

Application for Foster Home Licensing/Adoptive Homes

NAMES:

First Applicant

Last

First

Middle

Maiden

Second Applicant
(if applicable)

Last

First

Middle

Maiden

Physical Address: _____

City

State

Zip Code

Mailing Address (if different): _____

Directions to home: _____

Email Address: _____

Home Phone Number: _____ How long have you lived at this address: _____

The best time to reach me is: _____ AM or PM _____

Cell Number for first applicant: _____ Second Applicant: _____

What made you interested in Fostering or Adopting children? _____

Where did you learn about our program? _____

Have you previously applied for Foster/Adoptive children: Yes No When: _____

Through which agency? _____

Have you previously been licensed to Foster or Adopt children before: Yes No

Through which agency? _____ Licensing number/dates: _____

Do you provide daycare for any children in your home? Yes No How many: _____

FIRST APPLICANT:

Birthdate: _____ Birthplace: County _____ State _____
Social Security Number: _____ Highest Grade Completed: _____
Occupation: _____
Employer: _____ Income: \$ _____ weekly/monthly
Employer's Address: _____
How long with this employer: _____ Hours you begin and leave work: _____
Employer's Phone: _____ May we contact your employer: _____
Email Address: _____ Cell Phone Number: _____
Please list all married names: _____
Please list any court record: _____

Date: _____ County/State: _____ Judgment: _____
Any known illness or medical conditions: _____

SECOND APPLICANT:

Birthdate: _____ Birthplace: County _____ State _____
Social Security Number: _____ Highest Grade Completed: _____
Occupation: _____
Employer: _____ Income: \$ _____ weekly/monthly
Employer's Address: _____
How long with this employer: _____ Hours you begin and leave work: _____
Employer's Phone: _____ May we contact your employer: _____
Email Address: _____ Cell Phone Number: _____
Please list all married names: _____
Please list any court record: _____

Date: _____ County/State: _____ Judgment: _____
Any known illness or medical conditions: _____

Family Physician's Name: _____ Phone Number: _____
Physician's Address: _____

Are there any religious or community organizations that you are involved with or that are important to you: _____

REFERENCES

Please list three references who are not related to you and who will be able to tell of your home life and parenting abilities. **Their complete address is needed.** Letters will be sent to them.

Name	Address	City/State	Zip Code	Phone
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Name	Address	City/State	Zip Code	Phone
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Name	Address	City/State	Zip Code	Phone
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YOUR CHILDREN AT HOME

Full Name	Birthdate	Birthplace (county/state)	School / Occupation
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CHILDREN LIVING AWAY FROM HOME (adult children, children in college, etc)

Full Name	Birthdate	Birthplace (county/state)	School / Occupation
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OTHERS LIVING IN YOUR HOME

Full Name	Birthdate	Birthplace (county/state)	School / Occupation
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Do you live in a: () House () Apartment () Mobile Home

Do you: () Rent () Own

Number of rooms:_____Number of bedrooms:_____Number of Bathrooms:_____

Are you willing to drive children to their current school:_____

If so, how far would you be willing to drive:_____

I/We feel comfortable caring for: _____Number of Children Boys Girls Either

Age range of children: From_____to_____

I understand that this form is an application stating my interest in learning more about the foster care program or adoptive placement process and it is not a definite commitment to my being licensed or approved. I further understand that my court record will be checked and my references contacted. If need be, I may be asked for further references.

First Applicant's Signature

Date

Second Applicant's Signature

Date

Thank you for your interest in Stokes County Department of Social Services Foster and Adoption Services. The next step: We will call and set up a time to come out and meet with you to answer questions & get you enrolled in our next preservice classes!

Return to: Stokes County Department of Social Services
 P.O. Box 30
 Danbury, NC 27016
 Attn: Brandy Stultz, Licensing Social Worker

You can mail this application or drop it off in person, or email to: bstultz@co.stokes.nc.us

If you have further questions prior to submitting the application, feel free to contact our licensing social worker at: (336) 593-2861 X 1137 or on her cell phone (336) 831-5508.

