Pasco County Foster/Adoptive Parent Association
PO Box 4002
Holiday, FL 34692
www.pascofapa.com

Pasco County Foster Adoptive Parent Association
Opening hearts and homes to children

Membership Application for 2021

Name:_____ Spouse/Partner:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone: _____

Other Phone:_____ Do you give us permission to text your phone? ◯ YES ◯ NO

Email:_____

(To be added to our email distribution list you will need to register on www.pascofapa.com)

CHOOSE ONE	**Please choose the type of membership that you are applying for:**
INITIAL IF APP	**1. General Member** - Any person who is a current Foster, Adoptive, Relative Care, Kinship Care and Non Relative Caregiver/Parent, provided that a current application is on file and all membership dues and fees have been paid in full. General Members shall have a vote on all matters brought to the members of the Association, and each shall receive all information and mailings about state/national activities of the Association. ☐ I am a current licensed foster parent ☐ I am an adoptive parent ☐ I am a relative caregiver *(All MUST Complete information on the back)* ☐ I am a non-relative caregiver
INITIAL IF APP	**2. Affiliate Member** - Any person or organization ineligible for General membership, but is an Advocate, which includes previously licensed foster parents in good standing, an employee of any agency or organization (governmental or non-governmental) that oversees, regulates, or is otherwise involved in the ongoing care or supervision of Foster or Adoptive children, provided that a current approved application is on file and all membership dues and fees have been paid in full. The benefits of this membership include attending meetings, and receiving mailings and announcements. This membership has no voting rights. Affiliate members are ineligible to participate in special programs. ***** If you are in the process of becoming a foster parent, but you are not yet licensed, this would be your level of membership until you have officially become licensed.**
INITIAL IF APP	**3. Honorary Membership** - This membership is a lifelong dues waived General membership. This category of members includes former PCFAPA Presidents who completed a full-term (2 years). Past PCFAPA Presidents have one General member vote and a board vote for those whom are active and present at board meetings.
INITIAL	**No children under 18 yrs old are permitted to be in the training meetings unless it is clearly noted in the monthly training notice. (0-6 months old permitted if quiet)**
INITIAL	**Apple/Angel Special Program(s):** The Apple/Angel Special Program(s) are for all children of parents who are current paid general and honorary members in good standing of the Association with children under the age of 18 whom they have legal custody of. **Fosters in official extended foster care are permitted to go beyond this age restriction. **For The Apple Program**, members must have completed 2 hours of volunteer work AND attend at least 3 meetings by July 1st. **For The Angel Program**, members must have completed 5 hours of volunteer work AND attend at least 5 meetings by November 1st.
INITIAL	**Failure to abide by the rules of the Pasco County FAPA may result in the revocation of your membership. **Dues are $35 for the year and are due on January 1st of each year. **Previous members are defined as "anyone who has been a member in the previous two years" **A $10.00 late fee will be assessed for renewing members, if the dues are not received by January 31st. **Yearly membership starts 1/1 and expires 12/31 of each year (Mail checks to the address in the top left)

Internal Use Only:
Application Received: _____ Paid $_____ BY: CASH CHECK #_____ PayPal/Square

Household Composition:

Currently I/We have ___ Biological Children, ___ Adopted Children, ___ Foster Children, ___ Relative Guardianship, and ___ Non-Relative Guardianship children under the age of 18 living in my/our home. (insert numbers above)

*******Please provide a letter (A/F/B/R/N) and a number in each section representing each child currently living in your home:**

	Boys:		**Girls:**
Infant:		Infant:	
Toddler:		Toddler:	
Pre-School:		Pre-School:	
Elem. School:		Elem. School:	
Mid. School:		Mid. School:	
High School:		High School:	

A = Adopted
F = Foster Care
B = Biological
R = Relative Guardianship
N = Non-Relative Guardianship
(i.e.: 1-B = B Biological / 2-F = 2 Foster)

FOSTER PARENTS: (Skip this section if you are not currently a licensed Foster Home)

Licensed By: _____ Since: _____ Capacity: (_____)
(CBC's Name) (year)

Placement Profile: Infants 0-2 ☐ Toddlers 3-5 ☐ Pre-Teen 6-12 ☐ Teen 13-17 ☐ Adult 18+ ☐

ADOPTIVE PARENTS: (Skip this section if you are not an adoptive parent)

Adopted From: Domestic, non-foster ☐ Domestic, foster ☐ International ☐

GUARDIANS: (Skip this section if you are not currently a Guardian)

Custody Ordered by: _____ Since: _____
(Official's Name) (Year)

_____
(Contact Name) (Phone Number)

** Proof of Guardianship may be requested for either Adoptive or Guardianship Placements.**