



**Davie County Health and Human Services
Division of Social Services**

Child Welfare Branch

228 Hospital Street | Mocksville, NC 27028 | 336.753.6250 | fax 336.751.1639

DavieCountyNC.gov



**Application and Information Sheet
For Foster Parenting**

Date: _____

Name of Applicants: _____

Address: _____

Phone Numbers (Please list all that apply):

Email Addresses:

What is the best way to contact you?



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Please provide the following information needed for our record keeping and background check purposes:

Adult One:

Full Legal Name:

Date of Birth: _____

Place of Birth: _____

Occupation:

Place of Employment:

Social Security Number:

Length of Time in North Carolina:

Citizenship Status:

Present Marriage Date and Location (if applicable): _____

Previous Marriages, if any:

Highest Level of Education



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Adult Two:

Full Legal Name:

Date of Birth: _____

Place of Birth: _____

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Length of Time in North Carolina:

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Children in the Home:

Name:

Date of Birth: _____ Place of Birth: _____

SSN: _____

Health Conditions:

School: _____

Grade: _____

Name:

Date of Birth: _____ Place of Birth: _____

SSN: _____

Health Conditions:

School: _____

Grade: _____

Name:

Date of Birth: _____

Place of Birth: _____ SSN: _____

Health Conditions:

School: _____

Grade: _____



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Name:

Date of Birth: _____ Place of Birth: _____

SSN: _____

Health Conditions: _____

School: _____ Grade: _____

Children Living Away from Home:

Name:

Date of Birth: _____

Place of Birth: _____

SSN: _____

Health Conditions: _____

School: _____ Grade: _____

Name:

Date of Birth: _____

Place of Birth: _____

SSN: _____

Health Conditions: _____

School: _____

Grade: _____



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Name:

Date of Birth: _____

Place of Birth: _____

SSN: _____

Health Conditions:

School: _____

Grade: _____

Name:

Date of Birth: _____

Place of Birth: _____

SSN: _____

Health Conditions:

School: _____

Grade: _____

Other Household Members:

Name:

Date of Birth: _____ Place of Birth:

SSN: _____

Relationship:

Will this person assist in caring for children: _____



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Does any member of your household have military experience, if so, please describe?

Description of Home: (Check all that apply)

Neighborhood: City Town Rural House Apartment Rented Owned

Number of Bedrooms: _____ Square Footage of Home: _____

How long have you lived at this address? _____

Additional Information:

Please describe any experiences you have with fostering, including any families you may know that foster. Please describe experiences you have with parenting or working with children in other ways.

How did you hear about becoming foster parents?

What other fostering agencies have you applied to in the past?





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Please attach a budget sheet describing your family's income and expenses for a typical month.

By signing this application, you are stating that all the information is true to the best of your knowledge. You are giving us permission to conduct criminal background checks and child protective services history checks. You acknowledge that a social worker will complete thorough training and assessment of your home prior to licensure and Davie County Department of Social Services reserves the right to deny a family's request to become licensed foster parents with our agency at any point during the training and assessment process. For more information please call Claire Chandler at 336-753-6252.

Applicant Date

Applicant Date