



Guilford County Office Use Only	
Info Session Date:	_____
Date Received:	_____
Community	_____
ICPC	_____
Relative	_____

## Foster Parent Application

### Become a Part of Our Team

We understand this application in no way obligates you or the Guilford County Department of Health & Human Services but is a statement of intention and can be withdrawn by either party at any time.

**Please complete the entire application:** Mail to Guilford County DHHS, 1203 Maple St. Greensboro, NC 27405, Attention Foster Parent Recruitment, or you can drop it off at our front desk.

How did you hear about us? Check all that apply	
<input type="checkbox"/> Information Session	<input type="checkbox"/> On-Line
<input type="checkbox"/> Radio	<input type="checkbox"/> Television
<input type="checkbox"/> Community Event	
<input type="checkbox"/> Other:	<input type="checkbox"/> Referred by a Foster-Adopt Parent (name)

Have you attended a Guilford County information session, if so when? Month \_\_\_\_\_ Year \_\_\_\_\_

### GENERAL INFORMATION

Name \_\_\_\_\_

Legal Last Name	Legal First Name	Legal Middle Name
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Name \_\_\_\_\_

Legal Last Name	Legal First Name	Legal Middle Name
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Address \_\_\_\_\_

Street	City	Zip Code
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Home Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Are you a Guilford County Resident?  YES  NO Length of residence in Guilford County \_\_\_\_\_

Please list other counties in NC where you have lived and length of time your resided there:

\_\_\_\_\_

Please list other cities and states where you have lived: \_\_\_\_\_

\_\_\_\_\_

**I understand that I am applying to become a foster parent and I will work with Guilford County  
Department of Health and Human Services to ensure family reunification**

## HOUSEHOLD COMPOSITION

<b><u>Prospective Foster Parent 1</u></b>	<b><u>Prospective Foster Parent 2</u></b>
Name _____	Name _____
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Valid NC Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain why if you do not have a valid license)	Valid NC Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain why if you do not have a valid license)
Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a High School diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a High School diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years you completed in college _____	Number of years you completed in college _____

Marital Status:  Single       Married       Divorced       Widowed       Separated

Marriage Date: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

<b><u>Prospective Foster Parent 1</u></b>	<b><u>Prospective Foster Parent 2</u></b>
<u>Date of Previous Marriage(s):</u> _____, _____, _____	<u>Date of Previous Marriage(s):</u> _____, _____, _____
Name of Previous Spouse(s): _____, _____, _____	Name of Previous Spouse(s): _____, _____, _____
How was marriage terminated?  _____	How was marriage terminated?  _____
Date of termination:	Date of termination:
Place of termination:	Place of termination:

**Children In Home (Please provide full names)**

<b>Name</b>	<b>Date of Birth</b>	<b>School Grade or Occupation</b>

**Children Out of Home (Please provide full names)**

<b>Name</b>	<b>Date of Birth</b>	<b>Occupation</b>	<b>Address</b>

**Other Members of Household (Please provide full names)**

<b>Name</b>	<b>Date of Birth</b>	<b>Occupation</b>	<b>Address</b>

**\*All adults in home must complete MAPP Training and Background Checks\***

Do you live in a:     House     Apartment     Mobile Home     Condo/Townhouse

Do you:     Own     Rent    Monthly Payment \_\_\_\_\_

Property Management Company or Owner's Name \_\_\_\_\_

Number of Rooms \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Describe Present Sleeping Arrangements:

Bedroom 1

\_\_\_\_\_

Bedroom 2

\_\_\_\_\_

Bedroom 3

\_\_\_\_\_

Bedroom 4

\_\_\_\_\_

In which bedroom would foster/adoptive child(ren) sleep?    1    2    3    4

Is there a body of water on or near your property?     Yes     No

### FAMILY INFORMATION

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Address : \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Has either prospective parent had any serious illness, operation, mental health condition or chronic physical condition? If yes, please explain below:

\_\_\_\_\_

\_\_\_\_\_

School(s) child(ren) will attend:

Elementary \_\_\_\_\_

Middle \_\_\_\_\_

High School \_\_\_\_\_

Do you currently home school your children?     Yes     No

Religious Affiliation: (if any) \_\_\_\_\_

Church Name and Address: \_\_\_\_\_

Do you have social media accounts? If so, please provide your profile name:

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_

Other: \_\_\_\_\_

### FAMILY INCOME

<b>Prospective Foster Parent 1</b>	<b>Prospective Foster Parent 2</b>
Occupation:	Occupation:
Employer:	Employer:
Address:	Address:
Length of Employment:	Length of Employment:
Business Phone:	Business Phone:
Work Hours: Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Work Hours: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Additional Income Source(s):  Annual Amount:	Additional Income Source(s):  Annual Amount:

#### Combined Family Income:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Under 10,000    | <input type="checkbox"/> 10,001 - 20,000  | <input type="checkbox"/> 20,001 - 30,000 | <input type="checkbox"/> 30,001 - 40,000 |
| <input type="checkbox"/> 40,001 - 50,000 | <input type="checkbox"/> 50,001 - 60,000  | <input type="checkbox"/> 60,001 - 70,000 | <input type="checkbox"/> 70,001 - 80,000 |
| <input type="checkbox"/> 80,001 - 90,000 | <input type="checkbox"/> 90,001 - 100,000 | <input type="checkbox"/> 100,000 +       |  |

## REFERENCES/ADDITIONAL INFORMATION

Each applicant should each list three references who have known you will for the last three to five years. Please use referrals that are aware of your desire to foster or adopt.

	Name	Address	Phone	Email
<b>Applicant I</b>				
<b>Applicant II</b>				

Do you currently have a licensed daycare in your home or provide childcare for a child or children on a regular basis in your home? Or, do you own a licensed daycare outside of your home?

Yes  No If yes, please provide the name of the daycare that you own.

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Do you have pets in your home?  Yes  No

If yes, how many? \_\_\_\_\_

Size (check all that apply):  Small  Medium  Large

(provide type of all pets in your home)

Breed(s): \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Are you or anyone in your household related to an employee of the Guilford County Department of Health and Human Services?  Yes  No

If yes, to whom are you related and how are you related?

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## QUESTIONS CONCERNING CARE OF A CHILD

Explain why you are interested in being a foster parent.

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Do you know any foster/adoptive parents of foster children  Yes  No

Would you accept a child with a learning disability?  Yes  No

Would you accept a child with a physical challenge?  Yes  No

Would you accept a child who is mentally challenged?  Yes  No

Would you accept a child who has emotional problems?  Yes  No

How would you discipline a foster child who misbehaves?

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Have you ever been charged with or found guilty of child abuse or neglect?  Yes  No

Have you ever been charged with or found guilty of a felony?  Yes  No

Have you ever been charged with or found guilty of a misdemeanor?  Yes  No

Have you ever been charged with or found guilty of a traffic violation?  Yes  No

Have you ever been charged incarcerated?  Yes  No

Have you ever been in a local jail, state prison or federal penitentiary?  Yes  No

Have you ever been incarcerated abroad?  Yes  No

Has anyone in your home ever been charged with or found guilty of child abuse or neglect?  
 Yes  No

Are you now receiving or have you ever-received psychiatric treatment or been hospitalized for emotional or mental illness or depression?  Yes  No

If yes, please explain \_\_\_\_\_

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Do you smoke?  Yes  No

If not married, are you currently dating someone, or have a significant other?  Yes  No

Are you interested in Fostering?  Yes  No

Are you open to Adoption?  Yes  No

I/We wish to be considered for \_\_\_\_\_ number of children.

Gender:  Male  Female  Either

Please specify Age Range 0-21: \_\_\_\_\_

Note: (**Our greatest needs are teens, sibling groups and children with special needs**).

Have you ever applied to foster or adopt a child for any other agency?  Yes  No

If yes, when: \_\_\_\_\_

What agency? \_\_\_\_\_

Status of Application: \_\_\_\_\_

Have you ever been licensed by another agency?  Yes  No

If yes, name of agency: \_\_\_\_\_

Date(s) licensed: \_\_\_\_\_

Have you ever applied to foster at Guilford County DHHS? \_\_\_\_\_

Have you ever been licensed at Guilford County DHHS?  Yes  No

I /We understand that in making this application there is no final commitment on either side.

\_\_\_\_\_  
Signature of Prospective Foster Parent 1 \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prospective Foster Parent 2 \_\_\_\_\_  
Date

By signing this application, you confirm to the best of your knowledge, the information given is true and accurate.



## CAN I PARENT THIS CHILD?

Are you currently parenting a child in Guilford County custody?  Yes  No

If yes, who \_\_\_\_\_

Name of Social Worker(s)? \_\_\_\_\_

Are you applying to become a foster parent to foster a relative child?  Yes  No

If yes, who \_\_\_\_\_

What state and county do they live in? \_\_\_\_\_

Name of Social Worker(s)? \_\_\_\_\_

I am interested in a  boy  girl  either  siblings, no younger than \_\_\_\_ and no older than \_\_\_\_.

I am interested in:	Yes	No	Uncertain
Child/Children who are still visiting biological parents			
Child/Children too young for daycare			
Child/Children needing ongoing therapy after placement			
Child/Children who need continuing ties with biological family members			
A sibling group (two or more children in the same family)			
Teenagers 12-18			
Ages 19-21			
Child/children with parents or relatives with inheritable diseases (or traits), mental illness or are mentally challenged			
Child/Children whose biological family has social problems (addictions, incest, etc.)			
Child/Children with an alternative lifestyle			
Providing short term Respite Care placement and Emergency placement (Our respite services provide support and a chance for the entire family to recharge and renew and prevent placement of the youth in a more restrictive setting).			

## **FOSTER HOME LICENSING & ADOPTION REQUIREMENTS**

1. **AGE:** Applicants must be at least 23 years old to be considered for foster home licensure and adoptive homes.
2. **MARITAL STATUS:** Single, married, widowed, separated and divorced persons may be eligible for licensure. Couples must be married at least 1 year prior to licensing. It is suggested that couples be married at least 3 years prior to adopting. Relationships must be stable for 1 year prior to applying.
3. **INCOME:** Applicants must meet the minimum income scale requirements. Income cannot be below poverty level and placing a child in the home cannot put your income below the poverty level or put an extensive financial strain on the family.
4. **HOUSING:**
  - A. **Fire Inspection Requirements**  
Fire extinguishers (5lbs. minimum content, ABC type), smoke detectors on each living level, a posted evacuation plan on each floor, a telephone, etc.
  - B. **Health Inspection Requirements**  
Applicants are responsible for providing a safe drinking water supply
  - C. Children placed in foster care must be provided their own bed space and space for belongings.
5. **EDUCATION:** Must have a High School Diploma or GED
6. **MEDICAL EXAMS:** Physicals are required for initial licensure of everyone in the household. In addition to physicals, all adults must have a TB test during the initial licensure at the discretion of their **physician**. If the initial TB test results are negative, applicants are not required to repeat the TB test for re-licensure. Children under age 18 are not required to take a TB test.
7. **CRIMINAL RECORD CHECKS WITH FINGERPRINTING:** Signed permission forms are required each year in order that annual clearance checks may be done through the local sheriff, police, and clerk of court offices. Fingerprinting is done upon initial clearance only.
8. **REFERENCES:** Reference checks will be completed by your Family Recruitment Social Worker. Full names and addresses (including zip code) need to be stated on your application. School references are also requested when appropriate.
9. **TRAINING:** “Model Approach to Partnership in Parenting” (MAPP), a 30-hour training course designed by the Child Welfare Institute on contract with North Carolina State Department of Human Resources is required for licensing. An additional twenty hours of training is required bi-annually for re-licensing.
10. **FAMILY ASSESSMENT:** Three to four consultations with the family in addition to class time are necessary. Ongoing contacts are made after licensing is approved with a minimum of quarterly face to face contacts by a Family Recruitment social worker are required.
11. **FOSTER PARENT AGREEMENT:** An agreement made between DHHS and foster parents stating what DHHS and foster parents will do regarding working together to provide the best services/care for children in foster care/DHHS custody. **Each applicant must agree not to use physical punishment on children in DHHS custody who are placed in the home.**
12. **TRANSPORTATION:** Must have reliable transportation and insurance as well as willing to transport child(ren) to appointments and events. Vehicles used to transport foster children must be maintained in safe operating conditions at all times, and inspected and registered according to federal, state, and local laws. You must have a valid NC Drivers License. You cannot transport children unless you have a valid NC Drivers License.

**Note:** Consideration for persons who have been substantiated for charges of abuse or neglect will **NOT** be at the county’s discretion. Felonious criminal charges and extensive criminal activities can possibly preclude foster care licensure or approval for adoption. Each individual situation will be assessed on a case-by-case basis.

## **PERMISSIBLE DENIAL OF APPLICATIONS DURING PRE-SERVICE TRAINING OR APPLICATION REVIEW**

- Clear and documented criminal history: Felony convictions, assault convictions and central registry substantiations
- Income: Applicant families need to meet the minimum income scale requirements and have adequate income to financially support their own family.
- Applicant is underage: Applicant must be at least 23 years old for foster care
- Homelessness: The applicant is unable to provide a home address or is currently residing in a shelter or some other form of temporary housing such as the YMCA or hotel/ motel.
- No room for children: The applicant is not child specific or an interested individual and does not have adequate space for a child(ren) given their current living arrangement. If the applicant states that she/he is “moving”, accept the application if the applicant can identify a new address and firm date for the move. Return the application if there is no firm plan. The applicant can continue in the training.
- Incomplete or false application: All information must be true to the best of applicant’s knowledge. If information is missing applicant must complete and resubmit. If false information is submitted, application is subject to denial or termination.
- Applicant is not interested in the types of children served by the county.
- Only one applicant of a couple: If only one half of an applicant couple is in attendance and the other half is refusing to attend or participate.
- Applicant has legal custody of child they wish to foster or adopt: Once a child is placed in the legal custody of a family, the family cannot become a foster home for the child. The family may however, become foster/adoptive parents for other children.
- Landlord refuses to sign approval form: The agency will not be able to complete the required safety and fire inspections for the home study.
- If and applicant is believed to be intoxicated, suffering from mental illness, violent, aggressive or any other suspicious behavior, Supervisor will determine eligibility.
- Pet Policy: Pets will be assessed on a case by case basis. Supervision is expected of all foster children around animals. Foster children cannot be primarily responsible for the care of the animals. Some concerns that can possibly preclude foster care licensure or approval for adoption are: vicious/aggressive breeds of dogs; excessive number of pets, odor, not having medical records for your animals. The agency has the right to request a temperament test from a veterinarian that speaks to how the animal responds to strangers. The test would be at the prospective family’s expense.
- Smoking: Because of the dangers of secondary smoke inhalation, we require foster parents who smoke to refrain from smoking in enclosed area around the children. All matches and lighters must be stored away from children, and you are responsible for ensuring that children do not have access to them.
- Unmarried Couples: If you are not married, but are living as a couple, your relationship must demonstrate stability, and both partners must attend MAPP.
- Applicants must have a valid North Carolina drivers license.





## RELEASE OF INFORMATION

I \_\_\_\_\_ hereby give my permission for Guilford County Department of Health & Human Services to request information from the Guilford County Clerk of Superior Court, NC Department of Corrections Offender Information, NC Responsible Individuals List, NC Sex Offender Public Protection Registry, Nurse Aide I and Health Care Personnel Registry concerning criminal records, if any, in connection with my application/re-license for (foster home licensing and/or adoption). I further agree to the release of said information by the Guilford County Clerk of Superior Court, & others listed above to the Guilford County Department of Health & Human Services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant I Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 2 Signature

For Guilford County Office Use Only  
 Foster Care     ICPC  
 Foster/Adopt     Relative



**REQUEST FOR CRIMINAL RECORD CHECK**

(Record to be checked) \_\_\_\_\_ PLEASE PRINT

NAME: \_\_\_\_\_  
(Last) (First) (Middle)  
\_\_\_\_\_  
(Maiden)

BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ SSN: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

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CRIMINAL RECORD: See Attached No Match

CLEAR: See Attached No Match

PAROLE/PROBATION: See Attached No Match  
[www.doc.state.nc.us/offenders](http://www.doc.state.nc.us/offenders)

SEX OFFENDER REGISTRY: See Attached No Match  
[www.ncfindoffender.com](http://www.ncfindoffender.com)

NURSE I AIDE & HEALTH REGISTRY: See Attached No Match  
[www.ncnar.org/faq.html](http://www.ncnar.org/faq.html)

STAFF COMPLETING RECORD CHECK: \_\_\_\_\_ DATE: \_\_\_\_\_

Staff requesting Record Check: \_\_\_\_\_ DHHS 11/2018



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\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 2 Signature

**FINANCIAL STATEMENT (be sure to complete all lines)**

**Applicant 1 Name:** \_\_\_\_\_

**Applicant I Employer** \_\_\_\_\_

What is your Net **monthly** income \$ \_\_\_\_\_

Do you have additional source of income? \_\_\_\_\_

Total **Monthly** Amount: \$ \_\_\_\_\_

From what source and how much? \_\_\_\_\_

**Applicant 2 Name:** \_\_\_\_\_

**Applicant 2 Employer** \_\_\_\_\_

What is your Net **monthly** income \$ \_\_\_\_\_

Total **Monthly** Amount: \$ \_\_\_\_\_

Do you have additional sources of Income? \_\_\_\_\_

From what source and how much? \_\_\_\_\_

**Note: (Net – Take Home pay)**

**Please provide the current year's Tax Form Verification**

**Assets**

Do you have a regular savings plan? If so, please explain: \_\_\_\_\_

Life Insurance: Applicant 1: \$ \_\_\_\_\_ Applicant 2: \$ \_\_\_\_\_

Medical coverage for family: \_\_\_\_\_

Mortgage Insurance:  Yes  No

Other Assets: \_\_\_\_\_

Approximate value of real estate and personal: \$ \_\_\_\_\_

Property tax value: \$ \_\_\_\_\_

**Outstanding Debt:**

Balance Due

Home \$ \_\_\_\_\_

Personal Loans \$ \_\_\_\_\_

Other Property \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Cars and Vehicles \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Furnishings/Appliances \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

College Loans \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Have you ever filed Bankruptcy? \_\_\_\_\_ Year: \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever had a foreclosure? \_\_\_\_\_ Year: \_\_\_\_\_ Explain: \_\_\_\_\_

**Use of Income**

*Please estimate your monthly average expenditures: (you may be asked to provide proof)*

Mortgage/Rent \$ \_\_\_\_\_

Installment Payments \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Savings & Investments \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Charitable Contributions \$ \_\_\_\_\_

Cars and Vehicles \$ \_\_\_\_\_

Recreation & Vacation \$ \_\_\_\_\_

Household Furnish/Appliances \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Transportation gas & maintenance \$ \_\_\_\_\_

Medical & Dental \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

SIGNATURES:

\_\_\_\_\_  
**Social Worker**

\_\_\_\_\_  
**Applicant 1**

\_\_\_\_\_  
**Applicant 2**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date