



COUNTY OF CALDWELL

Department of Social Services
1966-H Morganton Boulevard, SW
Lenoir, North Carolina 28645
Phone: (828) 426-8200
Fax: (828) 426-8398
www.co.caldwell.nc.us/depart/dss

FOSTER CARE HOME LICENSING APPLICATION

When complete, please return to the Caldwell County Department of Social Services, 1966-H Morganton Boulevard, Lenoir, NC 28645

IDENTIFYING INFORMATION

Please list your full name, including any names you have used in the past (previous married names and/or maiden name).

Name _____ Name _____
Last First Middle Last First Middle

Address: _____

(include mailing and street address if different)

Phone numbers: _____

Home

Work

Cell

Directions to your home:

	HUSBAND	WIFE
Social Security Numbers	_____	_____
DOB:	_____	_____
Birthplace:	_____	_____
Religious Affiliation:	_____	_____

FAMILY INFORMATION

Present Marriage: _____
Date City County State

CHILDREN IN THE FAMILY (Please list those living in and out of the home)

Full Name	DOB	School/Grade/Occupation	Relationship

PARENTS OF APPLICANTS:

Full Name	DOB:	Address

EDUCATION/EMPLOYMENT HISTORY:

(Attach additional sheets if necessary)

	HUSBAND	WIFE
SCHOOL:	_____	_____
EDUCATION LEVEL:	_____	_____
DEGREE EARNED:	_____	_____
JOB TITLE:	_____	_____
EMPLOYER	_____	_____
DATES OF EMPLOYMENT	_____	_____
ANNUAL SALARY:	_____	_____
PAST EMPLOYER:	_____	_____
DATES OF EMPLOYMENT:	_____	_____
REASON LEFT:	_____	_____

ADDITIONAL INFORMATION:

How many bedrooms are in your house? _____

How many persons live in your house? _____

Do you have a daycare or keep children on a regular basis in your home? _____

Have you ever applied for a child from any other source? YES ___ NO ___. If so, when and where? _____

Do you have a criminal record? YES ___ NO _____. If so, please elaborate: _____

Have you ever applied for or received services from any social service agency? YES ___ NO _____. If so, when and what for? _____

Have you ever been investigated for child abuse or neglect? YES ___ NO _____

Is there any information which we have not asked that would reflect on your ability to parent a child in foster care? YES ___ NO _____

LIST MONTHLY INCOME AND GENERAL MONTHLY BUDGET:

MONTHLY INCOME	_____
MORTGAGE/RENT	_____
CAR	_____
INSURANCE	_____
UTILITIES	_____
PHONE	_____
CABLE	_____
FOOD	_____
CLOTHES	_____
OTHER	_____

DESCRIPTION OF HOME AND COMMUNITY:

(describe your home, neighborhood and community)

SPECIAL INTERESTS AND COMMUNITY INVOLVEMENT:

(hobbies, talents, church involvement, communities, organizations, etc).

EXPERIENCE WITH CHILDREN:

APPLICANTS REQUEST FOR A CHILD:

(What ages, gender, type of child, etc. do you feel you and your family could best parent?)

MOTIVATION FOR FOSTERING/ADOPTING:

(Reason motivating your current application to become a state licensed foster parent)

We understand, in making this application, there is no final commitment on either side. We certify that the information given in this application is, to the best of our knowledge, true and correct.

Signature: _____ Date signed: _____

Signature: _____ Date signed: _____