*Note: The tables throughout this form will allow for additional rows to be added by clicking on the “+” to the right of the table.*

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| **SECTION 1. RESOURCE PARENT INFORMATION**  |

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| **Renewal Application** **Type** | *Check all that apply:*[ ]  Foster Care [ ]  Kinship Care [ ]  Adoption [ ]  Guardianship | *Child Placing Agencies Applicants only:*[ ]  Therapeutic Foster Care  |

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| **Resource Parent**  | **Legal Last Name** | **Legal First Name** | **Legal Middle Name** | **Maiden Name,** *if applicable*  |
| **Applicant 1**  | Text Box. | Text Box. | Text Box. | Text Box. |
| **Applicant 2,** *if applicable* | Text Box. | Text Box. | Text Box. | Text Box. |

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| **Have there been any changes to the Applicant(s) phone number(s), physical address, or mailing address?** |
| [ ]  **Yes** *– Provide changes below.*[ ]  **No**  |
| **If applicable, provide the changes made below.** |
| Text Box. |

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| **Have the applicant(s) experienced any major life changes within the last 12 months, such as:** |
| [ ]  Death of a spouse or child [ ]  Birth or adoption of a child [ ]  Loss of employment or serious financial difficulties [ ]  Marital counseling [ ]  Marital separation [ ]  Divorce [ ]  Other *– explain below* |
| **‘Other ’Explanation:** Text Box. |

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| **SECTION 2. CHILDREN PLACED IN APPLICANT(s) CARE INFORMATION**  |

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| **Have there been children placed in your care in the last year?** |
| [ ]  **Yes** – *Provide the child(ren) information in next table.* [ ]  **No** – *Proceed to section 3.*  |

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| **Childs Name** | **Age** | **Length of Stay** *(Start and End Date)* | **Caseworkers Name** |
| Text Box. | Text Box. | Text Box. | Text Box. |

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| **SECTION 3. HOUSEHOLD MEMBERS**  |

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| **Have there been any new members added to the applicant(s) household that has not been previously reported to the Resource Family Specialist?** *If there have been any changes in your household composition, you must notify your Resource Family Specialist. All household members 18 and older must have fingerprints completed. (ARM 37.51.30592 defines household members as any person staying in your household two weeks or longer).*  |
| [ ]  **Yes** – *Provide new household member(s) information in next table.* [ ]  **No** ­*– Proceed to section 4.*  |

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| **New Household Member Name** | **Age** | **Grade or Occupation** | **Relationship to Applicant** |
| Text Box. | Text Box. | Text Box. | Text Box. |

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|  **SECTION 4. APPLICANT EDUCATION TRAINING RECORD**  |

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| **Education Requirements for Resource Parents are:*** Initial Foster/Kinship Care 1 Year License Requirement: **Online CORE Training**
* Renewal Foster/Kinship Care 2 Year License Requirement: **30 Hours**
* Therapeutic Foster Care 1 Year License Requirement: **30 Hours**

(Note: 15 of the 30 hours of training completed by Therapeutic Foster Care Providers must be directly related to (a) the special needs of the youth with emotional disturbances receiving treatment in a family environment and (b) the use of non-physical methods of controlling youth to assure the safety and protection of the youth and others.)**Failure to obtain the required annual training hours will result in license restricted to the care of the children in the home at the time or suspension of the current license if no children are placed, until such time as the required training hours have been completed.** |

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| **Have the applicant(s) achieved the required training?**  |
| [ ]  **Yes** – *Provide all applicable training information in next table.* [ ]  **No** *– Provide explanation below* |
| **Explanation of training requirements not being met:** Text Box. |

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| --- | --- | --- | --- | --- |
| **Training Title/Subject** | **Author/Presenter** | **Dates Attended** | **# of Hours** | **Applicant(s) Name who Attended** |
| Text Box. | Text Box. | Text Box. | Text Box. | Text Box. |

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|  **SECTION 5. APPLICANT ACKNOWLEDGEMENT/SIGNATURE**  |

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| * We/I hereby apply to renew our/my:

 [ ]  **Foster/Kinship Care License** [ ]  **Therapeutic Foster Care License** [ ]  **Approval for Adoption/Guardianship*** We/I agree to provide any information required by DPHHS/CFSD to process this application, including interviews, references, physical and/or mental health examinations and health records, if requested. We/I understand that this application does not create any obligation on the Department to approve us/me as foster or adoptive parent(s) or place a child with us/me once we/I am approved.
* We/I agree that the information provided in this application is true and accurate.
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| **Resource Parent Applicant 1 Signature and Date -** *To electronically sign the form double, click next to the ‘X’ below and a box should open with prompters to follow as they are applicable.* |
| *.* |
| **Resource Parent Applicant 2 Signature and Date**, *if applicable - To electronically sign the form double, click next to the ‘X’ below and a box should open with prompters to follow as they are applicable.* |
|  |