



**Stokes County
Department of Social Services**

Post Office Box 30
Danbury, North Carolina 27016

www.co.stokes.nc.us

(Agency - Phone - (336)593-2861 - Fax - (336)593-9362

Child Welfare Fax - (336) 593-2431

Child Support Fax - (336)593-2477

*Stacey S. Elmes
Director*

Application for Foster Home Licensing/Adoptive Homes

Name(s): Applicant 1: _____

Applicant 2: _____

Physical Address _____

CITY

STATE

ZIP CODE

How long have you lived at this address? _____

Mailing Address (If Different) _____

Directions to home _____

Email Applicant 1: _____

Email Applicant 2: _____

Phone Number Applicant 1: _____ **Best Time to Reach** _____

Phone Number Applicant 2: _____ **Best Time to Reach** _____

What made you interested in fostering and/or adopting?

Where did you learn about our program?

Have you previously applied for fostering through another county or private agency?



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Yes

No

If yes when? _____

Through which agency? _____

Have you previously been licensed to foster/adopt before?

Yes

No

If yes when? _____

Through which agency? _____

Licensing Number _____ Dates _____

Do you provide daycare for any children in your home?

Yes

No

If yes, how many? _____

FIRST APPLICANT

Birthdate _____ Birthplace County _____ State _____

Social Security Number _____ Highest Grade Completed _____

Occupation _____

Employer _____ Income _____ weekly/monthly

Employer's Address _____

How long have you been with this employer? _____

Hours you begin and end work daily? _____

Employer's Phone _____ May we contact your employer? _____

Employer's email address _____ Employer's contact number _____

Please list all married names _____

Please describe any court record _____

Date(s) _____

County/State _____ Judgements(s) _____

Any known illnesses or medical conditions? _____



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SECOND APPLICANT

Birthdate _____ Birthplace County _____ State _____

Social Security Number _____ Highest Grade Completed _____

Occupation _____

Employer _____ Income _____ weekly/monthly

Employer's Address _____

How long have you been with this employer? _____

Hours you begin and end work daily? _____

Employer's Phone _____ May we contact your employer? _____

Employer's email address _____ Employer's contact number _____

Please list all married names _____

Please describe any court record _____

Date(s) _____

County/State _____ Judgements(s) _____

Any known illnesses or medical conditions? _____

Family Physician's Name _____

Phone Number _____

Address _____

Are there any religious or community organizations that you are involved with or that is important to your family? _____



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Your Children at Home

FULL NAME	BIRTHDATE	BIRTHPLACE(COUNTY/STATE)	SCHOOL

Your Children Living Away from Home

FULL NAME	BIRTHDATE	BIRTHPLACE(COUNTY/STATE)	SCHOOL/OCCUPATION

Others Living in Your Home

FULL NAME	BIRTHDATE	BIRTHPLACE(COUNTY/STATE)	SCHOOL/OCCUPATION

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: From _____ to _____

References

FULL NAME	RELATIONSHIP	EMAIL	TELEPHONE NUMBER



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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 to provide further references.

First Applicants Signature

Date

Second Applicants Signature

Date

Please print and return to Licensing Worker at Stokes County DSS

1010 Main Street Post Office Box 30

Danbury, NC 27016

Or

Email To: Sarah Essic at sessic@co.stokes.nc.us