



LEE & BEULAH MOOR CHILDREN'S HOME

1100 E. Cliff Drive
El Paso, Texas 79902
(915) 544-8777
Fax: (915) 532-1368
www.leemoor.org

INITIAL APPLICATION TO BECOME FOSTER PARENT(S)

Application information mailed _____ This form received by LBMCH _____
Date *Date*

How did you learn of Lee & Beulah Moor Children's Home? _____

Name of Applicant(s)

Last *First* *Middle* *D.O.B.*

Last *First* *Middle & Maiden name* *D.O.B.*

Address _____
Number *Street* *City* *State* *ZIP*

Phone Numbers: Home _____ Work _____

Cell (H) _____ Cell (W) _____

Email(H) _____ Email (W) _____

Occupation (H) _____ (W) _____

I/we want to foster children for the following reasons: _____

How many children are currently living in your home? _____

What experience have you had with children? _____

Have you ever been foster parents before? No ___ Yes ___ If yes, please list for who and when you fostered. _____

The type of child I/we believe I/we would consider fostering: (Check all that apply)

1. Racial/ethnic background

Caucasian ___ Hispanic ___ Afro/American ___ Asian ___ Mixed race ___

2. Age of child(ren). Please list the age range _____

3. Gender of a child.

Male ___ Female ___

4. Number of children you feel you could foster: _____.

****Attach a copy of Driver's License(s) and Social Security Card(s).**

Signature of Applicant *Date*

Signature of Applicant *Date*