

FOSTER PARENT APPLICATION

Rutherford County Department of Social Services

-All Information Herewith Strictly Confidential-

Date of Application: _____

Applicant(s) Name:

_____ (First) (Middle) (Last)

_____ (First) (Middle) (Last)

Mailing Address:

Street Address:

City/State/Zip:

Telephone Number(s):

Driving Directions

To Your Home:

Please Complete the Following Information

	Applicant #1	Applicant #2
Date of Birth		
Place of Birth		
Height/Weight		
Race		
Sex		
Social Security Number		
Education (Highest Completed)		
Present Employer		
Length of Time Employed		
Hours of Work		
Annual Income from Employment		
Other Income/Source		

	Applicant #1	Applicant #2
Length of Residency In Rutherford County		
Length of Residency in North Carolina		
Other Places of Residency (if less than five years residency in North Carolina)		
Present Date of Marriage		
Place of Marriage		
Previous Marriage(s) Date(s)		
Former Spouse's Name(s)		
Physician's Name and Address		
Religious Affiliation/Church		

Please List Other Members of Your Household

Name of Household Member	Date of Birth/Age	Social Security Number	Relationship to Applicant

Please List at Least Three References (18 Years of Age or Older) Who Have Known You at Least Two Years. All Adult Members of the Foster Home Must Provide Three References from Non-Relatives. Please Be Sure to Provide Complete Addresses and Names for Your References. References Will Be Contacted by Letter.

Adult Household Member Name:		
Reference Name	Reference Mailing Address	Reference Telephone Number

Adult Household Member Name:		
Reference Name	Reference Mailing Address	Reference Telephone Number

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Reference Name	Reference Mailing Address	Reference Telephone Number

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Please Answer the Following Questions. Feel Free to Attach Additional Pages, If Needed.

1. Why do you wish to become a foster parent through our agency? _____

2. Have you ever applied to provide care for children as a foster parent in the past? If so, please give the name of the agency applied with along with the dates. Also, please specify whether or not licensure was granted along with any other pertinent information. _____

3. Have you ever applied to provide care for children as a residential placement provider (group home) or day care provider? If so, please provide dates and specify whether or not licensure was granted along with any other pertinent information. _____

4. If you answered yes to questions 2 and/or 3, have you ever had an application to provide care for children as a foster parent, residential placement provider, or day care provider denied? If so, please state the reason for denial. _____

5. Have you been charged with or convicted of a misdemeanor or felony criminal offense within the past five years? If so, please explain. _____

6. Have you ever been charged with or convicted of any criminal offense toward a child or disabled adult? If so, please explain. _____

7. How many children do you wish to provide care for? _____ What ages? _____
What sex? _____

8. Would you consider providing care for a child of any age or sex-Different from that already listed above?

_____ Yes _____ No

9. Please describe your experience providing care for children. _____

10. Have you ever provided care for a child not related to you? _____ Yes _____ No

11. If so, please describe your experiences in doing so. _____

12. Do you own your own home? _____ Yes _____ No

13. If you do not own your home, are there any restrictions on your lease or rental agreement that would prohibit you from taking a child into your home? _____

14. If you do not own your home, please give the name and telephone number for your current landlord.

15. How many rooms does your home have? _____
#of bedrooms _____ # of bathrooms _____



Along with this application, I/We understand that a social worker will meet with all members of the household and that a home study will be conducted in conjunction with Foster Home Licensing Regulations.

I/We understand that in making this application, there is no definitive commitment being made by you, the applicant, or by us, the foster home licensing agency.

I/We understand that foster care is a temporary living arrangement and that the goal is always reunification with the parents and/or biological family until the Courts deem otherwise. Furthermore, it is the responsibility of our agency to provide permanency for children, which means a permanent living arrangement will be made for the child(ren).

I/We understand that it is the policy of the Rutherford County Department of Social Services that corporal punishment of foster children is prohibited. North Carolina Licensing Regulations also prohibits corporal punishment.

I/We understand that a Fingerprint Background Check will be conducted on all adult members (18 years of age and older) of my household.

I/We understand that any statement made in this application found to be false or inaccurate could result in this application being denied.

Applicant Signature- Date

Applicant Signature- Date