

# 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 |
|-------|--------------|---------------|
| _____ | _____        | _____         |
| _____ | _____        | _____         |
| _____ | _____        | _____         |
| _____ | _____        | _____         |
| _____ | _____        | _____         |
| _____ | _____        | _____         |

## 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.

Please fill out and submit this form to: [whoffice@fpcscorp.com](mailto:whoffice@fpcscorp.com)