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RESOURCE PARENT APPLICATION-RP-200

RP – 200A

CONTACT INFORMATION

Parent 1 Full Name: _____ DOB: _____

Parent 2 Full Name: _____ DOB: _____

Physical Address: _____

Mailing Address: ____ Check if same as above.

Parent 1 Cell: _____ Parent 2 Cell: _____

Parent 1 Work: _____ Parent 2 Work: _____

Parent 1 Email: _____ Parent 2 Email: _____

Home Phone: _____

Preferred Method of Contact: _____

PREVIOUS EXPERIENCE: Two parent applicants should answer these jointly.

Why do you wish to become a foster parent with UMFS?

Are you currently a Foster/Adoptive parent with another agency? Yes No

If yes, with which agency? _____ Open date: _____

Do you currently have a placement through this agency? Yes No

What training did you receive? (MAPP, PRIDE, PATH, other) _____

Have you previously been a Foster/Adoptive parent with another agency? Yes No

If yes, with which agency? _____ Dates of approval? _____ - _____

What training did you receive? (MAPP, PRIDE, PATH, other) _____

Have you ever submitted an application in the past to another foster/adopt public or private child-placing agency? Yes No If yes, with which agency/agencies? _____

Please note: **UMFS will request your consent to contact foster/adopt agencies you've worked with in the past**

HOUSEHOLD AND FAMILY INFORMATION

Marital Status: (check 1) ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

If single, are you currently in a relationship? _____ Length of relationship? _____

If currently in a relationship, are you living with partner? _____ Length of cohabitating? _____

If married, date of marriage: _____

Please list all persons (adult or child) who currently live in your home.

| Name | Relation to Applicant(s) | Birth date | Grade, if in school |
|------|--------------------------|------------|---------------------|
| | | | |
| | | | |
| | | | |

Please list any additional children who live outside of your home. (Please attach sheet if additional space is needed)

| Name | D.O.B. | Phone Number & Address | Do they live within 50 miles of your home? |
|------|--------|------------------------|--|
| | | | |
| | | | |
| | | | |

How many bedrooms does your home have? _____ Bathrooms? _____

Do you have any pets? Yes ☐ No ☐ What type of animals? _____

What is your household gross annual income? _____

Do you have a valid VA driver's license? Applicant 1: Yes ☐ No ☐ Applicant 2: Yes ☐ No ☐

Do you have a vehicle that is covered by car insurance? Yes ☐ No ☐

CHILD PLACEMENT PREFERENCES

Describe the children you would consider fostering/adopting. Applicants will learn more about youth in care during pre-service training.

How many children would you like to foster/adopt? _____

Are you open to sibling groups? Yes ☐ No ☐

Age Range: _____ Sex: _____ Race: _____

Are there any behaviors or characteristics of a child that you would not be willing to consider? (Medically fragile, intellectually disabled, cruelty to animals, fire setting, etc.)

VIOLATIONS: All applicants will undergo FBI and CPS background checks.

Have you ever been convicted or arrested for a felony or misdemeanor?

Parent 1: Yes ☐ No ☐ Parent 2: Yes ☐ No ☐

Have you ever been reported for child abuse or neglect?

Parent 1: Yes ☐ No ☐ Parent 2: Yes ☐ No ☐

Has any other member of your household been convicted or arrested for a felony or misdemeanor, or been reported for child abuse or neglect? Yes ☐ No ☐

If yes, please explain: _____

FAMILY LIFESTYLES AND SCHEDULES

Please describe your family's schedule. Include typical work hours, meal, wake up and bed times, regular/ongoing commitments (e.g.: weekly meetings, gym, church times, etc.). How would your schedule accommodate the addition of a child in your home?

Have you lived in any other state within the past 5 years?

Parent 1 ____Yes ____No Parent 2 ____Yes ____No

If yes, please list addresses and dates:

Parent 1

| Full Addresses | Dates |
|-----------------------|--------------|
| | |
| | |

Parent 2

| Full Addresses | Dates |
|-----------------------|--------------|
| | |
| | |

Signature of applicant: _____ **Date:** _____

Signature of applicant: _____ **Date:** _____

(If applicable, sign below) We understand as an unmarried couple we cannot submit an application for adoption. In accordance with the current UMFS policy, we are able to participate in the Treatment Foster Care/Reunification and Respite Care programs.

Signature of applicant: _____ **Date:** _____

Signature of applicant: _____ **Date:** _____

REFERENCES: Please provide all contact information for three non-related references per parent. If person knows both parents then can count as a reference for each.

1. Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

2. Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

3. Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

4. Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

5. Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

6. Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____