

# Resource Parent Application



[Complete & Return to your *local* Meritan Office]

Meritan is a non-profit organization operating community health and social programs to enable individuals to participate more fully in life and achieve their potential.

Attention: **Recruiter Trainer**

Applicant			Social Security Number
Last Name	First Name	Middle Name	
Spouse (if applicable)			Social Security Number
Last Name	First Name	Middle Name	
Street Address (Apt.#)			Area Code Home Phone
City	State	Zip Code	

	Applicant	Co-Applicant
Birthdate		
Race/Sex		
Religion/ Affiliation		
Are you a U.S. Citizen?		
Last Grade Completed		
Marital Status ( <i>include date</i> )		
Previous Marriage ( <i>date/city/state</i> )		
Date Terminated ( <i>specify death, annulment or divorce</i> )		
Military Service ( <i>dates</i> )		
While in Military Service, were you ever convicted by a General Court-Martial? ( <i>specify yes or no</i> )		
Occupation		
Employer		
Annual Income		
Work Phone Number		
Emergency Number		

### CHILDREN IN THE HOME

Name	Birthdate	Sex	School/Grade or Occupation	Relationship

### CHILDREN OUT OF THE HOME

Name	Birthdate	Sex	School/Grade or Occupation	Relationship

Have you had previous involvement with any foster care agency? Yes  No

If yes, please summarize your involvement and the time frame during which this took place. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously applied to be a foster parent with another agency? Yes  No

If yes, when and with what agency? \_\_\_\_\_

\_\_\_\_\_

# Resource Parent Application



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**TYPE OF CHILD YOU HOPE TO PARENT:**

Sex: Male  Female  Either

Age Range: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Sibling Group: Yes  No

If yes, how many children would you consider parenting at this time? \_\_\_\_\_

Race: AA (African American) AI (American Indian) AS (Asian) CA (Caucasian) HI (Hispanic)  
 Circle one or more codes. To indicate mixed race, combine codes and write in the space provided (for example, AACA  
 Indicates child of mixed African-American and Caucasian heritage) \_\_\_\_\_.

You may apply to parent a child of any racial or ethnic heritage.

**WOULD YOU BE WILLING TO ACCEPT (please check all that apply):**

- \_\_\_\_\_ a child with behavioral problems
- \_\_\_\_\_ a child with conduct disorders
- \_\_\_\_\_ a child who has been exposed to drugs/ substance abuse
- \_\_\_\_\_ a child with AIDS or who tests positive for HIV
- \_\_\_\_\_ a child with extensive medical equipment
- \_\_\_\_\_ a child with emotional disturbance
- \_\_\_\_\_ a child with mental retardation
- \_\_\_\_\_ a child who has been physically abused

*Note: By end of the preparation process, the description of the child you hope to parent may change. If so, you will have the opportunity to redefine the child you feel you can most successfully parent. As a resource parent you are encouraged to update this information as you continue to redefine the child you wish to parent.*

**LEGAL:**

Are you currently charged with, or have you ever been convicted, placed on probation or received a suspended sentence for:

	Applicant	Co-Applicant
a. Any crime involving children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Any crime of violence against another person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Possession, sale manufacturing or transportation of drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Any other crime? (explain) _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

This application is a statement of intentions and can be withdrawn by the applicant at any time. I (We) **he** applicant(s)

- \_\_\_\_\_ do
- \_\_\_\_\_ do not

consent to the release of our names for the mailing list of foster parent associations, training and newsletters.

Signature of applicant (s) authorizes Meritan to contact the references listed on the application form and authorizes said references to respond to the inquiry.

**Printed Names of Applicants**

**Signatures**

**Dates**

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

**Please list personal references: One (1) relative for each applicant, plus three (3) non-related references.**

_____	_____
Resource Parent Name	Phone #
_____	_____
Resource Parent Name	Phone #

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## Applicant Relative

Name: \_\_\_\_\_  
*Relationship to Applicant*

Address: \_\_\_\_\_  
(Street) (City & State) (Zip)

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

How long has he/she lived at this address: \_\_\_\_\_ years; \_\_\_\_\_ months

## Co-Applicant Relative

Name: \_\_\_\_\_  
*Relationship to Applicant*

Address: \_\_\_\_\_  
(Street) (City & State) (Zip)

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

How long has he/she lived at this address: \_\_\_\_\_ years; \_\_\_\_\_ months

## Non-Relative

1. Name: \_\_\_\_\_  
*Relationship to Applicant*

Address: \_\_\_\_\_  
(Street) (City & State) (Zip)

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

How long has he/she lived at this address: \_\_\_\_\_ years; \_\_\_\_\_ months

2. Name: \_\_\_\_\_  
*Relationship to Applicant*

Address: \_\_\_\_\_  
(Street) (City & State) (Zip)

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

How long has he/she lived at this address: \_\_\_\_\_ years; \_\_\_\_\_ months

3. Name: \_\_\_\_\_  
*Relationship to Applicant*

Address: \_\_\_\_\_  
(Street) (City & State) (Zip)

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

How long has he/she lived at this address: \_\_\_\_\_ years; \_\_\_\_\_ months

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**Meritan  
DISCIPLINE POLICY**

Discipline is a training process through which a child develops the self-control, self-reliance and orderly conduct necessary to assume responsibilities, make daily living decisions and live according to accepted levels of social behavior. The goals of discipline for the children are:

- To problem-solve appropriate ways of getting needs met (i.e. needs for attention, ways to express feelings. etc.)
- To feel good about relationships with other adults and other children
- To have a positive self-concept

In order to accomplish these goals, the following guidelines should be followed:

- All discipline must be reasonable and responsibly related to the child’s understanding, need and level of behavior. All discipline shall be limited to the least restrictive appropriate method and administered in an appropriate manner.
- Encouragement and praise of good behavior is often more effective than punishment and is a must in disciplining a child. The child’s acceptance of discipline and ability to profit by it depends largely upon feeling that he/she is liked, accepted and respected.
- Any discipline must be determined on an individual basis and be related to the undesirable behavior. Requiring children to accept the natural consequences of their acts may be a desirable experience provided consequences are not too drastic.

The following forms of punishment must **not** be used:

- 1) Corporal punishment, such as slapping, spanking or hitting with any object.
- 2) Cruel and unusual punishment
- 3) Assignment of excessive or inappropriate work
- 4) Denial of meals and daily needs
- 5) Verbal abuse, ridicule or humiliation
- 6) Permitting child to punish another child
- 7) Chemical or mechanical restraints
- 8) Seclusion, isolation
- 9) Denial of planned visits, telephone calls or mail contact with birth family or caseworker
- 10) Threat of removal from home

I have read this discipline policy of physical punishment and do comply with it.

**Printed Names of Applicants**

**Signatures**

**Dates**

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

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

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

# Resource Parent Application



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## RELEASE AUTHORIZATION FOR BACKGROUND INVESTIGATION

(T.C.A. 37-1-414 and T.C.A. 71-3-533 in TN or similar in other states)

[To be completed by every household member age 16 & up (18 in GA).]

Please **MAKE COPIES** of this page. **Submit a SEPARATE FORM** for EACH person.

I hereby acknowledge that as a condition of my resource parent application with Meritan or as a member of a potential foster home, the agency may conduct any or all of the following investigative measures in regard to my application:

1. Obtain and review any and/or all investigative records for the purpose of verifying the accuracy of criminal violation information contained on my application.
2. Require me to supply fingerprint samples and/or submit to a criminal history records check to be conducted by the State Bureau of Investigation & FBI.
3. Require me to attend a comprehensive youth protection training program, which includes adult training on recognition, disclosure, reporting and prevention of abuse, and submit to character, employment, education and reference checks.
4. My signature below amounts to authorization of any and all of the above investigative measures set out in items one (1) through three (3) above.

Last Name		First Name		Middle Name
Street Address		City/State	Zip Code	
Birth/Maiden Name	Social Security Number	Driver's License Number & Issuing State		Date of Birth
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Home Tel. No.	Place of Birth	
Signature		Date	Work Tel. No.	

# Resource Parent Application



[Complete & Return to your *local* Meritan Office]

## Monthly Family Income and Expenditures

*This information is needed to help give an understanding of how you manage your income as a part of the total picture of your family life. Many of the items listed below may not be met on a monthly basis, and for them it may be convenient to calculate for the yearly amount and divide by 12. Leave blank the items that do not apply to you. This form is to be completed by parents, prospective resource/adoptive parents and relative caregivers.*

### 1. APPLICANT(S)

Last Name	First Name	Middle Name	Birth Date	Sex	Social Security Number
Last Name	First Name	Middle Name	Birth Date	Sex	Social Security Number

2. Names of others living in your home *(use additional page if necessary)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Address: \_\_\_\_\_  
*Number and Name of Street or Route Number Telephone No. (include Area Code)*

\_\_\_\_\_

City County State Zip Code

### 4. RESOURCES

Savings Account \$ \_\_\_\_\_

Checking Account \$ \_\_\_\_\_

Other *(Specify)* \$ \_\_\_\_\_

### 5. EMPLOYMENT AND MONTHLY INCOME

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer \_\_\_\_\_  
 How long in current position? \_\_\_\_\_ How long in current position? \_\_\_\_\_

Combined Gross Income from Employment \$ \_\_\_\_\_

Additional Income *(give source)* \_\_\_\_\_ \$ \_\_\_\_\_

**Total Combined Income** \$ \_\_\_\_\_

### 6. MONTHLY EXPENDITURES

Home Mortgage Payment \$ \_\_\_\_\_

Rent \$ \_\_\_\_\_

# Resource Parent Application



[Complete & Return to your *local* Meritan Office]

Utilities (*Electricity, Fuel, Water, Telephone, etc.*) \$ \_\_\_\_\_

Insurance

Homeowner's or renter's \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Car \$ \_\_\_\_\_

Life \$ \_\_\_\_\_

Installment Payments for: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Medical and Dental Expenses \$ \_\_\_\_\_

School Expenses \$ \_\_\_\_\_

Recreation \$ \_\_\_\_\_

Church and Charity \$ \_\_\_\_\_

Other (*Specify*) \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Printed Names of Applicants**

**Signatures**

**Dates**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Autobiography(ies)

No one knows your life better than you do. Tell us about it in your own style, covering the following topics. You may tape record or write it. Remember, what you write is more important than how you write it. These questions are just a guide, so don't worry about answering every question. Don't worry about spelling, handwriting, or getting a "grade"- it's your life.

### YOUR FAMILY

# Resource Parent Application



[Complete & Return to your *local* Meritan Office]

Describe the home or homes you lived in as you grew up. What were the members of your family like? What are some of your most important memories (good or bad ones)? What challenges did your family face?

## FAMILY RELATIONSHIPS

Describe your parents as a couple. What kind of relationship did they have as you were growing up? How did they handle money, discipline of children, sex education? IN what ways would your hope to be like them as a parent? What things would you do differently?

## GROWING UP

Who did you feel closest to as you were growing up? Was your family happier or less happy than most families? Why? What was school like for you? Describe friends and activities during your growing up years. What were your biggest problems in your teen years?

## JOB HISTORY

Please describe your job history, giving the reasons for leaving each job; and what you liked and disliked about each job. What do you enjoy about your present job? What do you dislike about it? What hours do you work? Do you travel with your job?

## PERSONAL RELATIONSHIPS (answer as applicable)

What attracted you to your spouse/partner? What problems have you and your spouse/partner had to overcome? What do you and your spouse/partner disagree about most often? How do you make decisions? How are anger and affection expressed in your household? List any past marriages, giving the reasons for the break-up. What contact do you have with previous spouse(s)? If there was a previous marriage(s), describe the circumstances under which it ended and how you coped with your feelings.

## CHILDREN (answer as applicable)

Describe the personality of each child living with you. Describe any children who do not live with you, including children from previous relationships. If you have no children, what have your experiences with children been? If you have parenting experience, what have you enjoyed most and disliked most about parenting? What kinds of discipline do you find to be the most effective? How do your children get along with each other? What do you expect from your children?

## OVERVIEW

What challenges have you faced, and how have you coped with them? Describe your pets. Please give the kind of pet, name, and age of the pet. What do you do for fun? Describe the activities that you attend away from home during a typical week. Describe your neighborhood and your relationship with your neighbors. What schools are children in your neighborhood are zoned to attend?

## RESOURCE PARENT

What influenced you to apply to become a resource parent at this time? Have you previously been a foster, adoptive, or kinship parent?

[How many pages did you attach? \_\_\_\_ How many tapes? \_\_\_\_]

## VERIFICATION OF APPLICANT'S RESIDENCE OVER PAST FIVE YEARS

NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

# Resource Parent Application



[Complete & Return to your *local* Meritan Office]

City State Zip

Phone: ( )

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? \_\_\_\_\_

LIST BELOW OTHER ADDRESSES WHERE YOU HAVE LIVED IN THE LAST FIVE (5) YEARS. GIVE THE PHONE NUMBER OF THE LAW ENFORCEMENT OFFICE (SHERIFF S OFFICE) SERVING THAT JURISDICTION.

RESIDENT	PHONE NUMBER OF LAW ENFORCEMENT OFFICE
1. _____ Address _____	( ) _____ Law Enforcement Phone Number
2. _____ Address _____	( ) _____ Law Enforcement Phone Number
3. _____ Address _____	( ) _____ Law Enforcement Phone Number
4. _____ Address _____	( ) _____ Law Enforcement Phone Number

We understand that as resource parents we cannot contract with, be employed by, or train with, another agency (as a resource parent) as long as the resource parent is contracted with Meritan. Resource parent, child, and case documentation are private and confidential. Training records are the property of the agency and are non-transferable.

We understand that we will be reading and / or hearing confidential information about individual(s) and the agency. I further understand that in my role I am obligated to keep all information that I learn private and confidential. Private and confidential information belongs to Meritan and its affiliates. Knowledge of the information is solely for providing care. Any unethical or illegal disclosure, copying, distribution, or taking of any action in reliance on the contents of this information is prohibited under penalty subject to the limits of the law.

I hereby attest to the completeness and accuracy of the application, authorize verification and investigations, and fully indemnify against any liability the agency and responding sources to ensure the safest and most appropriate placements for the population served. In addition,

I, \_\_\_\_\_, certify and affirm that to the best of my knowledge and belief I

# Resource Parent Application



[Complete & Return to your *local* Meritan Office]

(Applicant Name)

\_\_\_ Have  
\_\_\_ Have Not

had or received a finding of a substantiated case of abuse, neglect, or mistreatment or exploitation against me. As a condition of submitting this application and in order to verify this affirmation, I further release and authorize Senior Citizens Services, Inc. d/b/a/Meritan and its affiliates and the Federal, State, and Local Government and their agents to have full and complete access to any and all current or prior personnel, administrative, or investigative records, from any party, person, business or agency, as pertains to any allegations against me of abuse, neglect, or mistreatment and to consider this information as may be deemed appropriate.

Printed Names of Applicants

Signatures

Dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Resource Parent Application



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## Tennessee

4700 Poplar Avenue,  
Suite 100  
Memphis, TN 38117  
901.766.0600  
800.487.5207

392 Harding Place, Suite  
203  
Nashville, TN 37211  
615.837.1700  
800.487.5208

301 Gallaher View Road,  
Ste. 109  
Knoxville, TN 37919  
865.769.8007  
800.896.4069

## Arkansas

1400 West Markham, Suite  
403  
Little Rock, AR 72201  
501.375.5808  
800.243.8506

## Mississippi

304 Highland Park Cove  
Ridgeland, MS 39157  
601.991.2224  
800.243.3160

## Georgia

920-A North Tennessee  
Street, Cartersville, Georgia  
30120  
770.387.9003  
888.252.7435

2940 Riverside Drive Suite 99  
Macon, GA 31210  
478.474.8552  
866.769.6177