



**FRANKLIN COUNTY  
DEPARTMENT OF SOCIAL SERVICES**

POST OFFICE BOX 669  
LOUISBURG, NORTH CAROLINA 27549  
TELEPHONE: (919) 496-5721  
FAX: (919) 496-8160

NICKI PERRY  
DIRECTOR

**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 FCDSS at (919) 496-5721.

**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** \_\_\_\_\_

**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:**

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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:** \_\_\_\_\_

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**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:**

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