**CAROLINA FAMILY CONNECTIONS**

**3141 Amity Court, Suite 200**

**Charlotte, N.C. 28215**

**704-568-9753**

Dear

Thank you so much for your interest in becoming a licensed foster home with Carolina Family Connections! I have attached the Foster Parent Application that you can download, complete and print.

To learn more about Carolina Family Connections please access our website at [www.carolinafamilyconnections.com](http://www.carolinafamilyconnections.com) Also, please go to <http://ncswlearn.org/foster> for a brief and informative orientation which “explains foster care and describes the children in need of foster homes.” Each prospective foster parent is required to watch this on-line video in order to become a licensed foster parent. Be sure to print the certificate(s) of completion.

Please contact our licensing and training social worker, Tasha Melton at 704-960-9514 once you have completed the application and on-line orientation so that she may schedule a home visit and to pick up the completed application and orientation certificate(s.) You may also communicate with Tasha by phone or at [tmelton@carolinafamilyconnections.com](mailto:tmelton@carolinafamilyconnections.com) with any questions that you may have.

*Please feel free to share our contact information with friends, family, neighbors and co-workers who may also be interested in the fostering experience.*

Again, thank you for your interest in making a difference in the lives of children in North Carolina. We look forward to meeting you!

Sincerely,

*Laine Clontz*, MSW

President

**CAROLINA FAMILY CONNECTIONS**

**FOSTER CARE PROGRAM**

**FOSTER PARENT APPLICATION**

(all information will be kept confidential)

Last Name:

Address:

Preferred Contact Name: Phone #:

Directions to the home:

Age range & sex of preferred foster children:

**POTENTIAL FOSTER PARENT #1**

Name:

Last First Middle

Maiden Name:

Previously Married Name:

Reason for Marriage Termination: (if applicable)

Place of Birth:

Social Security Number:

Email address:

Are you currently licensed as a foster parent: \_\_\_ Yes \_\_\_ No If yes, what state and licensing agency:

Have you been licensed as a foster parent in the last 5 years? \_\_\_ Yes \_\_\_ No If yes, what state and licensing agency:

**POTENTIAL FOSTER PARENT #2**

Name:

Last First Middle

Maiden Name:

Previously Married Name:

Reason for Marriage Termination:

Place of Birth:

Social Security Number:

Email Address:

Are you currently licensed as a foster parent? \_\_\_ Yes \_\_\_No If yes, what state and licensing agency:

Have you been licensed as a foster parent in the last 5 years? \_\_\_ Yes \_\_\_ No If yes, what state and licensing agency:

**EDUCATION** (highest grade completed)

**POTENTIAL FOSTER PARENT #1**

|  |
| --- |
| Elementary School: (name & grade) |
| High School (name & grade): Diploma: \_\_\_ Yes \_\_\_ No |
| Technical College (name): Degree: |
| College (name): Degree: |
| Professional Training Received (i.e. nursing, teacher’s certificate, etc.): |
| Other Training Relevant to Foster Care (Parent Effectiveness Training, First Aid, CPR, etc): |

**POTENTIAL FOSTER PARENT #2**

|  |
| --- |
| Elementary School (name & grade): |
| High School (name & grade): Diploma: \_\_\_ Yes \_\_\_ No |
| Technical College (name): Degree: |
| College (name): Degree: |
| Professional Training Received (i.e. nursing, teacher’s certificate, etc.): |
| Other Training Relevant to Foster Care (Parent Effectiveness Training, First Aid, CPR, etc |

**EMPLOYMENT**

**POTENTIAL FOSTER PARENT #1**

|  |
| --- |
| Employer: |
| Address: |
| Telephone: |
| Job Title: |
| How long employed? |
| Work hours: |
| Annual Salary: |

**POTENTIAL FOSTER PARENT #2**

|  |
| --- |
| Employer: |
| Address: |
| Telephone: |
| Job Title: |
| How long employed? |
| Work hours: |
| Annual Salary: |

**Do you operate an In-Home Day Care? \_\_\_Yes \_\_\_ No If yes, attach a copy of the Day Care License.**

**OTHERS LIVING IN THE HOME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Age | Date of Birth | Education |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CHILDREN OUT OF THE HOME**

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | City of Residence |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Family Health Issues: (describe)**

**Name of Family Physician:**

**RESIDENCE INFORMATION**

How long resided in current residence? \_\_\_ Rent \_\_\_ Own \_\_\_ House \_\_\_ Apartment

Number of Rooms: Number of Bedrooms: Number of Bathrooms:

Proposed Sleeping Arrangements for Foster Children:

School District:

Elementary School:

Middle School:

High School:

**PLEASE LIST ALL THE PLACES THAT YOU HAVE LIVEED IN THE PAST 5 YEARS**

**POTENTIAL FOSTER PARENT #1**

|  |  |  |
| --- | --- | --- |
| County | City | State |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**POTENTIAL FOSTER PARENT #2**

|  |  |  |
| --- | --- | --- |
| County | City | State |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SLEEPING ARRANGEMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bedroom | Bed Type/Occupants | Bed Type/Occupants | Bed Type/Occupants | Bed Type/Occupants |
| ***Example:*** *Bedroom 0* | Queen/Foster Parents | Crib/Foster Child | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| Bedroom 1 |  |  |  |  |
| Bedrom 2 |  |  |  |  |
| Bedroom 3 |  |  |  |  |
| Bedroom 4 |  |  |  |  |
| Bedroom 5 |  |  |  |  |

**OTHER INFORMATION**

Have you cared for unrelated children before? (If yes, please explain)

Why do you wish to be a foster parent(s)?

Are there any problems that you would prefer NOT to deal with such as bedwetting, developmental, mental health, medical, etc.?

Has anyone living in your home been substantiated for abuse or neglect of a minor or adult? \_\_\_ Yes \_\_\_ No If yes, please explain in detail.

Has anyone living in the home been charged with or convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, please explain in detail.

**REFERENCES** ***(non-relatives that have known you for at least 3 years)***

|  |  |  |
| --- | --- | --- |
| Name | Mailing Address | Telephone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

How did you learn of the Carolina Family Connections Foster Care Program?

Additional Comments:

***I (we) attest that I (we):***

**Have not** been perpetrators of domestic violence;

**Have not** been found to have abused or neglected a child or been a respondent in a juvenile court proceeding that resulted in the removal of a child or have had protective services involvement that resulted in the removal of a child;

**Have not** been confirmed or substantiated for abusing, neglecting or exploiting a disabled adult.

*In making my (our) application to the Carolina Family Connections Foster Care Program, I (we) understand there is no commitment by the agency to approve our home for a foster care license for the placement of children. I (we) understand that, with our permission, the agency may contact employers, physicians, school personnel, personal references and law enforcement offices, as needed, to collect information related to foster home licensing. The statements in this application are, to the best of my (our) knowledge, true and complete.*

Potential Foster Parent #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date

Potential Foster Parent #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date