



City of Schertz Police  
 Auxiliary Services Division  
 210-619-1671

## FOSTER CARE/ADOPTION INSPECTION APPLICATION

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License (copy required): \_\_\_\_\_

**Agency Information:**

Agency: \_\_\_\_\_ Age range: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Case Worker: \_\_\_\_\_

FIRE INSPECTION	\$50.00
HEALTH INSPECTION	\$50.00
*Inspections are conducted in tandem*	

List preferred dates and times, please allow 20 – 30 min for inspections. You will be notified to confirm appointment, usually within a day of payment:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

All of the information on this application is true and correct. Applicant acknowledges that the inspection requested shall be subject to interpretation by the City of Schertz of the orders and ordinances of State of Texas Department of Family Protective Services and Texas Department of Health and Human Services. A guide for the inspection is available upon request.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_