



CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

121 South Martin Luther King Blvd
Las Vegas, Nevada 89106
(702) 455-7400



UNIVERSAL APPLICATION

APPLICATION FOR:

- | | |
|---|---|
| <input type="checkbox"/> FOSTER CARE
<input type="checkbox"/> SPECIALIZED FOSTER CARE
<input type="checkbox"/> ADOPTION
<input type="checkbox"/> RELATIVE/SPECIFIC – NAME OF CHILD(REN): _____
<input type="checkbox"/> ICPC | <input type="checkbox"/> NON PRIMARY |
|---|---|

APPLICANT #1 INFORMATION

Last Name:	First Name:	Middle Name:
Date of birth:	Place of Birth:	SSN:
Driver's License and/or State ID #:		State:
Are you a US Citizen?	Legal Resident?	If yes, Resident #:
Physical address:		
City:	State:	ZIP Code:
Email Address:	Phone:	
Primary Language:	Which language(s) do you speak fluently?	
Race:		Ethnicity:
<input type="checkbox"/> Caucasian Native American <input type="checkbox"/> African American Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian		<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino

APPLICANT #1 EMPLOYMENT INFORMATION

Current employer:	
Employer address:	Work Phone:
Occupation:	Monthly Salary:
Other Source of Income:	

APPLICANT #2 INFORMATION

Last Name:	First Name:	Middle Name:
Date of birth:	Place of Birth:	SSN:
Driver's License and/or State ID #:		State:
Are you a US Citizen?	Legal Resident?	If yes, Resident #:
Physical address:		
City:	State:	ZIP Code:
Email Address:	Phone:	
Primary Language:	Which language(s) do you speak fluently?	
Race:		Ethnicity:
<input type="checkbox"/> Caucasian Native American <input type="checkbox"/> African American Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian		<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic/Latino

APPLICANT #2 EMPLOYMENT INFORMATION



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Current employer:

Employer address:

Work Phone:

Occupation:

Monthly Salary:

Other Source of Income:

Marital Status

Domestic Partner
Effective date:

Married Couple
Effective date:

Single Female

Single Male

Unmarried Couple

RESIDENCES:

List the addresses where you have resided the last five years. Include the name of the county and dates resided.

Address	City	State/Zip	County	Dates	Applicant 1, 2, or both

REFERENCES:

References must have known applicant for at least 2 years and only 2 may be from relatives.

Name/Address	Relationship	Phone Number	Email	# of years known

ALL HOUSEHOLD MEMBERS:

List SSN for all household members over the age of 18.

Name	Date of Birth	Age	SSN	Relationship

1. **Have you ever** applied to foster care? Yes No Comment: _____
Have you ever been denied a foster care license? Yes No Comment: _____
Have you ever been a foster parent in another state? Yes No Comment: _____

Applicant #1:
 Name of agency you applied with: _____
 Address of agency: _____
 Date: _____

Applicant #2:
 Name of agency you applied with: _____
 Address of agency: _____
 Date: _____



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2. **Have you ever** applied for a childcare license? Yes No Comment: _____
Do you have a current license? Yes No Comment: _____

Applicant #1:
 Name of agency you applied with: _____
 Address of agency: _____
 Date: _____

Applicant #2:
 Name of agency you applied with: _____
 Address of agency: _____
 Date: _____

3. **Have you** ever applied to adopt a child? Yes No Comment: _____
Have you ever adopted a child? Yes No Comment: _____

Applicant #1:
 Name of agency you applied with: _____
 Address of agency: _____
 Date: _____

Applicant #2:
 Name of agency you applied with: _____
 Address of agency: _____
 Date: _____

4. **Have you ever** applied for a license to provide care for adults or children? Yes No Comment: _____
Do you have a current license? Yes No Comment: _____

Applicant #1:
 Name of agency you applied with: _____
 Address of agency: _____
 Date: _____

Applicant #2:
 Name of agency you applied with: _____
 Address of agency: _____
 Date: _____

NOTE: Section 106 of the Federal Adoption and Safe Families Act: a record check revealing a felony conviction for child abuse/neglect, or spousal abuse, or a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a court of competent jurisdiction has determined that the felony was committed at any time, such final licensure approval shall not be granted; in any case in which a record check reveals a felony conviction for physical assault, battery or a drug-related offense, and a court of competent jurisdiction has determined that the felony was committed within the past 5 years, such final licensure approval shall not be granted.

5. Has **ANY** household member ever been arrested, convicted or currently facing charges, for ANY law enforcement violation/offense? Yes No If yes, please explain in Appendix A: Explanations

Applicant #1:
 Name of arresting agency: _____
 Address of agency: _____
 Date: _____

Applicant #2:
 Name of arresting agency: _____
 Address of agency: _____
 Date: _____

Other household member:
 Name of arresting agency: _____
 Address of agency: _____
 Date: _____

Other household member:
 Name of arresting agency: _____
 Address of agency: _____
 Date: _____

6. Is **ANY** household member currently or previously on parole or probation for an offense?
 Yes No If yes, please explain in Appendix A: Explanations

Applicant #1:
 Name of agency: _____
 Address of agency: _____
 Date: _____

Applicant #2:
 Name of agency: _____
 Address of agency: _____
 Date: _____

Other household member:
 Name of agency: _____
 Address of agency: _____
 Date: _____

Other household member:
 Name of agency: _____
 Address of agency: _____
 Date: _____

7. Was **ANY** household member ever investigated for child abuse or neglect by Child Protective Services or law enforcement? Yes No If yes, please explain in Appendix A: Explanations

Applicant #1:
 Name of investigating agency: _____
 Address of agency: _____
 Date of investigation: _____

Applicant #2:
 Name of investigating agency: _____
 Address of agency: _____
 Date of investigation: _____



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Other household member: Name: _____ Name of investigating agency: _____ Address of agency: _____ Date of investigation: _____	Other household member: Name: _____ Name of investigating agency: _____ Address of agency: _____ Date of investigation: _____
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8. **Have you ever** voluntarily relinquished your parental rights or had your parental rights terminated by the courts?
 Yes No If yes, please explain in Appendix A: Explanations

9. **Have you ever** served in the military? Yes No If yes, please explain in Appendix A: Explanations
 Dates of service and type of discharge:

HOW DID YOU LEARN ABOUT THE PROGRAM?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Agency/Court |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other |

Submission of this application is not a guarantee of licensure as assessment is required in compliance with NAC's.
NAC 424.185 Denial, suspension or revocation of license: Generally. (NRS 424.020, 424.030, 424.045)
 The licensing authority shall deny, suspend or revoke a license to operate a foster home for a failure or refusal to comply with the licensing requirements for a foster home. The licensing authority shall evaluate that compliance based on information gathered as well as on its interpretation of that information considering its experience with foster children and foster homes. The first responsibility of the licensing authority is to ensure that licensed foster homes can provide for foster children. The licensing authority is not required to prove noncompliance in those areas which are a matter of judgment but may deny, suspend or revoke licensure based on reasonable doubt.
 _____(Initial) I have read the above statement.
 _____(Initial) I have read the above statement.

SIGNATURES

I/WE DECLARE that the information supplied in this application is complete and true. I/We understand that any incomplete or false information WILL result in an immediate rejection of my/our application.

I/WE grant DFS/Contracted Agencies permission to contact all of our references.

Signature of applicant #1:	Date:
Signature of applicant #2:	Date:



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Appendix A: Explanations (if applicable based on questions 4, 5, 6, 7, 8 and 9):

OFFICE USE ONLY

Date Received:

Office Location:

Agency:

Assigned Worker:

Date Assigned: