



## Foster Parent Application

Oregon Community Programs mission is to implement research-based treatment and prevention methods/practices in order to improve the outcomes for children, youth, and families.

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

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

\_\_\_\_\_

NOTE: Before you begin, please save this file to your computer for your records or to make additional changes later.

If you exit this application or close this program without saving, all changes will be lost.

*Additional instructions on how to submit this form are located on the last page.*

**Contact Information:**

Mary Laws

Foster Parent Recruiter/Trainer

Phone: 541-743-4340 ext. 2242

Fax: 541-743-4369

Email: [maryl@oregoncp.org](mailto:maryl@oregoncp.org)



**Oregon Community Programs** has been supporting foster children and their families with a full range of services since 1983. We train, support and certify foster parents and support families where a child has already been placed.

**Here's what distinguishes OCP and its foster families:** A philosophy of commitment and belief in the children and families we support. We are in this for the long haul, and we know that with support, each child can be successful in her or her placement and go on to lead a productive, positive life.

***Our goal is to be the team that helps to turn lives around.***

**Privacy Statement**

Once Oregon Community Programs (OCP) receives your Foster Parent application your information will be used only for the purpose of certification. We will not share any information you provide including your email address with any third parties unless instructed to do so by Federal, State or Local authorities.

The application is a web-fill document with the option to send via email. When you select the "SEND FORM" button your default email client will open with your application already attached. Oregon Community Programs does not accept any responsibility for misdirected, lost or intercepted emails of information or the transfer of any viruses, Trojans or complications associated during electronic communications. By completing the application and submitting via email you agree to this policy. You may also fill in your information, print and deliver in person to OCP at 1170 Pearl Street, Eugene, OR 97401.

**Electronic Signature**

By typing your name in the signature line and placing a check in the box, you agree that all statements you provided are true and any falsifying information could result in revocation of application.

# Foster Parent Application

Oregon Community Program's mission is to implement research-based treatment and prevention methods/practices in community settings in order to improve the outcomes for children, youth, and families.

**Applicant #1 Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last Name First Name M.I.

**DOB:** \_\_\_\_\_ **SSN:** - - \_\_\_\_\_ **Driver License Number:** \_\_\_\_\_  
Month/date/year

Single  Married **Date Married:** \_\_\_\_\_  Divorced  Separated  
Month/date/year

**Home Phone Number:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **Other Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Physical Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **City** **State** **Zip Code**

Applicant #2 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name M.I.

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ - - Driver License Number: \_\_\_\_\_  
Month/date/year

Single  Married Date Married: \_\_\_\_\_  Divorced  Separated  
Month/date/year

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: (please fill in if different than above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

**Household Members:**

Number of residents currently living in household: \_\_\_\_\_

Name:	DOB:	Age:	In Home:	Relationship:
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Applicant #1**

**Education:**

High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Graduate/Degree: \_\_\_\_\_

College: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Graduate/Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Graduate/Degree: \_\_\_\_\_

**Work Experience:**

Current Employer: \_\_\_\_\_

May We Contact?  Yes  No

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

Contact Number: \_\_\_\_\_

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

Net Income: \_\_\_\_\_

Current Employer's Address:

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**Applicant #2**

**Education:**

High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Graduate/Degree: \_\_\_\_\_

College: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Graduate/Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Graduate/Degree: \_\_\_\_\_

**Work Experience:**

Current Employer: \_\_\_\_\_

May We Contact?  Yes  No

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

Contact Number: \_\_\_\_\_

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

Net Income: \_\_\_\_\_

**Applicant #1**

**Current Employer's Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City                      State                      Zip Code

**Applicant #2**

**Current Employer's Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City                      State                      Zip Code

**References:**

Please list four individuals who are not related to you and you have known for at least one year.

1.) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Last Name                      First Name

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Number of Years Known: \_\_\_\_\_  
City                      State                      Zip Code

How do you know this individual? (Friend, neighbor, employer, etc.) \_\_\_\_\_

2.) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Last Name                      First Name

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Number of Years Known: \_\_\_\_\_  
City                      State                      Zip Code

How do you know this individual? (Friend, neighbor, employer, etc.) \_\_\_\_\_

3.) Name: \_\_\_\_\_  
Last Name First Name

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

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

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Number of Years Known: \_\_\_\_\_

City

State

Zip Code

How do you know this individual? (Friend, neighbor, employer, etc.) \_\_\_\_\_

4.) Name: \_\_\_\_\_  
Last Name First Name

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

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

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Number of Years Known: \_\_\_\_\_

City

State

Zip Code

How do you know this individual? (Friend, neighbor, employer, etc.) \_\_\_\_\_

### **Additional Questions:**

Both applicants fill this out together.

1.) Why are you interested in this position?

2.) Do you feel qualified to handle angry and/or rebellious adolescents? Why?

3.) What sort of events or behaviors would cause you to give up on a youth?

4.) What forms of recreation do you enjoy? Especially mention ones you could include youth in. How often?

5.) How would you typically correct misbehaviors? Provide your views on discipline and punishment.

6.) What role would you expect the youth to assume while staying with you?

7.) Are you able to provide routine and crisis transportation for this youth?

8.) Have you or your spouse ever been convicted of a felony or misdemeanor?  Yes  No  
If yes, please indicated date(s) and charge(s). This information is required by Services to Children and Families.

9.) Has any member of your family been treated (medication or psychotherapy) for any emotional or psychological problem?  Yes  No

Family Member: \_\_\_\_\_

Dates: \_\_\_\_\_

Family Member: \_\_\_\_\_

Dates: \_\_\_\_\_

Family Member: \_\_\_\_\_

Dates: \_\_\_\_\_



10.)Have you and your spouse ever separated because of marital problems? If yes, please give the date and length of separation.

11.)Have you or your spouse ever applied for a foster care position with another agency (including Alternative Family Services, SCF, etc.)?

Yes     No

If yes, which agency? \_\_\_\_\_

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

**Applicant # 1**

Electronic Signature: \_\_\_\_\_

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

*I certify that my answers are true and complete to the best of my knowledge.*

*Checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Disclaimer.*

**Applicant # 2**

Electronic Signature: \_\_\_\_\_

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

*I certify that my answers are true and complete to the best of my knowledge.*

*Checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Disclaimer.*

**INSTRUCTIONS:** After you have completed this form, ***please save to your computer for your records*** or to make additional changes. If you exit this application or close this program, all changes will be lost.



1170 Pearl Street, Eugene OR 97401

PHONE 541.743.4340

FAX 541.743.4369

oregoncommunityprograms.org

**EMAIL:** Select the 'email form' button.

This will open your email and automatically attached this file.

***Please be sure to hit send to complete the process.***

**FAX:** Complete form, print and sign.

Fax to Mary Laws at 541-743-4369.

**MAIL:** Complete form, print and sign.

Mail to OCP, Attn. Mary Laws, 1170 Pearl St., Eugene, OR 97401

If you have any questions, please call Mary Laws at 541-954-6714.