



Cumberland County Department of Social Services

Foster Parent Interest Application

1225 Ramsey St. Fayetteville, NC 28301 | (910)491-1596

Official Use Only
 INFO:
 APP:
 REC'D:

PLEASE PRINT LEGIBLY:

Date: _____ FOSTER CARE: CHILD SPECIFIC ADOPTION

Please list your full first, middle, and last names with no initials.

Parent 1: _____ Gender: _____

Last Name First Name Middle Name

Please list all previous last names _____

Parent 2: _____ Gender: _____

Last Name First Name Middle Name

Please list all previous last names _____

Address: _____ NC, _____

Street City Zip Code

Home Telephone: (____) ____ - ____

Parent 1: Work: (____) ____ - ____; Cell (____) ____ - ____ Email: _____

Parent 2: Work: (____) ____ - ____; Cell (____) ____ - ____ Email: _____

ALL INFORMATION FOR ANY PARENT(S) MUST BE PROVIDED BELOW

	Parent 1	Parent 2
Name		
Date of birth		
Place of birth		
Race		
Relationship Status (single, married, separated, etc.)		
Education (highest grade completed)		
Social Security Number		
Name of Employer		
List dollar amount of ALL income		
Job title		
List dollar amount of ALL expenses		

All families will be licensed to foster ages 0-21; however, a preference will be considered. Age Preference: _____	Gender:	Would you foster a child with special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you foster siblings with special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Male: <input type="checkbox"/> Female: <input type="checkbox"/> No Pref: <input type="checkbox"/>		

Children currently in the home:

Name	DOB	Relationship	Place of Birth	SSN #	Grade

Other Children: (Your children that do not live in your home)

Name	DOB	Relationship	Place of Birth	SSN #	Grade

Others in the household:

Name	DOB	Relationship	Place of Birth	SSN #	Grade

Description of Home:

Number of bedrooms: _____ Number of bathrooms: _____

Will rooms be shared? Yes No

Do you own any pets? Yes No

(If so please list below)

Name	Type of Animal	Vaccinations Current?

All pets must have current vaccinations. Dogs will require a pet assessment to evaluate temperament.

What is your experience with children?

Do you have any specific skills or training? (List)

Does anyone in your household currently receive benefits through the Department of Social Services?
Yes No (WFFA, Medicaid, Food & Nutrition, Adult Services)

Are you related to an employee of Cumberland County Department of Social Services? Yes No
Who? _____

Do you have a support system to help you through the fostering process? Yes No

Please list the names of your supports: _____
Supports are subject to background checks.

How did you come to know about the foster parenting program? TV Radio Newspaper

Telephone call to agency Recruitment Event (Which event?) _____

Other foster parents (who?) _____

Other _____

Are you licensed by any other Foster Care agency? Yes No If yes, name and address of agency:

How long have you been a resident of the state of North Carolina? Parent 1: _____ Parent 2: _____

If less than five years, please list previous state of residency:

Parent 1: _____

Parent 2: _____

CCDSS will require criminal background checks from previous states during the screening process.

Have you ever been convicted or charged with an offense against the law other than a minor traffic violation?

Parent 1: Yes No Parent 2: Yes No

If you answered yes, please explain fully on separate page.

Proof of driver's license and vehicle insurance will be requested.

Have you ever been investigated by child protective services anywhere in the United States?

Parent 1: Yes No Parent 2: Yes No

(If you answered yes, was the case substantiated?)

Parent 1: Yes No Parent 2: Yes No

If you answered yes, please explain fully in the explanation section on page 4.

****A conviction does not mean you cannot foster. The offense and how recently you were convicted will be evaluated.***

**All information requested on this application must be provided; incomplete applications
WILL NOT BE PROCESSED.**

I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Cumberland County Department of Social Services

APPLICATION TO PARENT

EXPLANATIONS

Please use this area for explanations If you answered 'Yes' to having more than traffic violations, or if you have other information you believe will aid us in processing your application.

RETURN/MAIL TO:

**CUMBERLAND COUNTY DEPARTMENT OF SOCIAL SERVICES
PO BOX 2429 - 1225 RAMSEY STREET
ATTENTION: Foster Parent Licensing Dept.
FAYETTEVILLE, NC 28302-2429
910 677-2541**

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 and Nutrition Services Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

NOTICE
Foster Home
MANDATORY CRIMINAL HISTORY CHECK

NORTH CAROLINA LAW REQUIRES THAT A CRIMINAL HISTORY CHECK BE CONDUCTED ON ALL PERSONS 18 YEARS OF AGE OR OLDER WHO RESIDE IN A LICENSED FOSTER HOME.

"Criminal history" includes any county, State, and federal conviction of a felony by a court of competent jurisdiction or pending felony indictment of a crime for child abuse or neglect, spousal abuse, a crime against a child, including child pornography, or for a crime involving violence, including rape, sexual assault, or homicide, other than physical assault or battery; a county, State, or federal conviction of a felony by a court of competent jurisdiction or a pending felony indictment for physical assault, battery, or a drug-related offense, if the offense was committed within the past five years; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have a foster child reside with you, you shall have the opportunity to complete or challenge the accuracy of the information contained in the SBI or FBI identification records.

If licensure is denied or the foster home license is revoked by the Department of Health and Human Services as a result of the criminal history check, if you are a foster parent, or are applying to become a foster parent, you may request a hearing pursuant to Article 3 of Chapter 150B of the General Statutes, the Administrative Procedure Act.

Refusal to consent to a criminal history check is grounds for the Department to deny or revoke license to provide foster care. Any person who intentionally falsifies any information required to be furnished to conduct the criminal history is guilty of a Class 2 misdemeanor.

Signature of Applicant: _____

Date: _____

Signature of Applicant: _____

Date: _____

DSS-5280 (Rev. 09-01-07)
North Carolina Division of Social Services
Family Support and Child Welfare Services

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