



Application for Host Family Program

Thank you for your interest in becoming a Host Family. You must complete the entire form for consideration. Please return this form to:

Today's Harbor for Children: 514 Bayridge Rd. La Porte, TX 77571

Applicant Information

Date of Application: _____ Marital Status: Married _____ Single _____
Name: _____
(Last) (First) (MI)
Address: _____ City: _____ St. _____ Zip: _____
Phone #: _____ Email: _____
Date of Birth: _____ SS#: _____ DL #: _____

Spouse/Partner Information (if applicable)

Name: _____ Phone #: _____
Date of Birth: _____ SS#: _____ DL #: _____

Additional Household Members* (*Age 14 and older must submit to a background check)

Name: _____ Sex: _____ Relationship to Applicant: _____
SS#: _____ DOB: _____ DL#: _____
Name: _____ Sex: _____ Relationship to Applicant: _____
SS#: _____ DOB: _____ DL#: _____
Name: _____ Sex: _____ Relationship to Applicant: _____
SS#: _____ DOB: _____ DL#: _____
Name: _____ Sex: _____ Relationship to Applicant: _____
SS#: _____ DOB: _____ DL#: _____
Name: _____ Sex: _____ Relationship to Applicant: _____
SS#: _____ DOB: _____ DL#: _____

Today's Harbor for Children does not discriminate against anyone on the grounds of race, color, creed, age, sex, handicap, National origin, religious or political beliefs.

REFERENCES: Please provide the name and phone numbers for three people not related or living with you.

- 1) Name: _____ Phone: _____
Email: _____
- 2) Name: _____ Phone: _____
Email: _____
- 3) Name: _____ Phone: _____
Email: _____

ADDITIONAL INFORMATION:

Are you currently licensed to foster? _____

If yes, which agency are you licensed through? _____

What type of neighborhood do you live in? City _____ Suburb _____ Rural _____

Do you live in a: House _____ Apartment _____

Number of Rooms? _____ Will the child have a bed in the home? Yes _____ No _____

What Experiences have you had with Children with Special Needs? _____

PREFERENCES:

Age of child you wish to host: 5-10 years _____ 11-18 years _____ No Preference _____

Sex of child: M _____ F _____ No preference _____

Race: _____ Would you host brothers and sisters: Y _____ N _____

When would you like to host the child: Weekends only _____ Holidays only _____ Both _____

How will the child be supervised? _____

***Please include a picture of your home and where child will sleep**

I agree to abide by the policies of Today's Harbor for Children and The Texas Family Code, section 34.01 which states you will not use alternative forms of discipline, nor physical discipline, and will not leave the child/children unattended at any time.

Name: _____
(Please print)

Signature: _____ Date: _____

Spouse/Partner: _____
(Please print)

Signature: _____ Date: _____