

McDowell County

Department of Social Services

Post Office Box 338

Marion, N. C. 28752

Telephone 828-652-3355

Fax 828-652-9167

FOSTER FAMILY APPLICATION

We appreciate your interest in our program. The information on this application will assist us in the initial screening process. When we receive your application, our foster home licensing worker will review it and will then seek to enroll you in our next TIPS/MAPP (Trauma Informed Partnering for Safety and Permanence-Model Approach to Partnership in Parenting) program. Please complete the application fully and accurately.

Date: _____

Interested in: (Check all that apply) Foster Parenting Only
 Foster to Possibly Adopt Later
 Adoption Only
 Not Sure/Either

Home Address: _____

Mailing Address: _____

Home Phone #: _____ **Cell Phone:** _____

Home Email: _____

PROSPECTIVE FOSTER PARENT:

Name: _____

DOB: _____ **Birthplace:** _____

Social Security Number(for background check) ____-____-_____

Marital Status: Single Married Divorced Widowed

If Married, Date of Marriage: _____

Years of Education: _____ **Highest Degree:** _____

Current Employer: _____ **Job Title:** _____

Work Days: _____ **Work Hours:** _____

PROSPECTIVE FOSTER PARENT:

Name: _____

DOB: _____ **Birthplace:** _____

Social Security Number(for background check) ____-____-_____

Marital Status: Single Married Divorced Widowed

If Married, Date of Marriage: _____

Years of Education: _____ **Highest Degree:** _____

Current Employer: _____ **Job Title:** _____

Work Days: _____ **Work Hours:** _____

Do you live near any bodies of water ____yes ____no

If yes please explain:

Have you Live outside of NC in the last 5 years? _____

If yes what state or states have you lived in? _____

How did you hear about the Fostering program:

CHILDREN (List all of your children regardless of age. Please feel free to use the back of form if more space is needed)

Full Name: _____ DOB: _____

Place of Birth: _____ Year of Education: _____

Living in Your Home? () Yes () No

If no, where does he/she live? _____

Full Name: _____ DOB: _____

Place of Birth: _____ Year of Education: _____

Living in Your Home? () Yes () No

If no, where does he/she live? _____

Full Name: _____ DOB: _____

Place of Birth: _____ Year of Education: _____

Living in Your Home? () Yes () No

If no, where does he/she live? _____

Others living in your home (name, relation to you, DOB, If over 18 must give SSN for background check)

What does your family, including children or others living in the home with you, think about the prospect of you becoming a foster parent?

() very supportive () somewhat supportive () not supportive

Please explain answer below

BACKGROUND CHECKS

Do you or any member of your household have a criminal record? () Yes () No

If yes, please explain and include date & the offense _____

Has a Department of Social Services investigated you or a family member for abuse or neglect? () Yes () No *If yes, what were the findings & please explain

Do all members of the household, 18 years of age & older, agree to finger printing and criminal record checks? () Yes () No

Have you or any member of your household had any involvement with the court system? () Yes () No * If yes, please explain what for and where

Would you be opposed to providing us with references if asked? () Yes () No

YOUR AREA OF INTEREST

What age, sex, type, and number of children are you interested in having placed in your home? () Male () Female Age Range _____ # of Children _____
() Sibling Groups () Special Needs () Children of any Ethnicity
() Children ages 10-21

Have you applied for foster or adoptive parenting before? () Yes () No

If yes, please list agency's name _____

Are you applying to request that particular children be placed with you?

() Yes () No *If yes, list their names and your relation _____

Is there anything else that you would like us to know about you or your family?

Please email application to summer.gilliland@mcdowellcountyncdss.org or drop off at McDowell DSS. Contact number 828-659-0695