

FIRM FOUNDATION INC. FOSTER CARE APPLICATION

<p>Applicant # 1 Name (Please Print) First Middle Last (Maiden) _____</p> <p>Date of Birth _____</p> <p>Place of Birth _____</p> <p>Social Security No. ____ - ____ - _____</p>	<p><input type="checkbox"/> Family Foster Care <input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Respite</p>
Home Phone #	Cell Phone #
Place of Employment	Work Phone # Work Fax#
Applicant #1 Email:	
<p>Applicant # 2 Name (Please Print) First Middle Last (Maiden) _____</p> <p>Date of Birth _____</p> <p>Place of Birth _____</p> <p>Social Security No. ____ - ____ - _____</p>	<p><input type="checkbox"/> Family Foster Care <input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Respite</p>
Home Telephone #	Cell Telephone #
Place of Employment	Work Telephone # Work Fax#
Applicant #2 Email:	
Street Name & Address (Apt. or Lot)	City State Zip County
Emergency Contact Full Name Relationship	Address/Telephone Number

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HOUSEHOLD MEMBERS (If more than 5 people, add another sheet)

	Applicant #1 Name (Self)	Applicant #2 Name (Ex. Spouse)	Household Member (Ex. Child/Adult)	Household Member (Ex. Child/Adult)	Household Member (Ex. Child/Adult)
Relationship to Applicant #1 & 2					
Date of Birth*					
Social Security* (Adults over 18)					
Race*					
Ethnic Background*					
Highest Level of Education Completed					
Marital Status (If currently married, date and place of marriage)					
Area of Specialized Education (if applicable)					
Employer or Source of Income					
How long with this employer					
Occupation					
Gross Annual Income					
Days/Hours of Work (in normal work week)					
Driver's License Number & State					

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OWN CHILDREN LIVING OUTSIDE OF THE HOME

Name	Date of Birth	Address	Occupation

CRIMINAL HISTORY

Does any household member, including juveniles 12-18 years of age, have a criminal history?

Yes No, if yes, explain below

Name	Offense	City and State	Approximate Conviction Date	Sentence

Has any household member been arrested/convicted for driving while intoxicated (DWI) or driving under the influence (DUI)?

Yes No If yes, explain below

Name	Number of Arrest	Number of Convictions	Date of Last Conviction	City/State of Last Conviction	On Probation or Parole	License Suspended or Revoked?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SLEEPING ARRANGEMENTS (Indicate where a foster child will sleep)

BEDROOM	FLOOR/LEVEL Ex. 1 st /2 nd floor	OCCUPANT(S) Ex. Mr. and Mrs. Smith	TYPE OF BED(S) Ex. Crib, Single, Double, Bunk (If bunk, indicate upper-U or lower-L)
1			
2			
3			
4			
5			

Children placed in the home would attend the following schools

Elementary School Name	Address
Middle School or Junior High School Name	Address
Senior High School Name	Address
Name of Public School District	

Directions to home from agency

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ENVIRONMENTAL CONDITIONS

Do any family member(s) smoke? Yes No **Is smoking allowed in the house?** Yes No

Are there any pets in the home? Yes No

If yes, list and describe the type of pets:

It is required that all established and potential foster parents that care for Cumberland County foster children to complete a canine temperament assessment for any canine that are present in the home. The purpose of this assessment is to ensure that the pets in your home are not a danger to the children in care. This is a one-time assessment to be completed by a licensed veterinarian or a licensed dog trainer.

Do your pets meet local safety requirements (Vaccinations, vicious animal restrictions, etc.)? Yes No

If yes, provide the agency with a copy of the temperament assessment.

Has your pets received a temperament assessment for your veterinarian? Yes No

All pets are required to receive an assessment and a copy of the temperament assessment shall be provided to the agency.

Does applicant operate a business from the residence? Yes No

Please explain:

If your answer to the previous question is yes, is the business child care? Yes No

Is this business is an adult daycare or rooming house? Yes No

Describe how foster care will have an impact on your home business:

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TRANSPORTATION

Number of vehicles:	<input type="checkbox"/> One vehicle	<input type="checkbox"/> Two or more Vehicles
Are vehicles in operable condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain: _____		

Are there infant car seats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Will Obtain
Are there toddler seats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Will Obtain
Do you have proof of insurance for all vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Insurance Company: _____		Policy Number: _____
Do you have a current updated vehicle registration? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: _____		

APPLICANT(S) RESIDENTIAL HISTORY (Attach additional sheets if necessary)

Residential History Last residences for the last 10 years	Applicant #1	Applicant #2
Has the applicant been a North Carolina resident for the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No Agency use only. How verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No Agency use only. How verified?
Date moved to current residence		
Previous address (city, state) Date moved to this address		
Previous address (city, state) Date moved to this address		
Previous address (city, state) Date moved to this address		

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APPLICANT (s) MARITAL HISTORY (Attach additional sheets if necessary)

Marital History	Applicant #1	Applicant #2
Are you currently married?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Agency use only. How verified?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Agency use only. How verified?</i>
Date of current marriage		
Are there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Agency use only. How verified?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Agency use only. How verified?</i>
Spouse Name (previous marriage)		
Dates of previous marriages		

TYPE OF CHILD WILL CONSIDER

<p>Please tell us what type of child you are interested in fostering or adopting. Check all that apply.</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age Range <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> 12-15 <input type="checkbox"/> 16-18 Other: _____</p> <p>Number of Children <i>Family foster care providers may provide services up to five children depending on your environmental conditions; therapeutic foster care providers may provide services up to two children. Under certain circumstances family foster care may be licensed for a teen parent with their child.</i></p> <p> <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Teen Parent w/Child </p> <p>Additional Comments:</p>
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HOUSING, SAFETY, AND MEDICAL FACTORS AND HISTORY

Do you own a gun? Yes No

Is there a swimming pool on the property? Yes No

If yes, is it securely fenced? Yes No

Are there any bodies of water on the property or within walking distance? Yes No

If yes, is it securely fenced? Yes No.

Bodies of water must be securely fenced, are you willing to provide a fence around the body of water? Yes No

Do have Homeowners' or Renters' insurance? Yes No

Name of Insurance Company: _____ **Policy Number:** _____

Have you, your partner, or any member of the household ever been subject of an investigation by Child Protective Services in North Carolina or any other state? Yes No If yes, please explain:

Do you, your partner, your child(ren), or any member of your household have any chronic illness or handicap that may affect your capacity to parent a child, who may be physically, emotionally, or behaviorally challenging? Yes No If yes, please explain:

Do you, your partner, or any member of your household have a history of mental illness that may affect your capacity to parent a child who be physically, emotionally, or behaviorally challenging? Yes No If yes, please explain:

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REFERENCES

The agency requires that you provide three non-relative references for foster care.

Reference Name/ Relationship	Phone Number	Street Address	City/ State	Zip Code

Please tell us how you were referred to this agency:

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STATEMENT OF UNDERSTANDING

I/we understand that this application and any agency and state additional documents will be required. This will include medical physical and history, fingerprinting and local county criminal background check, home-study, safety audit of your home, references, and other information or documentation requested by the agency or state.

I/we, the undersigned, attest that the information contained in this application is complete and accurate.

I/we understand that any false representation on this application may cause for denial of the license, which is sought or immediate revocation of any license if it has been issued.

I/we may understand that all members of my/our household 18 years or age and above must be listed on the Foster Care License and must be cleared through a criminal background check, which include local and state law enforcement authorities.

I/we give permission to the agency to contact any references; personal and employment.

If there is any significant change affecting health, marital status, residence, family composition or household occupants, employment or criminal charges, I/we agree to notify the agency promptly. Failure to do so may result in immediate revocation or suspension of license that has been issued.

Applicant 1: _____

Date: _____

Applicant 2: _____

Date: _____

Return Foster Care Applications To:

Via Mail/ Office Visit:

Firm Foundation Inc.

Attn: Licensing Department

705 Cumberland Street Fayetteville, NC 28301

Fax:

(910) 485-1453