



Baltimore Adolescent Treatment and Guidance Organization, Inc.
 (BATGO, Inc.)
 Business Center @ Park Circle
 2901 Druid Park Drive, Suite # A103
 Baltimore, Maryland 21215
 410-728-5551 Fax: 410-728-5515

TREATMENT FOSTER PARENT APPLICATION

Your Full Name: _____

Your Spouse's/Co-Applicant's Full Name: _____

Your Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

Highest Level of Education: _____

Employer(s): _____

Job Title(s): _____

Referred to BATGO, Inc. by: _____

Please list your children (including adult children) currently living in or outside of the home:

<u>Name</u>	<u>Age</u>	<u>Your Child Lives:</u>	
		<u>In the Home</u>	<u>or Outside the Home</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all other adult household members:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____



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Please list all other adult household members (*continued*):

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all frequent visitors to your home:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL STATEMENT

Please estimate your monthly income and expenses. This information will in no way affect the foster care payments you may receive, which are standardized.

MONTHLY INCOME

Your net income (take-home salary) \$ _____

Spouse's/Co-Applicant's net income (take-home salary) \$ _____

Other income: _____ \$ _____

TOTAL MONTHLY INCOME..... \$ _____

MONTHLY EXPENSES

Rent or mortgage payments \$ _____

Utilities (estimate) \$ _____

Food (estimate to include eating out) \$ _____

Monthly balance of credit card(s) \$ _____



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Automobile loans (if applicable) \$ _____

Monthly balance of other loans \$ _____

Clothing expense for family \$ _____

Other expenses (gas, insurance, entertainment, etc.)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

TOTAL MONTHLY EXPENSES..... \$ _____

SAVINGS AND OTHER ASSETS

Savings \$ _____

Assets \$ _____

QUESTIONNAIRE

The following questions are designed to help us get to know you. We are not looking for perfect people. We hope to learn as much as possible about you through your honest, thoughtful, and complete responses to these questions.

Why would you like to become a Treatment Foster Parent? _____

Have you had any previous experience with foster care? If so, please describe: (ex: being a foster child or a foster parent). _____



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What do you think will be the best part of Treatment Foster Parenting? _____

What would you find most difficult of Treatment Foster Parenting? _____

What is your philosophy of parenting? _____

For each of the following behaviors, please select the best response (all listed must be answered):

<u>Behavior</u>	Would have <u>no</u> problem with	Might be able to handle with support	Absolutely could <u>not</u> deal with
Aggression	_____	_____	_____
Alcohol use	_____	_____	_____
Bed wetting	_____	_____	_____
Cruelty to pets	_____	_____	_____
Cruelty to children	_____	_____	_____
Defying authority	_____	_____	_____
Destruction of own belongings	_____	_____	_____
Disobedience	_____	_____	_____
Drug use	_____	_____	_____
Fighting	_____	_____	_____



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<u>Behavior</u>	Would have <u>no</u> problem with	Might be able to handle with support	Absolutely could <u>not</u> deal with
Inappropriate sexual behavior	_____	_____	_____
Lying	_____	_____	_____
Masturbation	_____	_____	_____
Profanity usage	_____	_____	_____
Running away	_____	_____	_____
Smoking	_____	_____	_____
Sneaky behavior	_____	_____	_____
Stealing	_____	_____	_____
Talking back	_____	_____	_____
Temper tantrums	_____	_____	_____
Truancy	_____	_____	_____
Vandalism	_____	_____	_____

COMMENTS OR ANY ADDITIONAL INFORMATION



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YOUR NEXT STEP:

Dear Prospective Treatment Foster Parent:

Thank you once again for expressing interest in becoming a Treatment Foster Parent with the Baltimore Adolescent Treatment and Guidance Organization, Inc. (BATGO, Inc.). Once you have had an opportunity to review and complete the application in its entirety, please contact Ms. Ericka Burke, Office & Q. A. Manager at 410-728-5551, ext. 211 to setup an Individualized Orientation Meeting with you and a BATGO, Inc. staff member. The purpose of this meeting is to review your application, discuss licensure requirements, and answer any questions you may have. The Individualized Orientation Meeting should take no longer than forty-five (45) minutes.

If you have any questions, please do not hesitate to contact our Agency at 410-728-5551.

Sincerely,

Alice M. Williams, LCSW-C

Alice M. Williams, LCSW-C
Executive Director