



Resource Parent Application

**North Carolina Administrative Code
G.S. § 131D, Article 1A**

When a child requires care outside the family unit, it is the duty of the State to assure that the quality of substitute care is as close as possible to the care and nurturing that society expects of a family. The purpose of this Article is to assign the authority to protect the health, safety and well-being of children separated from or being cared for away from their families. (1983, c. 637, s. 2; 2009-408, s. 1.)

The purpose of this form is to gather information that will allow the Licensing Social Worker to make an informed decision on the recruitment of your family into the Foster Home Licensing Program. The decision to accept the application and invest in your families' training is based on capacity and suitability to meet the needs of the current population of children within the custody of DSS. We are also charged with assessing a family according to the expectations and statutes prescribed by the North Carolina Administrative Code. Please note that your family and home will continually be assessed and evaluated throughout training, and after licensure. This initial application for the Davie County Licensing Program will allow us to determine if your family meets basic requirements, which are as follows:

CRIMINAL BACKGROUND CHECKS:

All household members ages 18+ must agree and submit to a background check. Individuals convicted of certain crimes are prohibited from providing foster care.

CAPACITY:

No more than five children can be living in the home which includes the applicants own children, In-Home Daycare, and foster/adoptive children. Members 18 years of age and older are considered adult household members and not included in capacity. Applicants must be age 21+ and have the physical and mental health to provide safe and stable care.

EDUCATION:

Individuals must have basic literacy skills to read, write and comprehend various forms of communication, which includes but is not limited to medical instructions, notes from the school and the licensing training materials.

COMMITMENT:

Becoming a Resource Parent will change your lifestyle and may be disruptive to your family's current routines. Foster Care is demanding; physically, emotionally and financially. Providing foster care requires a significant investment of time. It is imperative that your family is healthy and fit in these areas to be a successful partner to the Department, families, and foster children.

APPLICANT 1

APPLICANT 2

Full Legal Name: (First, Middle, Last)		
Address:		
Phone Number:		
Email:		
Names Previously Used (maiden, previous marriage, etc.)		
Race/Ethnicity:		
Date Of Birth:		
Social Security Number:		
Place Of Birth:		
Occupation:		
Name Of Employer:		
Highest Level Of Education:		
Citizenship Status:		
Present Marriage: (date and location)		
Previous Marriages: (names and dates)		

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

OTHER HOUSEHOLD MEMBERS:

(ALL ADULT HOUSEHOLD MEMBERS ARE REQUIRED TO PASS BACKGROUND CHECKS)

NAME:		
DOB:		
SSN:		
RELATIONSHIP:		
WILL THIS PERSON BE RESPONSIBLE FOR THE CARE OF CHILDREN?		

CHILDREN LIVING IN THE HOME:

NAME:			
SSN:			
DOB:			
GRADE:			

CHILDREN LIVING OUTSIDE THE HOME:

NAME:			
SSN:			
DOB:			
GRADE:			

ADULT CHILDREN:

NAME:			
DOB:			
RESIDENCE: (CITY/STATE)			

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?

By signing this application, I am stating that:

All information is true to the best of my knowledge;

I give permission to Davie County DHHS to conduct criminal background checks and child protective services history checks;

I acknowledge that a social worker will complete thorough training and assessments of my family and home prior to licensure;

I understand that Davie County DHHS reserves the right to deny my family’s request to become licensed foster parents at any point during the training and assessment process;

I understand that becoming a foster parent is not a mandated nor human right and that my family and home must comply with Davie County and North Carolina Policy to initially and continually provide foster care.

Applicant 1 Signature Date

Applicant 2 Signature Date