



Imagine the Possibilities . . .



Forsyth County Social Services
Foster Adopt Resource Parent/Family
Application

Your Interest

Why are you interested in becoming a Foster – Adopt Resource Parent?

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What are the age(s) and sex(es) of the children you desire to parent?

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How did you hear about us?

Presentation Newspaper Billboard Radio/TV Other

Community Event

Referred by a Foster-Adopt Parent (name)

Applicant Information

Name	First	Middle (no initials, as it is on your birth certificate)	Maiden (if applicable)	Last
Applicant #1				
Applicant #2				

Address		City, State, Zip	
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Home Phone		#1 Cell		#2 Cell	
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Family Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Coupled	<input type="checkbox"/> Separated	Date of Marriage (if applicable)	
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed				

Applicant #1		Applicant #2	
Date of birth		Date of birth	
Social Security #		Social Security #	
Race		Race	
Sex		Sex	
Education Completed		Education Completed	
Employer		Employer	
Days and Hours of employment		Days and Hours of employment	
Gross monthly salary		Gross monthly salary	
Work Phone		Work Phone	
How long have you lived in North Carolina?		How long have you lived in North Carolina?	
Please list other counties in NC that you have lived		Please list other counties in NC that you have lived	
Please list other cities & states you have lived		Please list other cities & states you have lived	

Applicant # 1		Applicant #2	
If previously married, give divorce date(s):		If previously married, give divorce date(s):	
List full names of all previous spouses		List full names of all previous spouses	
List all names you have used		List all names you have used	
Email address		Email address	

Other Family Member Information Children and Other Adults (those currently living at your address)			
First, Middle (NO INITIALS) & Last Name	Social Security #	DOB	School or Employment

Your Children that Live Outside of Your Home (any age)				
First, Middle (NO INITIALS) & Last Name	Complete Street Address	City/State/Zip	DOB	School or Employment

References			
Please provide 3 references who have known you for 2+ years and who are not family members.			
Name	Address	City/State/Zip	Phone Number

Additional Information (please note that some YES responses need additional information attached)	
Have you/ or your spouse/partner ever applied to become a foster/adoptive parent before, through this agency or any other organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name of organization or agency.	
Have you or your spouse (current and/or previous) ever had any involvement with child protective services in North Carolina or any other state? If yes, please attach an explanation, the county, city and state.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information (Cont.)

(please note that some YES responses need additional information attached)

Have you/or your spouse/partner ever been to Social Services for any services before? If yes, please attach a description and date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/or your spouse/partner ever been treated for emotional and/or serious physical problems? If yes, please state when, where and the nature of the illness on attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/ or your spouse/partner ever been in treatment for drug/alcohol abuse? If yes, please attach an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse or household member 18 years of age and older been charged and/or convicted of a crime. If yes, please attach an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you and your spouse or have you and your spouse been the owner of a licensed facility or agency? If yes, please name the Facility/date or date of ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/your spouse/partner related (by blood or marriage) to anyone at Social Services? If yes, please give their name and the department they work in	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Adults Information

(all those 21 years of age or older and living in the home, if none, please leave blank)

Applicant #3		Applicant #4	
First Name		First Name	
Middle name (no initials)		Middle name (no initials)	
Maiden Name		Maiden Name	
Last Name		Last Name	
Cell phone		Cell phone	
Email address		Email address	
Date of birth		Date of birth	
Social Security #		Social Security#	
Race		Race	
Sex		Sex	
Education Completed		Education Completed	
Employer		Employer	
Days and Hours of employment		Days and Hours of employment	
Gross monthly salary		Gross monthly salary	
Work Phone		Work Phone	
How long have you lived in North Carolina?		How long have you lived in North Carolina?	
Please list other counties in NC that you have lived		Please list other counties in NC that you have lived	
Please list other cities & states you have lived		Please list other cities & states you have lived	
If previously married, give divorce date(s):		If previously married, give divorce date(s):	
List full names of all previous spouses		List full names of all previous spouses	
List all names you have used		List all names you have used	
Email address		Email address	

NOTICE – MANDATORY CRIMINAL HISTORY CHECK

NC law requires that a Criminal History Check be conducted prior to placement, on prospective foster adopt resource parents seeking to adopt a minor who is in the custody or placement responsibility of a County Department of Social Services.

_____/_____
Applicant #1 **Date**

_____/_____
Applicant #2 **Date**

_____/_____
Applicant #3 **Date**

_____/_____
Applicant #4 **Date**