reference Letters

*Please include any step-children and adopted children that you have that are grown and no longer live with you. PAC will interview any of your biological, step, or adopted children that live with you directly in your home during the home study process. List any additional children on the back of this form.*

1. Adult Child Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
2. Adult Child Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
3. Adult Child Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
4. Adult Child Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
5. Adult Child Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
6. Adult Child Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
7. Adult Child Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
8. Adult Child Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_



**FAST**

Fingerprint Applicant Services of Texas

To schedule an appointment, visit [www.identix.com/iis](http://www.identix.com/iis) or call 1-888-467-2080

**Authorized Agency Information (To be completed by Requesting Agency)**

Agency ORI TX922080Z Agency Name Texas Department of Family and Protective Services – RCCL

Reason for fingerprinting: Prospective Foster/Adoptive Applicant or Adults in The Home.

Agency Assigned Applicant Number \_\_\_\_\_  
(if required by Agency)

Original TCN \_\_\_\_\_  
(if resubmission for rejected prints)

**Applicant Information (To be completed by Applicant)**

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(please print)

Sex  Male  Female Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Skin Tone \_\_\_\_\_  
(W, B, A, I, O) (Hispanic or Non-Hispanic)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
(feet and inches)

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(state or country) (country)

DL / ID No. \_\_\_\_\_ State Issuing DL / ID No. \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip

**Service Center Information (To be completed by Live Scan Operator)**

Date Prints Taken \_\_\_\_\_ Amount Charged For Service \_\_\_\_\_

Paid by:  Check  Money Order  Visa  MasterCard  Billing Acct \_\_\_\_\_  
 At time of scheduling  At time of appointment

TCN \_\_\_\_\_

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.

Name of LSO \_\_\_\_\_  
(please print)

Signature of LSO \_\_\_\_\_

## INSTRUCTIONS FOR USING THE IDENTIX FAST PASS FINGERPRINT SYSTEM

The goal of the FAST PASS fingerprints is to provide the applicant a fast, simple, convenient, and professional fingerprinting experience. The sooner the background check process is completed, the sooner your home can be verified.

Here's how to get started:

1. Complete the middle portion of the form. Then schedule an appointment by either going online to the Identix website at [www.identix.com/iis](http://www.identix.com/iis), click on the "[Schedule a Fingerprinting Appointment On-line](#)" button on the left **or** by calling Identix at toll-free at 1-888-467-2080 (8am-5pm CST).
2. Have this form with you, it has information such as our agency's ORI number and the reason you're being fingerprinted.
3. When scheduling online, you must select the following:
  - First select, **Texas**,
  - Then the language that you would like to register in (either **English or Spanish**),
  - Then choose **All Others** for the type of agency under the application ID;
  - Then select **Option A – Electronic Submission** for the type of fingerprints needed.
  - Then select **yes, I have a Fast Fingerprint Pass**
  - **Then enter the following Agency ORI number, TX922080Z** (This is a very important step!!! If you do not enter the correct ORI number, DFPS will not receive the results of the fingerprint check and you will have to conduct another check and pay an additional \$48.95 fee).
  - Then select **yes** for the state and federal background check
  - Then enter **your zip code** and the **region of the state** that you would like to have your prints taken, **click next step**.
  - Then click on the available **date** on the calendar and the preferred **time**.
  - On the next page enter in all of your required information and **click send information**. After you have registered on-line you will receive a confirmation email of your scheduled appointment.
4. If you choose to schedule via phone, request an "**Electronic Fingerprint Submission**" and the operator will obtain the above information from you.
5. Arrive at the facility at your appointed time.
6. Bring the following with you to your fingerprinting appointment:
  - **This completed FAST PASS Form;**
  - **Your driver's license or other valid form of identification;** and
  - **The form of payment you selected when you made your appointment. \$48.95** (\$39.00 for the DPS/NCIC fingerprints and the \$9.95 for the processing fee). Identix will except personal checks, money orders or credit cards.
7. The technician will run your fingerprints, take your photograph and give you a signed receipt.
8. Your fingerprints will then be sent electronically to DPS, DPS will send the print to NCIC (FBI) electronically the same day.
9. You must submit the signed receipt to your child placing agency or independent foster home provider as proof of fingerprinting.
10. The results will be sent directly to Licensing from the Texas Department of Public Safety. Licensing will notify your child placing agency or independent foster home provider of the results.

# Foster Home Check-List

All of the following must be in our file in our office before you can receive children into your home.

## Application

### **Date Completed**

- \_\_\_\_ Foster Parent Application
- \_\_\_\_ References:
- \_\_\_\_ Grown child contacts
- \_\_\_\_ Copy of Driver's License/ S.S. card
  - \_\_\_\_ Foster Mother
  - \_\_\_\_ Foster Father
- \_\_\_\_ Marriage Certificate/ Divorce Decree
- \_\_\_\_ Copy of H.S. Diploma/GED
  - \_\_\_\_ Foster Mother
  - \_\_\_\_ Foster Father
- \_\_\_\_ Family Budget
- \_\_\_\_ T.B. Tests on All Family Members
- \_\_\_\_ Verification of Health Insurance
- \_\_\_\_ Verification of Life Insurance
- \_\_\_\_ Verification of HomeOwners Insurance
- \_\_\_\_ Letter to mayor and School District

## Agreements

- \_\_\_\_ Confidentiality Agreement
- \_\_\_\_ Handbook/Signature Page
- \_\_\_\_ Written Agreement/Policies

## Training

- \_\_\_\_ 40 Hours in Shelter Training
- \_\_\_\_ Orientation- Texas Health Steps
- \_\_\_\_ Behavior Intervention Training
- \_\_\_\_ Medication Training
- \_\_\_\_ Initial CPR & First Aid Certification
- \_\_\_\_ Medical Consent Training

## Home Study

\_\_\_\_ HOME STUDY  
Date Completed: \_\_\_\_\_

## **AMENDMENTS TO HOME STUDY**

Date:	Capacity:
_____	from ___ to ___
_____	from ___ to ___
_____	from ___ to ___
_____	from ___ to ___

## License

- \_\_\_\_ Foster Home License
- \_\_\_\_ Foster Home Verification

Date:	Capacity:
_____	from ___ to ___
_____	from ___ to ___
_____	from ___ to ___
_____	from ___ to ___

- \_\_\_\_ Floor Plan
- \_\_\_\_ Pictures of Outside Areas

## Standard By Standard

\_\_\_\_ Initial Standard by Standard

## Inspections

- \_\_\_\_ Fire Inspection
- \_\_\_\_ Health Inspection
- \_\_\_\_ Water Test (Well water only)
- \_\_\_\_ Gas Line Test (outside City limits)
- \_\_\_\_ Veterinarian Records