

UMCH Family Services Program

# Pre-Application For Training

Thank you for contacting UMCH Family Services (UMCH) to learn more about how you can make a difference in the lives of children and families in need. Being a foster and or an adoptive family is challenging, yet very rewarding work. Please complete and return this pre-application in order to register for training and begin the approval process.

My primary interest is: (Circle one) Foster Care      Adoption      Foster Care and Adoption

Applicant 1 Name \_\_\_\_\_

Applicant 2 Name \_\_\_\_\_ (If Applicable)

Note: If applicant 1 is married, the spouse must also become an approved foster/adoptive parent.

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work, Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Why do you have an interest in becoming a foster or adoptive parent?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about UMCH Family Services?

\_\_\_\_\_

Are you now, or have you ever been licensed to foster or adopt children by the state of Ohio, or any other state? Please check one: NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, when \_\_\_\_\_ State \_\_\_\_\_ Agency \_\_\_\_\_

If yes, do you have placements at this time? NO \_\_\_\_\_ YES \_\_\_\_\_

Are you now, or have you ever been involved with a foster care or adoptive agency in any capacity?

Please check one: NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please list agency, contact person, and phone number below:

\_\_\_\_\_

Please list the name, gender, age, and relationship to applicant(s) of all occupants of your home. Include all adults and children.

Name	Gender	Age	Relationship
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Please continue on the reverse side

Has the applicant (s) or anyone else residing in the home ever been arrested or have any criminal history or record? Please check one: NO  YES  If yes, please explain the details

Note: this will not automatically disqualify your application, but it will require a special conference to ensure eligibility. If your background includes a felony conviction that has not been expunged, the law requires a wait of ten years before your application can be considered.

Has the applicant(s) or anyone else residing in the home ever been accused of child abuse or neglect, or had any involvement with Children's Services? Please check one: NO  YES   
If yes, please provide details: \_\_\_\_\_

Note: this will not automatically disqualify your application, but it will require a special conference to ensure eligibility. Please list the following information for each applicant.

**APPLICANT NUMBER 1**

Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employer and Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_

**APPLICANT NUMBER 2 (if applicable)**

Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employer and Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_

By your signature below you testify that the information provided is complete and truthful to the best of your knowledge and ability. Falsification of information on this pre-application will result in a permanent finding of your ineligibility to pursue approval with UMCH.

Applicant 1 \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2 \_\_\_\_\_ Date \_\_\_\_\_

Will you be attending the next pre-service training classes? YES  NO  UNSURE

UMCH Family Services  
431 E. Broad St. Columbus, OH 43215  
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