

PRELIMINARY APPLICATION FOR FOSTER CARE APPLICANT(S)

PLEASE PRINT

DATE: _____

MALE	FEMALE (include maiden name)
<u>FULL Name:</u>	<u>FULL Name:</u>
Address: City, State, Zip,:	Address: City, State, Zip:
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Other/Cell Contact Number:	Other/Cell Contact Number:
Date of Birth:	Date of Birth:
Social Security No.:	Social Security No.:
Occupation/Employer: (Name, Address and Phone)	Occupation/Employer: (Name, Address and Phone)
Highest Grade Completed:	Highest Grade Completed:
Date of Marriage and Previous Marriages:	Date of Marriage and Previous Marriages:
List Other Adults Living in the Home:	List Other Adults Living in the Home:
List your children, sex and date of birth: (living in the home)	List your children, sex and date of birth: (living in the home)
If military, expected length of duty in Onslow County:	If military, expected length of duty in Onslow County:

How did you hear about our foster care program? _____

Have you ever submitted an application for adoption and/or foster care to another agency? If so, please indicate the name of agency, location and results of your contact.

Please visit our website for more information: <http://www.onslowcountync.gov>

Please check all of the characteristics below you feel comfortable parenting:

- | | |
|--|---|
| <input type="checkbox"/> Age 0 - 3 | <input type="checkbox"/> Neglected children |
| <input type="checkbox"/> Age 4 - 12 | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Age 13 - 15 | <input type="checkbox"/> Sexually abused children |
| <input type="checkbox"/> Age 16 - 21 | <input type="checkbox"/> Physically abused children |
| <input type="checkbox"/> Children who have been exposed to alcohol/drugs | <input type="checkbox"/> Hispanic Children |
| <input type="checkbox"/> Special Medical Needs | <input type="checkbox"/> Child with AIDS |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Caucasian children | <input type="checkbox"/> Down's Syndrome |
| <input type="checkbox"/> African-American children | <input type="checkbox"/> Bi-Racial Children |

I/We feel that we could parent a sibling group of _____ (please specify how many children).

Have either of you ever been investigated for, charged and/or convicted of a crime? If so, please explain:

Have either of you been involved with law enforcement for any reason? If so, please explain:

Have either of you ever been investigated for child abuse and/or child neglect, or had a social worker contact you for any reason? If so, please explain circumstances and outcome of investigation/contact:

Please state briefly your reason for wanting to become a foster parent: _____

Signature of Applicant

Signature of Applicant

Email Address: _____

(Please print your email address so we do not have any difficulty reading the address)