

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).

Please fill out and submit this form to: whoffice@fpcscorp.com