



NEW MEXICO BOYS AND GIRLS RANCH  
**Families for Children**  
 6209 Hendrix Rd NE, Albuquerque, NM 87110  
 Phone: 505-881-3363 Toll Free: 1-800-660-0289  
 www.TheRanches.org

**Preliminary Foster Parent  
 Application**

FOSTER CARE  ADOPTION

DATE OF APPLICATION:

SPOUSE 1:		SPOUSE 2:	
EMAIL ADDRESS:		EMAIL ADDRESS:	
HOME ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP:
HOW LONG AT THIS ADDRESS?			
CELL PHONE:		CELL PHONE:	
WORK PHONE:		WORK PHONE:	
TYPE OF HOME: HOME <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/>			
IF NOT AT THIS ADDRESS FOR FIVE YEARS, LIST ALL ADDRESSES FOR THE LAST FIVE YEARS			

	SPOUSE 1	SPOUSE 2
BIRTH DATE/AGE	DOB:	DOB:
BIRTHPLACE		
LAST GRADE COMPLETED/DEGREE		
OCCUPATION		
EMPLOYER NAME & ADDRESS FOR THE LAST 3 YEARS		
SOCIAL SECURITY NUMBER		
PREVIOUSLY MARRIED (IF YES, NUMBER OF TIMES?)		
ARE YOU A PRACTICING CHRISTIAN?		
NAME OF CHURCH WHERE YOU ARE CURRENTLY A MEMBER		
CHURCH ADDRESS & PHONE		
PASTOR'S NAME		
DATE & PLACE MARRIED		
ANNUAL INCOME AMOUNTS		
TOTAL HOUSEHOLD INCOME		

**CHILDREN IN THE HOME** (INCLUDE RELATIVES, BOARDERS, ETC. AND INDICATE

NAME	SEX	DATE OF BIRTH/AGE	
		DOB:	AGE:
		DOB:	AGE:
		DOB:	AGE:
		DOB:	AGE:
		DOB:	AGE:
		DOB:	AGE:

RELATIONSHIP)

LIST NAMES AND LOCATIONS OF CHILDREN LIVING OUT OF THE HOME:

NAME	DATE OF BIRTH/AGE		ADDRESS	CITY/STATE	ZIP	MARRIED/ SINGLE
	DOB:	AGE:				
	DOB:	AGE:				
	DOB:	AGE:				
	DOB:	AGE:				
	DOB:	AGE:				
	DOB:	AGE:				

Has any member of the household ever been incarcerated or arrested? (if yes, please explain)

---

Has any member of the household ever been treated in a mental health facility, psychiatric hospital, or residential treatment center?

---



---

What interests, recreation, or hobbies do you enjoy as a family?

---



---

Are any of either applicants children in out-of-home placement?

---



---

**Child related information:**

1. Have you ever applied previously, denied, or approved to adopt or provide foster care? If yes, when and with whom?

---

2. Have you ever applied for, or been issued a license to provide childcare in your home? If yes, when and with whom?

---

3. Describe any experiences or training you have had with children, which would help as a foster and/or adoptive parent.

---

---

---

4. What age range do you prefer? (check as many as apply)

Newborn  0-2 yrs.  2-6 yrs.  6-10 yrs.  10-14 yrs.  14+ yrs.

5. Sex of child preferred? Male  female  no preference

6. How many children do you feel able to care for at one time?

7. Which of the following racial or ethnic backgrounds do you and your extended family feel able to care for? American Indian  Asian  Hispanic  African American

Anglo  Hispanic/Anglo  Bi-racial black  No preference

8. Would you be willing to accept a child who requires special help such as counseling, special education, and/or medical attention? Yes  no

9. Have you ever had children other than your own living in your home? If yes, please explain:

---

---

---

10. Have you ever lost a child through death? If, yes list age and year of death.

---

---

**References:** On a separate sheet of paper, provide the names, address, and contact phone number for five (5) personal references. References should be non-related people who know you as a couple and one reference should be a relative. Include all adult children living out of the home and employers of the applicant(s) separate from the personal references.

I/we certify that the information provided in this application is true and complete and contains no willful misrepresentation.

\_\_\_\_\_  
SPOUSE 1

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE 2

\_\_\_\_\_  
DATE

NOTARY SECTION

**STATE OF NEW MEXICO**

**COUNTY OF BERNALILLO**

**SUBSCRIBED AND SWORN TO** before me, the undersigned Notary Public on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

[SEAL]