

# 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.

- Reference's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
- Reference's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
- Reference's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
- 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
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

## 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

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