

FOSTER/ADOPTIVE PARENT APPLICATION

Your Full Name: _____

(First) (Middle) (Maiden) (Last)

Social Security #: _____ Date of Birth: _____

Address Where You Live: _____

Mailing Address if different from above: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

E-mail address: _____

Please indicate One: Single Married Divorced Widow/Widower
Date: _____

Spouse/Partner's Full Name: _____

(First) (Middle) (Maiden) (Last)

Social Security #: _____ Date of Birth: _____

Did you graduate from high school?: Yes No

Did your spouse/partner graduate from high school?: Yes No

If you did not graduate: (see next line)

What was the last grade you completed? _____ Your Spouse/partner? _____

Did you or your spouse/partner receive additional education after high school? Yes No

If yes please list type of certificate or degree earned in the space below:

Do you have a valid driver's license? Yes No

What is the Driver's State and License Number? _____

Does your spouse/partner have a valid driver's license? Yes No

Spouse/partner's Driver's License State and Number, if applicable: _____

Do you currently live in a house, apartment or a mobile home? _____

Are you buying your home or do you rent? _____

How many bedrooms are in your home? _____

Do you currently have a job? Yes No

If yes, where are you employed? _____

How long have you been employed there? _____

What are your work hours? _____

How often do you get paid? _____

What is your monthly salary? _____

What is your work phone number? _____

If unemployed, how long has it been since you last worked? _____

Where did you last work and for how long? _____

Does your spouse/partner currently have a job? Yes No

If yes, where employed? _____

How long employed? _____

Work Hours? _____

How often paid? _____

What is the monthly salary? _____

What is the work phone number? _____

If unemployed, how long has it been since you last worked? _____

Where did you last work and for how long? _____

Please tell us about the last 3 places you have worked:

Name of Company	How long did you work there?	Why did the job end?

Please tell us about the last 3 places your spouse/partner has worked

Name of Company	How long did you work there?	Why did the job end?

What are your Monthly Household Expenses?

Rent/Mortgage: _____

Utilities- Gas/Electric: _____

Water: _____

Car Payment(s): _____

Car Gas: _____

Car Insurance: _____

Life Insurance: _____

Health Insurance: _____

Telephone/Pager/Mobile: _____

Credit Cards: Payment: _____ Payoff: _____

Miscellaneous (Dry Cleaning, Hairdressing, Cleaning): _____

School Loans: _____

Cable TV/Satellite: _____

Food (Groceries/Eating Out): _____

Loan Payments: _____

Medical Payments: _____

Other: _____

Is there any other source of income for the family? Yes No

If yes, what type of income? _____

What is the monthly amount? _____

List who currently resides in your home along with the relationship to you:

Name/Relationship	Date of Birth	Social Security #

List any children you or your spouse/partner have that do not reside in your home:

Name	DOB	SS#

Do you have a support system of friends and/or family to assist you with caring for your own children, or for any children who might be placed in your home? Yes No
Please explain:

Would you be willing to share your telephone number with other foster and/or adoptive parents for the purpose of providing support to each other? Yes No

How long have you lived at the current address? _____
Please list the last three addresses where you have resided and the length of time you resided there:
1. _____
2. _____
3. _____

Do you have a swimming pool? Yes No If yes, type of pool: _____
Are there any other hazards near your home, such as bodies of water, a busy road, or a trampoline?
 Yes No
If yes, please explain:

Have you or your spouse/partner ever been convicted or charged with anything other than a MINOR traffic violation? Yes No If so, please explain below:

Do you or your spouse/partner have any health problems? Yes No
If yes, please explain in space provided below:

Do either you or your spouse/partner take any medications? Yes No

If yes, please list the medications and who takes them:

Name of Medicine	Name of Person	What it is For

Have you or your spouse/partner ever been hospitalized for any reason? If yes, please explain the situation:

Have you or your spouse/partner ever received mental health services? Yes No
If yes, When _____ Under what circumstances? (explain below)

Have you or anyone in your family ever been investigated by **ANY** Department of Social Services for Child Abuse/Neglect Yes No **or** Adult Abuse/Neglect? Yes No
If yes, Please explain the situation in detail giving names, dates and dates of birth as well as the relationship:

If you or your spouse/partner did have relatives taken into custody, what kind of involvement did you have with the situation?

Have you or anyone in your family had any relatives that were taken into the custody of the Pitt County Department of Social Services? Yes No If yes, please explain the situation in detail giving names, dates, dates of birth as well as the relationship:

Have you or your spouse/partner ever made an application with this agency or any other agency for adoption or foster care? Yes No If so, please give the name of the agency and the results of your contact:

Please state briefly your reasons for wanting to become foster or adoptive parents:

Signature

Date

Signature

Date