

**LEE & BEULAH MOOR CHILDREN'S HOME**

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

**INITIAL APPLICATION TO BECOME FOSTER PARENT(S)**

Application information mailed \_\_\_\_\_ This form received by LBMCH \_\_\_\_\_  
How did you learn of Lee and 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 Number: Home \_\_\_\_\_ Work(H) \_\_\_\_\_ Work(W) \_\_\_\_\_  
Cell(H) \_\_\_\_\_ Cell(W) \_\_\_\_\_

E-mail(H) \_\_\_\_\_ E-mail(W) \_\_\_\_\_

Occupation (H) \_\_\_\_\_ (W) \_\_\_\_\_

I/we are wanting 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.  
a. Male \_\_\_ b. 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