

South Carolina Foster Parent Application

APPLICANT INFORMATION

Applicant 1: _____ DOB: ____/____/____ Gender: _____

Phone Number: _____

Applicant 2: _____ DOB: ____/____/____ Gender: _____

Phone Number: _____

Physical Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Relationship Status: _____

APPLICANT ONE

First Name: _____ Maiden Name/Other Names Used: _____

Email Address: _____ City/State of Birth: _____

Highest Degree/Level of Education: _____ Employer: _____ Monthly Net Income: _____

APPLICANT TWO

First Name: _____ Maiden Name/Other Names Used: _____

Email Address: _____ City/State of Birth: _____

Highest Degree/Level of Education: _____ Employer: _____ Monthly Net Income: _____

OTHER HOUSEHOLD MEMBERS

1. Full Name: _____ DOB: ____/____/____ Gender: _____

Relationship: _____ School Grade/Occupation: _____

2. Full Name: _____ DOB: ____/____/____ Gender: _____

Relationship: _____ School Grade/Occupation: _____

3. Full Name: _____ DOB: ____/____/____ Gender: _____
 Relationship: _____ School Grade/Occupation: _____

4. Full Name: _____ DOB: ____/____/____ Gender: _____
 Relationship: _____ School Grade/Occupation: _____

CHILD(REN) NOT LIVING AT HOME

If either applicant is the parent of any child(ren) not living at home, give the following information for each child:

1. Full Name: _____ DOB: ____/____/____ Gender: _____
 Relationship: _____ School Grade/Occupation: _____

2. Full Name: _____ DOB: ____/____/____ Gender: _____
 Relationship: _____ School Grade/Occupation: _____

3. Full Name: _____ DOB: ____/____/____ Gender: _____
 Relationship: _____ School Grade/Occupation: _____

4. Full Name: _____ DOB: ____/____/____ Gender: _____
 Relationship: _____ School Grade/Occupation: _____

APPLICATION SPECIFICS

Type of Application: Foster Home Adoptive Home Interstate Placement

Have you ever applied to foster or adopt with Department of Social Services? Yes No If yes, when? _____

Children Preferred: Number of Children: _____ Age Range: _____ Gender: _____

Applying for Specific Child? Yes No How did you become aware of this child? _____

If yes, name of child(ren): _____

County of Residence of Child: _____ Relationship to Child: _____

PETS IN THE HOME

Pets: Yes No If yes, complete the information on the following page regarding each pet.

Name of Pet	Type of Pet (dog, cat, etc)	Date of Latest Vaccines
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES

List four individuals who can be contacted for a reference. These individuals should have known you for at least three years and not be related to you.

1. Reference's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____
2. Reference's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____
3. Reference's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____
4. Reference's Name: _____

Address: _____

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

APPLICANT HISTORY

In the past five years have you lived outside of South Carolina? Yes No If yes, complete the following:

Name of Person Living Outside SC	State	Time Frame
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a criminal record? Yes No If yes, complete the following:

Name	Date of Arrest	Arrest Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION

By signing below, I verify that the information on this Intake and Application Form is true and correct to the best of my knowledge.

Signature Date

Signature Date