



**For Region 8 (see map [https://www.dfps.state.tx.us/Contact\\_Us/map.asp](https://www.dfps.state.tx.us/Contact_Us/map.asp))**

If the foster parent's last name begins with A through F then your contact is Gabriela Vazquez at [gvazquez@divinityfamilyservices.com](mailto:gvazquez@divinityfamilyservices.com) (Spanish speaking families A-M)

If the foster parent's last name begins with G through L then your contact is Kris Garcia at [kgarcia@divinityfamilyservices.com](mailto:kgarcia@divinityfamilyservices.com)

If the foster parent's last name begins with M through R then your contact is Kim Sarro at [ksarro@divinityfamilyservices.com](mailto:ksarro@divinityfamilyservices.com)

If the foster parent's last name begins with S through Z then your contact is Diana Yanez at [dyanez@divinityfamilyservices.com](mailto:dyanez@divinityfamilyservices.com) (Spanish speaking families N-Z)

**For Region 7 (see map [https://www.dfps.state.tx.us/Contact\\_Us/map.asp](https://www.dfps.state.tx.us/Contact_Us/map.asp))**

If the foster parent is from Region 7 then your contact is Laura Wright at [lwright@divinityfamilyservices.com](mailto:lwright@divinityfamilyservices.com)

#### **For ICPC families**

If the foster parent is part of the ICPC program then your contact is Sydney Knowles at [sknowles@divinityfamilyservices.com](mailto:sknowles@divinityfamilyservices.com)

1. Please begin by completing the DFS Consent for Background Check (everyone in the home 14 years of age and older, excluding foster children) forms and Authorization for Release of Information. Please send the forms and a copy of TDL/State ID AND your social security card to accompany each DFS consent via email. Once we submit your background checks you will receive an email with fingerprinting appointment instructions.
  - Please email TDL/State ID cards/social security cards. Faxed copies will not be legible.
  - Please do not have your fingerprinting completed at the Sherriff's Department.
2. Complete the DFS Application.
3. Complete Health Status Questionnaires for everyone in your home (excluding foster children).
4. Complete DFS Communication Plan and DFS Direct Deposit Form.

5. Collect and send other required documents:
  - Auto insurance
  - Homeowner's insurance (not required if renting)
  - All pet's rabies vaccinations (dogs, cats, ferrets)
  - Current marriage license
  - All divorce decrees / death certificates
  - GED certificate(s), high school diploma(s), college degree(s)
  - Most recent tax return OR most recent 2 months bank statements
  - Family Income:
    - \*\*Two full months of paycheck stubs for each employed foster parent
    - \*\*Retirement income
    - \*\*All benefit award letters for government assistance (TANF, WIC, SNAP/Food Stamps, SSI, RSDI)
    - \*\*Child support
  - Floor plan of your home / please include:
    - \*\*placement of windows/doors
    - \*\*dimensions of each room
    - \*\*where everyone sleeps
  
6. Complete TDFPS Online Trainings (we need one completion certificate for each foster parent applicant):
  - Psychotropic Medication Training
  - Medical Consenter Training
  - Trauma Informed Care Training
  - Recognizing and Reporting Child Sexual Abuse: A Training for Caregivers
  
7. Have TB testing completed and submitted on everyone in the home (over 1 year of age)
  
8. Complete a CPR/First Aid course:
  - Must be in person and not an online course and must cover adult, child and infant
  - Divinity Family Services offers a course at a discounted rate. Please check with your assigned worker for details.
  
9. Fire Inspection and Environmental/Health Inspection
  - Divinity Family Services will complete your fire and health inspection during our visits to your home. These inspections are offered free of charge.
  - In order to pass these inspections please make sure that you have a 5 pound RED fire extinguisher on each level of your home. Please submit a receipt of purchase for the extinguisher(s) or a photo of the inspection and service tag.

# DFS Consent for Background Investigation

**Please return this form with a copy of your Driver's License and Social Security Card**

**Foster Family Name:** \_\_\_\_\_ **Case Manager for home:** \_\_\_\_\_

**Please circle one:**    Foster Parent    Babysitter    Frequent Visitor    Household Member over 14    Caregiver

**This form is to be completed for any person, age 14 and above, who will be in contact with foster children on a frequent basis (i.e. parents and teenagers living in the home, respite workers, volunteers, foster family member, etc.) You may make additional copies of this form or write on the back for additional people.**

1. Full Name (no initials, please) and other names used:

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Other First Name	Other Middle Name	Other Last Name

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ ID  TXDL   

Birth date (Mo/Day/Yr)
Social Security Number
Driver's License Number & State

5. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_      6. Related \_\_\_\_\_ Unrelated \_\_\_\_\_

7. Race: White \_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian \_\_\_\_\_

8. Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ Other \_\_\_\_\_

9. \_\_\_\_\_  

Street Address (including apt. #)
City
Zip Code
County

**EMAIL REQUIRED**

\_\_\_\_\_ Phone Number (including area code)

10. Have you lived in another state during the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the state, address, and dates of residency.

State	Address	Dates of Residency (Beginning/Ending Dates)

9. Please list all cities in Texas where you have lived ***at any time throughout your life*** (including dates).

Name of Texas City	Beginning Date	Ending Date

I hereby give my permission for Divinity Family Services to use the above information and/or information included in the DFPS Form 2971 Request for Background Check to conduct a background investigation including a criminal history check and FBI finger printing check. All information above is accurate and complete.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

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Social Security Number
Driver's License Number & State

5. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_      6. Related \_\_\_\_\_ Unrelated \_\_\_\_\_

7. Race: White \_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian \_\_\_\_\_

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Birth date (Mo/Day/Yr)
Social Security Number
Driver's License Number & State

5. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_      6. Related \_\_\_\_\_ Unrelated \_\_\_\_\_

7. Race: White \_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian \_\_\_\_\_

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Street Address (including apt. #)
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Zip Code
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 Date

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\_\_\_\_\_  
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8. Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ Other \_\_\_\_\_

9. \_\_\_\_\_  
Street Address (including apt. #)    City    Zip Code    County

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\_\_\_\_\_  
Signature of Applicant    Date



## Divinity Family Services

1312 Bandera Hwy

Kerrville, TX 78028

(830)-890-5838

### Authorization for Release of Information

Have you applied for or been certified as Foster Parents or a Certified Respite Care Provider?

Yes\_\_\_ No\_\_\_

If yes, please provide the following information:

I, (we) \_\_\_\_\_ do hereby authorize:

#### DIVINITY FAMILY SERVICES

Name and address of entity requested to release information

To release to **Divinity Family Services, Inc.** the contents of my Foster Family File or respite training. This information shall include: Home Studies, Criminal Check and any relevant Risk Evaluation Information, House Floor Plans, Documentation of Initial and all Succeeding Trainings, TB tests, Driver's license/Social security cards, Diplomas, Marriage License, Pet Vaccinations, Fire and Health Inspections, and documentation of any investigations of serious or critical incidents which have occurred in the home. This authorization also includes all verbal communications between anyone releasing the information and the staff at Divinity Family Services. This authorization shall expire within 30 days. I hereby release the licensed child placing agency, its officers and employees providing this information from any claims which might arise from the release of this information.

I also allow Divinity Family Services to share the contents of my background check, Central Registry check and FBI check with those employed with the Texas Department of Family and Protective Services or those individuals associated with any CPS case to which I am involved in.

\_\_\_\_\_  
Signature of Foster Parent / Respite Provider

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Foster Parent / Respite Provider

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number



## Divinity Family Services

### HEALTH STATUS QUESTIONNAIRE

(To be completed by each household member)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### MEDICAL HISTORY

Have you had a history of, or treatment for, any of the following?

	No	Yes		No	Yes		No	Yes
Mental/Emotional Conditions			Depression			Stroke		
Cancer			Seizures			Asthma		
Severe Arthritis			Heart Condition			Chronic Headaches		
Chronic Kidney Condition			Tuberculosis			Chronic Fatigue		
Colitis			Ulcers			Insomnia		
Hypertension			High Cholesterol			Thyroid Disease		
Eczema			Hemophilia			Allergies		

Have you ever received treatment for mental health conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ From whom? \_\_\_\_\_

Have you ever been prescribed psychotropic medication for mental or emotional conditions?

Yes \_\_\_\_\_ No \_\_\_\_\_

When	Drugs Prescribed





Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever participated in counseling for personal or family problems?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when, why, and who was the counselor?

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Have you ever had a psychological evaluation, or any psychological testing done?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and what was the purpose?

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Can you provide a copy of the psychological evaluation/testing report to DFS?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been treated for drug use? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when, where, and for what drug(s)?

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Have you ever been treated for alcoholism? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and where were you treated?

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If you were treated for drug use and/or alcoholism have you had any relapses since undergoing treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate when you relapsed, how you returned to sober living, and how long you've been sober since your relapse.

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List all prescription medications currently being taken on a regular basis.

Medication Name	Reason for Medication

Please give the date of your last visit to the doctor and reason.

\_\_\_\_\_

Please list all illnesses, surgeries or hospitalizations you have had in the past.

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

Do you have any physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the disability and when were you diagnosed?

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

When was your last TB test and what was the result?

\_\_\_\_\_

A statement may be needed from a physician, psychologist, or counselor concerning you and/or you child's past or current physical, mental, or emotional condition. Are you willing to give permission for the release of such information if necessary?

No \_\_\_\_\_ Yes \_\_\_\_\_ \_\_\_\_\_

Signature

Date



## Family Communication Plan

Date \_\_\_\_\_

Region \_\_\_\_\_

Family Name \_\_\_\_\_

Primary Care Giver \_\_\_\_\_

Secondary Care Giver \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State Texas Zip \_\_\_\_\_

Phone Home (\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_

**Fill out the following information for each family member and keep it current.**

Name (1) \_\_\_\_\_

Name(2) \_\_\_\_\_

D.O.B \_\_\_\_\_

D.O.B \_\_\_\_\_

S.S# \_\_\_\_\_

S.S # \_\_\_\_\_

Important Medical Info \_\_\_\_\_

Important Medical Info \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name(3)** \_\_\_\_\_

D.O.B \_\_\_\_\_

S.S# \_\_\_\_\_

Important Medical Info \_\_\_\_\_

\_\_\_\_\_

**Name(4)** \_\_\_\_\_

D.O.B \_\_\_\_\_

S.S # \_\_\_\_\_

Important Medical Info \_\_\_\_\_

\_\_\_\_\_

**Name(5)** \_\_\_\_\_

D.O.B \_\_\_\_\_

S.S # \_\_\_\_\_

Important Medical Info \_\_\_\_\_

\_\_\_\_\_

**Name(6)** \_\_\_\_\_

D.O.B \_\_\_\_\_

S.S # \_\_\_\_\_

Important Medical Info \_\_\_\_\_

\_\_\_\_\_

**Name(7)** \_\_\_\_\_

D.O.B. \_\_\_\_\_

S.S # \_\_\_\_\_

Important Medical Info \_\_\_\_\_

\_\_\_\_\_

**Name(8)** \_\_\_\_\_

D.O.B \_\_\_\_\_

S.S # \_\_\_\_\_

Important Medical Info \_\_\_\_\_

\_\_\_\_\_

**Name(9)** \_\_\_\_\_

D.O.B \_\_\_\_\_

S.S # \_\_\_\_\_

Important Medical Info \_\_\_\_\_

\_\_\_\_\_

**Name(10)** \_\_\_\_\_

D.O.B \_\_\_\_\_

S.S # \_\_\_\_\_

Important Medical Info \_\_\_\_\_

\_\_\_\_\_

**Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.**

**OUT-OF-TOWN CONTACT NAME:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Alt. Telephone Numbers \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**YOUR FAMILY'S NAME** \_\_\_\_\_

**If you plan to stay at a hotel, which city would you be staying in?** \_\_\_\_\_

**Where to go in an emergency.** Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare, workplaces and apartment buildings all have site-specific emergency plans.

**HOME**

Address \_\_\_\_\_

Phone# \_\_\_\_\_

**WORK**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**VEHICLE (1)**

License Plate # \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_

Color \_\_\_\_\_

**SPECIAL CAREGIVER**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**VEHICLE (2)**

License Plate # \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_

Color \_\_\_\_\_

**SPECIAL CAREGIVER**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**PETS (1)**

**Name** \_\_\_\_\_

Breed \_\_\_\_\_

Weight \_\_\_\_\_

**PET (2)**

**Name** \_\_\_\_\_

Breed \_\_\_\_\_

Weight \_\_\_\_\_

**PET (3)**

**Name** \_\_\_\_\_

Breed \_\_\_\_\_

Weight \_\_\_\_\_

**Important Information:**

**Doctor(s) Name, Address and Phone Number:**

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**Pharmacist/Pharmacy Address and Phone Number:**

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**Vet/Kennel (Pets) Address and Phone Number:**

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## Divinity Family Services' Direct Deposit Authorization

<b>Personal Information</b>	
Full Legal Name on the Account:	Telephone Number:
Address (Street, City, State & Zip):	Email Address:
<b>Financial Institution</b>	
Bank/Credit Union Name:	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Routing Number:	Account Number:
<b>Authorization and Signatures</b>	
I authorize Divinity Family Services to initiate credit and, if necessary, debit entries and adjustments for any credit entries made in error, directly to the aforementioned bank account(s) and to correct any errors occurring from these transactions. In addition, I authorize my financial institution to credit or debit these amounts from my accounts.	
Signature:	Date:

Note: Direct deposit may take up to 14 business days to be approved. In addition, any changes made to your depositing account may take up to 14 days to take affect.





## Divinity Family Services Online Trainings

### **Instructions:**

1. Please visit [www.dfps.state.tx.us](http://www.dfps.state.tx.us)
2. Type the name of the training in the search bar.
3. Upon completion of the training please print a certificate for each person and only one name per certificate.

### **-Trauma Informed Care Training**

[https://www.dfps.state.tx.us/training/trauma\\_informed\\_care/](https://www.dfps.state.tx.us/training/trauma_informed_care/)

### **-Psychotropic Medication Training**

[https://www.dfps.state.tx.us/Training/Psychotropic\\_Medication/](https://www.dfps.state.tx.us/Training/Psychotropic_Medication/)

### **-Medical Consent Training for Caregivers**

[https://www.dfps.state.tx.us/Child\\_Protection/Medical\\_Services/medical-consent-training.asp](https://www.dfps.state.tx.us/Child_Protection/Medical_Services/medical-consent-training.asp)

### **-Recognizing and Reporting Child Sexual Abuse**

[https://www.dfps.state.tx.us/Training/Child\\_Sexual\\_Abuse\\_for\\_Caregivers/01-welcome.html](https://www.dfps.state.tx.us/Training/Child_Sexual_Abuse_for_Caregivers/01-welcome.html)