



Department of Social Services

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Foster Care and Adoption Inquiry

Thank you for your interest in becoming a foster or adoptive parent. Please complete the following information and return it to: **Franklin County Department of Social Services**. If you have any questions, please contact Chanel Parris at (919) 496-8168, ext. 2172 or cparris@franklincountync.us

Area of Interest: Foster Care _____ Adoption: _____ Foster Care and Adoption: _____

Name of Applicant(s): _____

Adult Members of Household:

Name: _____ Age: _____ Name: _____ Age: _____

Address: _____

Street Address

Mailing Address

City

State

Zip Code

Home Phone: _____

Cell Phone: _____

Email: _____

Please share your reasons for wanting to become a foster or adoptive parent:

How many children are you interested in having in your home? _____

Thank you again for your interest. You will be contacted within two weeks of receipt of this inquiry.