

North Carolina Foster Parent Application

APPLICANT INFORMATION

Applicant 1: _____ DOB: _____ SSN: _____

Applicant 2: _____ DOB: _____ SSN: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Emergency Phone: _____

MEMBERS OF THE HOUSEHOLD

Name

Relationship

Date of Birth

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

CURRENT EMPLOYMENT

Applicant 1's Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Applicant 2's Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

EDUCATION

For each applicant, list highest level of education completed.

Applicant 1's School: _____

School's Address: _____

City: _____ State: _____ Zip: _____

Year's Attended: _____ Degrees Earned: _____ Graduation Year: _____

Applicant 2's School: _____

School's Address: _____

City: _____ State: _____ Zip: _____

Year's Attended: _____ Degrees Earned: _____ Graduation Year: _____

AUTHORIZATION

I/we submit this application to become Foster Parents with Family Preservation Services. I/we understand that to complete the process, the following will occur: complete 45 hours of training (provided by FPCS), cooperate in a mutual home assessment, submit to fingerprinting and a criminal background check, provide additional information, as needed.

Signature Date

Signature Date

ADDITIONAL INFORMATION REQUESTED

Please attach :

- Reference forms with names and contact info for three people not related to you and one person related to each applicant we can contact (that is a total of 5 references forms for a couple, 4 for a single applicant).
- A completed Medical History form for each applicant.