



Department of Social Services

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www.franklincountync.us

Foster Care and Adoption Inquiry

To be considered for our foster parent and/or adoptive parent program(s), please complete the following application and return it to: **Franklin County Department of Social Services**. If you have any questions, please contact Chanel Parris at (919) 496-8168, ext. 2379.

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

Name of Applicant(s): _____

County of Residence: _____ **How long in North Carolina?** _____

Address: _____ / _____
Street Address Mailing Address

City State Zip Code

Home Phone: _____ **Email** _____

Cell Phone: _____

Please give detailed driving directions to your home from the Department of Social Services:

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

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

What sex, race, and age child(ren) would you consider? _____

Would you consider children with a handicap? _____ **Physical** _____ **Emotional**

Adult Members of Household:

Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____

Place of Birth: _____ Place of Birth: _____
City/County/State City/County/State

Soc. Sec. #: _____ Soc. Sec. #: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

How long? _____ How long?: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Education:

High School _____ High School _____

College _____ College _____

Dates Attended _____ Dates Attended _____

Diploma/Degree? _____ Diploma/Degree? _____

Present Marriage:

Date _____ Place _____ Not Married _____

Previous Marriages:

Date/Place _____ Date/Place _____

Date Ended _____ Date Ended _____

Reason if Divorced _____ Reason if Divorced _____

Cause if Deceased _____ Cause if Deceased _____

Applicant's Children: Please indicate whether these are birth, adoptive or step-children.

Name	Sex	Date of Birth	Relationship	Current address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others in Household: Please list others living with you who are not your child or spouse.

Name	Sex	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References: Please list below the names and complete address for three references who have known you for more than one year. References should not be related to applicants. It is important to inform your references that they will be receiving a questionnaire from the Department of Social Services. *The address must be complete and include zip code.*

Name	Mailing Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What is your relationship with each reference and how long have you known them?

1. _____
2. _____
3. _____

Has any adult in your household ever been charged with breaking the law, including minor traffic violations either in North Carolina or another state?

Explain:

Our agency requires that all foster and/or adoptive parents consent to a criminal history check. We may also conduct criminal record checks outside of Franklin County and North Carolina as a part of the application process. Please indicate your consent by signing below. (All adults over the age of eighteen are required to consent to this check, including your adult children who currently live in your home or attend college but consider your home as their permanent address)

Signed: _____ **Signed:** _____

Date of Birth: _____ **Date of Birth:** _____

Soc. Sec. #: _____ - _____ - _____ **Soc. Sec. #:** _____ - _____ - _____

Date Signed: _____ **Date Signed:** _____

Signed: _____ **Signed:** _____

Date of Birth: _____ **Date of Birth:** _____

Soc. Sec. #: _____ - _____ - _____ **Soc. Sec. #:** _____ - _____ - _____

Date Signed: _____ **Date Signed:** _____

Has any adult in your household ever been involved in or investigated for abuse or neglect of a child in North Carolina or another state?

Explain:

Thank you for your interest in becoming a foster or adoptive parent. You will be contacted in the future about this inquiry.

"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination, contact USDA or HHS. Write ISDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272(voice) or (202) 720-6382(TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C., 20201 or call (202) 619-0403(voice) or (202) 619-3257(TTY). USDA and HHS are equal opportunity providers and employers"