

Nazareth Child & Family Connection Foster Home Application
P.O. Box 1438
Rockwell, NC 28138
Phone: (704) 279-5556

Because the information you share with us on this application is of a personal nature, it will be in strict confidence. Its purpose is to aid us in approving you as a Foster Care Home, and to secure licensing with the North Carolina State Department of Human Resources. **Please return application to the attention of the Director of Foster Care and Adoptions.**

Applicant 1: _____
First Middle Last

Applicant 2: _____
First Middle Last

Address: _____
Street City County State/Zip

Mailing Address: _____
If different from above

Telephone: (Area Code and Number): _____ & _____
Daytime Evening

Applicant 1 Email Address: _____

Applicant 2 Email Address: _____

How long in current residence: _____ Rent Own House Apartment
 Prior Residence: _____
If less than 6 months at current address

Have you been a resident of the state of North Carolina for the past 5 years? Yes__ No__

Please list other states in which you resided below (please attach sheets if necessary):

Applicant	City, State	MM/YYYY- MM/YYYY

Personal	<u>Applicant 1</u>	<u>Applicant 2</u>
First, middle, & birth name		
Birthdate/Birthplace		
Education/Grade Completed		
Social Security Number		
Race/Citizen of U.S.		
Driver's License #/Exp. Date		
Religious Affiliation		

Employment	<u>Applicant 1</u>	<u>Applicant 2</u>
Occupation		
Present Employer		
Address		
Working Hours		
Length of Employment		
Yearly Salary		
Supervisor's Name & Title		

Marital Status (use additional pages if needed)	<u>Applicant 1</u>	<u>Applicant 2</u>
Current Marital Status		
Marriage Date		
Marriage Place		
Previous Marriage/Date		
Previous Marriage/Place		
Marriage Termination Date		
Reason for Terminations		

Is anyone in the home related to any Nazareth Child and Family Connection employee or board member? YES NO If yes please explain _____

Have you cared for unrelated children before (if so, please explain): _____

Have you ever received assistance or service from a social agency? _____
 Dates: _____

Have you previously applied or been licensed to be a foster parent?

Where did you learn about the Foster Care Program? _____

What has initially brought you or motivated you to your decision to apply to become a foster and/ or adoptive parent(s)? _____

We prefer foster children as follows:

Sex: _____ Age Range: _____ Maximum # of children: _____

(Note: State regulations require that no more than 5 foster children shall reside in a family foster home at any one time.)

Any other preferences (for example: children with special needs, sibling group):

Training Relevant to Foster Care (IE: First Aid, Certified Child Care Course, etc.):

Household Members: (children, relatives, and any others)

<u>First/Middle/Last</u>	<u>Sex</u>	<u>DOB/POB</u>	<u>Relationship to applicant</u>	<u>Employment or school</u>

Children residing outside of the home: (adult and minor children)

<u>First/Middle/Last</u>	<u>Sex</u>	<u>DOB/POB</u>	<u>Current Residence</u>	<u>Employment or school</u>

List below number of bedrooms, size of bedroom, name of each bedroom occupant:

<u>Home</u>	<u>Size</u>	<u>Occupant</u>	<u>Occupant</u>	<u>Occupant</u>
<u>Bedroom 1</u>				
<u>Bedroom 2</u>				
<u>Bedroom 3</u>				
<u>Bedroom 4</u>				

Number of Bathrooms:	Number of Rooms:
-----------------------------	-------------------------

<u>School District</u>	<u>Elementary School</u>	<u>Middle School</u>	<u>High School</u>

Home (Continued)

Is your home connected to city water lines? Yes _____ No _____

Is your home connected to public sewage? Yes _____ No _____

Is your home and furniture in good repair? Yes _____ No _____

Do you reside on a farm? Yes _____ No _____

Are there bodies of water (pools, lakes, ponds, etc.) on or in the surrounding area of your property? Yes _____ No _____ If yes, please describe the body of water and the distance from your property? Is there a fence surrounding the body of water?:

Medical (Please attach additional pages as needed):

Is any family member currently under the regular care of a physician?

Yes _____ No _____ If yes, give details: _____

Is there any family member currently taking prescribed medicine?

Yes _____ No _____ Comments: _____

Does any family member have any physical handicaps and/or chronic medical condition?

Yes _____ No _____ Comments: _____

Does any family member have or had any previous nervous or emotional difficulty?

Yes _____ No _____ Comments: _____

Is any family member currently under the care of a psychologist or psychiatrist?

Yes _____ No _____ Comments: _____

Name and address of family physician: _____

References

Please list below **at least four** references **not related** to you who have known you for several years (name, address, and phone number). (Use additional pages if necessary0)

Applicant 1:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

Applicant 2:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

Legal (Please note that state regulations require that no applicant will be considered who, as an adult, has been convicted of a crime of such a serious nature as to question the potential safety and welfare of any child placed in that home. If you have answered yes to the above questions, this will be discussed with you on an individual basis)

Has any household member ever been fined or convicted for violations of any law other than a minor traffic violation, or is now under charges for any violation or law?
Yes _____ No _____ If yes, please give details: _____

Have you or any members of your family ever been investigated for and/or charged with child neglect, child abuse and/or abandonment of children? Yes _____ No _____
If yes, please explain: _____

Have you or any members of your family ever been investigated for and/or charged with abusing, neglecting, or exploiting a disabled adult? Yes _____ No _____
If yes, please explain: _____

Have you or any members of your family ever been a domestic violence perpetrator? Yes ___
No ___ If yes, please explain: _____

Is any household family member presently involved in a civil suit or now paying a judgment rendered in a civil action? Yes _____ No _____ If yes, please give details:

Signature of Applicant

Signature of Applicant

Date