



COUNTY OF CALDWELL

Department of Social Services
2345 Morganton Boulevard, SW, Suite A
Post Office Box 200
Lenoir, North Carolina 28645
Phone: (828) 426-8200
Fax: (828) 426-8398

www.caldwellcountync.org/dept/dss

KINSHIP - FOSTER - ADOPTIVE PARENT APPLICATION

When complete, please return by mail to the: Caldwell County Dept. of Social Services, Attn: Valerie Ackerman, 2345 Morganton B lvd., SW, Suite A, Lenoir, NC 28645 ; by fax to (828) 426-8185 or

by PDF to vackerman@caldwellcountync.org

IDENTIFYING INFORMATION

Please list your full name, including any names you have used in the past (previous married names and/or maiden name):

Name _____
Name _____
Last First Middle Last First Middle

Other names used : _____

Address: _____

(Include mailing and street address if different)

Email address: _____

Home#: _____ Work(Parent #1): _____ Cell (Parent #1): _____
Work (Parent #2): _____ Cell (Parent #2): _____

Directions to your home:

	Prospective Parent 1	Prospective Parent 2
Social Security Numbers	_____	_____

DOB:	_____	_____
------	-------	-------

Birthplace:	_____	_____
-------------	-------	-------

Religious Affiliation:	_____	_____
------------------------	-------	-------

Place of Worship: _____

FAMILY INFORMATION

Present Marriage:

_____ Date _____ City _____ County _____ State

CHILDREN IN THE FAMILY (Please list those living in and out of the home)

Full Name	DOB	School & Grade or Occupation & Where they reside i.e. City/State	Relationship

PARENTS OF APPLICANTS:

Full Name	DOB:	Address

REQUIRED APPLICANTS: Other than the prospective foster parents, any adult 21 years of age or older, who is living in the home, is considered a required applicant and must also attend foster parent training.

Full Name	DOB:	Social Security Number

EDUCATION/EMPLOYMENT HISTORY:

Prospective Parent 1 Prospective Parent 2

SCHOOL: _____

EDUCATION LEVEL: _____

EMPLOYER : _____

JOB TITLE: _____

DATES OF EMPLOYMENT: _____

ANNUAL SALARY: _____

FINANCIAL STATEMENT

Monthly Income After Taxes:

Prospective Parent #1	\$
Prospective Parent #2	\$
<hr/>	
Total	\$

Monthly Expenses **Amount Paid**

Mortgage/Rent (circle one)	\$		
Groceries	\$		
Electricity	\$		
Water/Sewer	\$		
Gas (for home)	\$		
Telephone(s)	\$		
Clothing	\$		
Medical/Doctor	\$		
Prescriptions	\$		
Automobile Payment	\$		
Automobile Insurance	\$		
Health Insurance	\$		pre-tax/after tax (circle one)
Fuel (gas for the cars)	\$		
Credit cards	\$		Balance Due: \$
Cable or Satellite/Internet	\$		
Other debt:	\$	Total debt owed:	Please describe:
Savings	\$	Total in Savings: \$	
Other savings:	\$	(please describe)	
Total Retirement saved			
Prospective Parent #1	\$	Monthly Contribution: \$	
Prospective Parent #2	\$	Monthly Contribution: \$	
<hr/>			
Total monthly expenses:	\$		

ADDITIONAL INFORMATION:

How many bedrooms are in your home?_____ How many bathrooms are in your home?_____

How many adults live in your home?_____ How many children live in your home?_____

Do you have a daycare or keep children on a regular basis in your home? YES___NO___

Have you ever applied to become a foster or adoptive parent previously? YES___NO___

If yes, what agency did you work with and what was the outcome?

Agency Location

Outcome of Contact

Agency Location	Outcome of Contact

Do you have a criminal record? YES___ NO___ If yes, please elaborate: _____

Have you ever applied/received services from any social service agency? YES___NO___

If yes, when and for what reason? _____

Have you ever been investigated for child abuse or neglect? YES___ NO___

Have you ever been found to have abused or neglected a child? YES___ NO___

Have you ever been a respondent in a juvenile court proceeding that resulted in the removal of a child? YES___ NO___

Are you or anyone in your household related to an employee of the Caldwell County Department of Social Services? YES___ NO___ If yes, to whom are you related and how are you related?

Is there any information which we have not asked that would reflect on your ability to parent a child in foster care? YES___ NO___ If yes, please elaborate:

DESCRIPTION OF HOME AND COMMUNITY:

(Describe your home, neighborhood and community)

SPECIAL INTERESTS AND COMMUNITY INVOLVEMENT:

(Hobbies, talents, church involvement, communities, organizations, etc).

EXPERIENCE WITH CHILDREN:

APPLICANTS REQUEST FOR A CHILD:

(What ages, gender, type of children, etc. do you feel you and your family could best parent?)

MOTIVATION FOR FOSTERING/ADOPTING:

(Reason motivating your current application to become a state licensed foster/adoptive parent)

We understand, in making this application, there is no final commitment on either side. We certify that the information given in this application is, to the best of our knowledge, true and correct.

Signature: _____ Date
signed: _____

Signature: _____ Date
signed: _____

“In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.”