

CAROLINA FAMILY CONNECTIONS
FOSTER CARE SERVICES
12/2008

FOSTER HOME APPLICATION
(All information is confidential)

Last Name: _____ Phone: _____

Address: _____

Directions to home: _____

Date and Place of marriage (if applicable): _____

Age range and sex of children preferred: _____

POTENTIAL FOSTER PARENT #1

Name: _____
Last First Middle

Maiden Name: _____

Previously Married Name: _____

Date of Birth: _____

Birthplace: _____ Social Security #: _____

Church: _____ Pastor: _____

Previous marriage, if any: _____ How terminated: _____

Are you currently licensed as a foster parent? ___ Yes ___ No If yes, in what state? _____

Have you been licensed as a foster parent in the past five (5) years? ___ Yes ___ No If yes, in what state? _____

Email Address: _____

EMPLOYMENT

Parent #1

Parent #2

Employer: _____

Employer: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Job Title: _____

Job Title: _____

How long employed: _____

How long employed: _____

Work Hours: _____

Work Hours: _____

Annual Income: _____

Annual Income: _____

Does applicant have In-Home Day Care? ____ yes ____ no If yes, attach copy of the Daycare License.

OTHERS IN HOME

(Including relatives, non-related boarders, daycare/babysitting children, non-relatives, etc.)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Education</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

CHILDREN OUT OF HOME

<u>Name</u>	<u>Date of Birth</u>	<u>City of Residence</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Family Health Problems (describe): _____

Name of family physician: _____

RESIDENCE INFORMATION

How long in current residence: _____ Rent Own House Apartment

Number of rooms: _____ Number of Bedrooms: _____ Number of Bathrooms: _____

Proposed sleeping arrangements of foster children: _____

School District: _____

(Grade School)

(High School)

**SLEEPING
ARRANGEMENTS
CHART**

Bed Type/
Occupant(s)

Bed Type/
Occupant(s)

Bed Type/
Occupant(s)

Bed Type/
Occupant(s)

Example
Bedroom 0

Queen/ Mr. &
Mrs. Applicant

Crib/Foster
Child

Bedroom 1.

Bedroom 2

Bedroom 3

Bedroom 4

Bedroom 5

OTHER INFORMATION

Have you cared for unrelated children before (if so, please explain): _____

Why do you wish to be a foster parent ? _____

Are there any problems you would prefer not to deal with (such as bedwetting, retardation, physical handicaps, etc.)?

Have either of you been substantiated for abuse or neglect? No Yes

If yes, please explain: _____

Have either of you been convicted of a felony? No Yes

If yes, please explain: _____

REFERENCES

(non-relatives who have known you for at least three years):

<u>Name</u>	<u>Complete Address</u>	<u>Telephone</u>
1. _____	Street #, City, State, Zip Code	_____
2. _____	Street #, City, State, Zip Code	_____
3. _____	Street #, City, State, Zip Code	_____
4. _____	Street #, City, State, Zip Code	_____
5. _____	Street #, City, State, Zip Code	_____

How did you learn of 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 our application to the Carolina Family Connections Foster Care Program, we understand there is no commitment by the agency to approve our home for the placement of a child(ren). We understand that, with our permission, the agency will contact employer(s), physician(s), 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.

Parent #1's Signature: _____ Date: _____

Parent #2's Signature: _____ Date: _____

ADDENDUM TO APPLICATION

Please list all residences where you have lived in the past five (5) years:

Foster Parent: _____

1. _____
County City State

2. _____
County City State

3. _____
County City State

3. _____
County City State

Foster Parent: _____

1. _____
County City State

2. _____
County City State

3. _____
County City State

4. _____
County City State

Foster Parent: _____
Print Name Signature

Foster Parent: _____
Print Name Signature

NOTICE
Foster Home
MANDATORY CRIMINAL HISTORY CHECK

NORTH CAROLINA LAW REQUIRES THAT A CRIMINAL HISTORY CHECK BE CONDUCTED ON ALL PERSONS 18 YEARS OF AGE OR OLDER WHO RESIDE IN A LICENSED FOSTER HOME.

"Criminal history" includes any county, State, and federal conviction of a felony by a court of competent jurisdiction or pending felony indictment of a crime for child abuse or neglect, spousal abuse, a crime against a child, including child pornography, or for a crime involving violence, including rape, sexual assault, or homicide, other than physical assault or battery; a county, State, or federal conviction of a felony by a court of competent jurisdiction or a pending felony indictment for physical assault, battery, or a drug-related offense, if the offense was committed within the past five years; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have a foster child reside with you, you shall have the opportunity to complete or challenge the accuracy of the information contained in the SBI or FBI identification records.

If licensure is denied or the foster home license is revoked by the Department of Health and Human Services as a result of the criminal history check, if you are a foster parent, or are applying to become a foster parent, you may request a hearing pursuant to Article 3 of Chapter 150B of the General Statutes, the Administrative Procedure Act.

Refusal to consent to a criminal history check is grounds for the Department to deny or revoke license to provide foster care. Any person who intentionally falsifies any information required to be furnished to conduct the criminal history is guilty of a Class 2 misdemeanor.

Signature of Applicant: _____

Date: _____

Signature of Adult Member of Household: _____

Date: _____

Thinking of becoming a foster parent?
Then take the . . .



<http://ncswlearn.org/foster>

NC's Online Orientation . . .

A key step for those considering foster parenting

- **Easy to Find.** Simply go to <http://ncswlearn.org/foster>.
- **Fast!** Takes just 15 minutes. No registration required. Just go to <http://ncswlearn.org/foster> and begin.
- **Super Helpful.** Explains foster care, describes the children in need of foster homes, and tells you how to take the next step to becoming a licensed foster parent in North Carolina.
- **Certificate of Completion.** At the end, print your certificate of completion and share it with the foster care agency you choose to work with.

"Orientation for NC Foster Parents" was developed by the NC Division of Social Services in partnership with the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work, the NC Foster and Adoptive Parent Association, and North Carolina's foster care agencies.