



COUNTY OF CALDWELL

Department of Social Services
2345 Morganton Boulevard, SW, Suite A
Lenoir, North Carolina 28645
Phone: (828) 426-8281
Fax: (828) 426-8185
www.caldwellcountync.org/dept/dss

FOSTER/ADOPTIVE PARENT APPLICATION

When complete, please return by mail to the: Caldwell County Dept. of Social Services, Attn: Valerie Ackerman, 2345 Morganton Blvd., SW, Suite A, Lenoir, NC 28645; by fax to (828) 426-8185 or by PDF to vackerman@caldwellcountync.org

IDENTIFYING INFORMATION

Please list your full name, including any names you have used in the past (previous married names and/or maiden name):

Name _____ Name _____
Last First Middle Last First Middle

Other names used: _____

Address: _____
(Include mailing and street address if different)

Email address: _____

Home#: _____ Work(Parent #1): _____ Cell (Parent #1): _____

Work (Parent #2): _____ Cell (Parent #2): _____

Directions to your home:

| | Prospective Parent 1 | Prospective Parent 2 |
|-------------------------|-----------------------------|-----------------------------|
| Social Security Numbers | _____ | _____ |
| DOB: | _____ | _____ |
| Birthplace: | _____ | _____ |
| Religious Affiliation: | _____ | _____ |

Place of Worship:

FAMILY INFORMATION

Present Marriage: _____
Date City County State

CHILDREN IN THE FAMILY (Please list those living in and out of the home)

| Full Name | DOB | School & Grade or Occupation & Where they reside i.e. City/State | Relationship |
|-----------|-----|--|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PARENTS OF APPLICANTS:

| Full Name | DOB: | Address |
|-----------|------|---------|
| | | |
| | | |
| | | |
| | | |

REQUIRED APPLICANTS: Other than the prospective foster parents, any adult 21 years of age or older, who is living in the home, is considered a required applicant and must also attend foster parent training.

| Full Name | DOB: | Social Security Number |
|-----------|------|------------------------|
| | | |
| | | |

EDUCATION/EMPLOYMENT HISTORY:

| | Prospective Parent 1 | Prospective Parent 2 |
|----------------------|----------------------|----------------------|
| SCHOOL: | _____ | _____ |
| EDUCATION LEVEL: | _____ | _____ |
| EMPLOYER : | _____ | _____ |
| JOB TITLE: | _____ | _____ |
| DATES OF EMPLOYMENT: | _____ | _____ |
| ANNUAL SALARY: | _____ | _____ |

FINANCIAL STATEMENT

Monthly Income After Taxes:

| | | |
|-----------------------|-----------|--|
| Prospective Parent #1 | \$ | |
| Prospective Parent #2 | \$ | |
| Total | \$ | |

| <u>Monthly Expenses</u> | <u>Amount Paid</u> | |
|-------------------------|--------------------|--|
|-------------------------|--------------------|--|

| | | |
|-----------------------------------|----|--|
| Mortgage/Rent (circle one) | \$ | |
| Groceries | \$ | |
| Electricity | \$ | |
| Water/Sewer | \$ | |
| Gas (for home) | \$ | |
| Telephone(s) | \$ | |
| Clothing | \$ | |
| Medical/Doctor | \$ | |
| Prescriptions | \$ | |
| Automobile Payment | \$ | |
| Automobile Insurance | \$ | |
| Health Insurance | \$ | pre-tax/after tax (circle one) |
| Fuel (gas for the cars) | \$ | |
| Credit cards | \$ | Balance Due: \$ |
| Cable or Satellite/Internet | \$ | |
| Other debt: | \$ | Total debt owed: Please describe: |
| Savings | \$ | Total in Savings: \$ |
| Other savings: | \$ | (please describe) |
| Total Retirement saved | | |
| Prospective Parent #1 | \$ | Monthly Contribution: \$ |
| Prospective Parent #2 | \$ | Monthly Contribution: \$ |
| Total monthly expenses: \$ | | |

ADDITIONAL INFORMATION:

How many bedrooms are in your home? _____ How many bathrooms are in your home? _____

How many adults live in your home? _____ How many children live in your home? _____

Do you have a daycare or keep children on a regular basis in your home? YES ___ NO ___

Have you ever applied to become a foster or adoptive parent previously? YES ___ NO ___

If yes, what agency did you work with and what was the outcome?

Agency Location

Outcome of Contact

| Agency Location | Outcome of Contact |
|-----------------|--------------------|
| | |
| | |
| | |

Do you have a criminal record? YES ___ NO ___ If yes, please elaborate: _____

Have you ever applied/received services from any social service agency? YES ___ NO ___

If yes, when and for what reason? _____

Have you ever been investigated for child abuse or neglect? YES ___ NO ___

Have you ever been found to have abused or neglected a child? YES ___ NO ___

Have you ever been a respondent in a juvenile court proceeding that resulted in the removal of a child? YES ___ NO ___

Are you or anyone in your household related to an employee of the Caldwell County Department of Social Services? YES ___ NO ___ If yes, to whom are you related and how are you related? _____

Is there any information which we have not asked that would reflect on your ability to parent a child in foster care? YES ___ NO ___ If yes, please elaborate: _____

DESCRIPTION OF HOME AND COMMUNITY:

(Describe your home, neighborhood and community)

SPECIAL INTERESTS AND COMMUNITY INVOLVEMENT:

(Hobbies, talents, church involvement, communities, organizations, etc).

EXPERIENCE WITH CHILDREN:

APPLICANTS REQUEST FOR A CHILD:

(What ages, gender, type of children, etc. do you feel you and your family could best parent?)

MOTIVATION FOR FOSTERING/ADOPTING:

(Reason motivating your current application to become a state licensed foster/adoptive parent)

We understand, in making this application, there is no final commitment on either side. We certify that the information given in this application is, to the best of our knowledge, true and correct.

Signature: _____ Date signed: _____

Signature: _____ Date signed: _____

“In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.”

Steps to becoming a licensed foster family

1. **Completed fingerprint cards and bubble sheets** turned in to Valerie or Lori in order to be registered from the classes.
2. Attend class every week and **graduate from foster parent class**.
3. At the 1st Meeting, **turn in your Family Profiles and references list**.
4. The state will send us a "**fingerprint letter**" stating whether or not you meet the requirements to become a foster family based solely on your fingerprinting results - this takes approximately 3-4 weeks.
5. Turn in your **homework** weekly.
6. Complete and become **certified in CPR, First Aid, Blood Borne Pathogens Training, and Medication Management Training**.
7. Complete **licensure paperwork** (see attached listing)
8. Complete a **Welcome Book** (a mini 6x6" scrapbook about your family to be provided by DSS and explained in a later class).
9. From your homework and family profiles, the licensing social worker will complete your Mutual Home Assessment (MHA - which is a story of your family and your strengths and needs as a foster parent) or Pre-Placement Assessment (PPA if you are interested in adopting). You will have the opportunity to proof-read your homestudy. All of the above requirements must be completed prior to the licensing social worker presenting your homestudy and Welcome Book to the **Licensing Committee** for review.
10. ***If approved*** by the Licensing Committee, your MHA and all the licensing paperwork is then sent to our **State office for review and licensure**. The state has 50 working days before they have to begin reviewing your packet. At the point that you are assigned a foster home license number by the state, then we will begin contacting you regarding possible placements/matches.

Licensing Paperwork Checklist

These forms will be provided to you approximately half-way through the foster parent classes.

Foster Home License Application

Request for Medical Information (physicals for everyone in the household and TB testing results for all adults in the household)

Medical History Information Sheet (medical hx for everyone in the household that the family completes)

Environmental Conditions Checklist (Valerie will come out to your home to complete this form. You must have your weapons and ammunition locked separately and have a lock box for medications prior to this home visit)

Fire and Building Safety Inspection Report (the Fire Marshall completes this fire inspection. Please review the 1515 prior to scheduling the appointment as you need to have certain items completed prior to his visit)

ALSO...

- Copy of rabies/vaccination certificates on all household pets (from your vet)
- Copy of marriage certificate and any divorce decrees
- Employment verification forms (for daycare)
- Copy of the CPR, first aid card
- Copy of your HSD, GED or college diploma
- If you have well water, a copy of the Bacteria water inspection from Environmental Health