

DAVIE COUNTY NORTH CAROLINA

Davie County Government

Department of Social Services 336.753.6250

Economic Services 336.753.6180

Child Support Enforcements 336.753.6279

Application and Information Sheet For Foster Parenting

Date: _____

Name of Applicant (s): _____

Address: _____

Phone: _____ Cell Phone: _____

E-mail: _____ What is the best way to contact you?

Applicant 1:

Full Legal Name: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____

Place of Employment: _____

Social Security Number: _____

Length of time in North Carolina: _____ Business Phone: _____

Citizenship: _____ Naturalization: _____

I give Davie County Department of Social Services permission to run background check, sex offender check, and reference the central registry _____

Signature

Applicant 2:

Full Legal Name: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____

Place of Employment: _____

Social Security Number: _____

Length of time in North Carolina: _____ Business Phone: _____

Citizenship: _____ Naturalization: _____

I give Davie County Department of Social Services permission to run background check, sex offender check, and reference the central registry _____

Signature



Director Tracie Murphy

Social Services Board

Chris Anderson | Dan Barrett | Faye C. Carter | Ruth Hoyle | Darryl Veach

P.O. Box 517 | Mocksville, NC 27028 | www.DavieCountyNC.gov



Present Marriage:Date: _____ City: _____ County _____ State: _____

Previous Marriages of Applicant 1: (Use back of sheet if necessary):

Name of Spouse	Date of Marriage	Date of Termination
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1. _____	_____	_____
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2. _____	_____	_____
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Previous Marriages of Applicant 2: (Use back of sheet if necessary):

Name of Spouse	Date of Marriage	Date of Termination
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1. _____	_____	_____
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2. _____	_____	_____
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Children Living in the home (attach additional sheets if necessary)

1. Name: _____
Date of Birth: _____ Place of Birth: _____
SSN: _____ Health: _____
School: _____ Year in School: _____

2. Name: _____
Date of Birth: _____ Place of Birth: _____
SSN: _____ Health: _____
School: _____ Year in School: _____

3. Name: _____
Date of Birth: _____ Place of Birth: _____
SSN: _____ Health: _____
School: _____ Year in School: _____

4. Name: _____
Date of Birth: _____ Place of Birth: _____
SSN: _____ Health: _____
School: _____ Year in School: _____

Children Living Away from Home (Use additional sheets if necessary)

5. Name: _____
Date of Birth: _____ Place of Birth: _____
School: _____ Year in School: _____
Health: _____

6. Name: _____
Date of Birth: _____ Place of Birth: _____
School: _____ Year in School: _____
Health: _____

Other Household Members

Name: _____
Age: _____ Sex: _____
Occupation: _____
Relation to Applicant (s): _____

Applicant's Education (Applicant 1)

	<u>Name of Institution</u>	<u>Year Completed</u>	<u>Degree Earned</u>
High School	_____	_____	N/A
College/Univ.	_____	_____	_____
	_____	_____	_____
Post Graduate	_____	_____	_____
	_____	_____	_____
Additional Education	_____	_____	_____
	_____	_____	_____

Applicant's Education (Applicant 2)

	<u>Name of Institution</u>	<u>Year Completed</u>	<u>Degree Earned</u>
High School	_____	_____	N/A
College/Univ.	_____	_____	_____
	_____	_____	_____
Post Graduate	_____	_____	_____
	_____	_____	_____
Additional Education	_____	_____	_____
	_____	_____	_____

Military History

Applicant 1

Applicant 2

Branch of Service/Rank _____

Date of Enlistment _____

Date and Type of Discharge _____

Description of Home

Type of Neighborhood

City _____ Town _____ Rural _____

Size of Lot _____ No. Rooms _____

Number of Bedrooms _____

Type of Home

House _____ Apartment _____ Modular _____

Home Owned _____ Rented _____

School District

Elementary School _____

Middle School _____

High School _____

Applicant's Employment (Applicant 1)

List employment or business since leaving school up to present position. Use additional sheets if necessary, or you may attach a copy of your resume.

Company/Employer and Address

Position

Dates (to and from)

Salary

1. _____

2. _____

3. _____

Applicant's Employment (Applicant 2)

List employment or business since leaving school up to present position. Use additional sheets if necessary, or you may attach a copy of your resume.

Company/Employer and Address

Position

Dates (to and from)

Salary

1. _____

2. _____

3. _____

Family Finances:

Income: Applicant 1 _____ (yrly) Applicant 2 _____ (yrly)

Other yrly. Income and source _____

Savings _____ Type _____

Investments _____ Type _____

Insurance: Medical _____ Coverage _____

Life _____ Coverage _____

Disability _____ Coverage _____

Expenses (Monthly)

House Payment or rent: _____

Groceries: _____

Utilities: _____

Clothing: _____

Medical: _____

Insurance: _____

Automobile: _____

Gas: _____

Recreation: _____

Loans/Charge Accounts/Credit Cards: _____

Other Expenses: _____

Total Income: _____

Total Expenses: _____

Foster Care Questions: (Please Print)

Have you lived in the state of NC for the last five years? (please circle) YES NO

If you have not, please list your previous addresses for the last five years. Please indicate what month and year you lived at that address(I.e: March 2009 to August 2010, 123 Main St, Anywhere, US 12345)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Applicant's Family Background (Applicant 1):

Father's Name: _____ Date of Birth: _____
Nationality: _____ Residing in City/State: _____
Occupation: _____ Education: _____
Date of Death: _____ Cause of Death: _____

Mother's Name: _____ Date of Birth: _____
Nationality: _____ Residing in City/State: _____
Occupation: _____ Education: _____
Date of Death: _____ Cause of Death: _____

Siblings: Number of Brothers : _____ Number of Sisters: _____

<u>Siblings Name(s)</u>	<u>City/State of Residence</u>	<u>Marital Status</u>	<u>No. of Children</u>	<u>Occupation</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

If a sibling is deceased, please provide name, age, date and cause of death:



Applicant's Family Background (Applicant 2):

Father's Name: _____ Date of Birth: _____
Nationality: _____ Residing in City/State: _____
Occupation: _____ Education: _____
Date of Death: _____ Cause of Death: _____

Mother's Name: _____ Date of Birth: _____
Nationality: _____ Residing in City/State: _____
Occupation: _____ Education: _____
Date of Death: _____ Cause of Death: _____

Siblings: Number of Brothers : _____ Number of Sisters: _____

<u>Siblings Name(s)</u>	<u>City/State of Residence</u>	<u>Marital Status</u>	<u>No. of Children</u>	<u>Occupation</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

If a sibling is deceased, please provide name, age, date and cause of death.

Briefly describe your experiences with children any fostering experience you may have had. Have you known families who have fostered? Have you known families who have had children placed in foster care?

Please discuss your child care plans:

How did you hear or learn about fostering and becoming foster parent(s)?

Are you interested in becoming a foster, foster to adopt, or adoptive parent?

What is your current age interest?

What activities or recreation do you enjoy apart from your spouse?

Has either parent or any adult member of your household been rejected as a foster care parent? If yes, explain (use an additional sheet if necessary)

Has either parent or any adult member of your household had any criminal charges or convictions? If yes, explain (use additional sheet if necessary)

Does either parent or any adult member of your household have a history of substance abuse, sexual or child abuse/neglect or domestic violence either as a perpetrator or victim? If yes, explain (Use additional sheets if necessary):

Do you have a pond, swimming pool, lake, creek, fish pond, or other body of water on your property?

Briefly describe ways of discipline that you would use as a foster parent and how you would handle behavioral issues that may occur in the home:

References:

Personal: Provide references ** name, phone number, address, city, state, and zip code** of three NON-RELATIVES of good standing who have known you for a period of three years prior to the date of your application. References will be contacted by letter. *Please advise your references to expect our letter and respond promptly.*

- 1. _____

- 2. _____

- 3. _____

Relative: Provides references ** name, phone number, address, city, state, and zip code** of two RELATIVES. References will be contacted by letter. *Please advise your references to expect our letter and to respond promptly.*

- 1. _____

- 2. _____

Please provide us with a copy of your most recent pay stubs and attach it to this application.

When you have completed this application, please sign and return it to:

Davie County Department of Social Services
Attn: Wendy Bouchard
PO Box 517
Mocksville, North Carolina 27028

If there are any questions, please call: Social Worker Wendy Bouchard (336) 753-6253 or Supervisor, Tim Roach (336) 753-6258

By signing this application, you are stating that all information is true to the best of your knowledge. You are also giving us permission to contact your references.

Applicant (Applicant 1)

Date

Applicant (Applicant 2)

Date