

Last Name

www.harnett.org

Paul Polinski, Director

Harnett County Government Complex
P.O. Box 2169
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Lillington, NC 27546
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Date

FOSTER/ADOPTIVE PARENT TRAINING APPLICATION

Address					
	Street	City	State	Zip Code	
Telephone Home		Cell _			
Mailing Address If Different			Applicant 1	Applicant 2	
Email Address:					
	Applicant 1	Applicant 1		Applicant 2	
Full Name					
Date of Birth					
Social Security #					
Race					
Sex					
Education					
Occupation					
Days & Hours of Work					
Employer					
Income					
How long have you lived in North Carolina?					
Health Problems					
Date of Marriage					
Previous Marriage					
If Yes, Name of Spouse & termination date.					

Others In Home

Name	Date of Birth	Em	ployer/Schoo	l	Relationship		
	Ditti						
Preferences as to number of Children, ages and sex:							
Interested in:	ster Care	☐ Foster Care/A	doption	Adoption			
Why are you interested in keeping foster children?							
How did you learn about our Foster Care Program?							
Have you been foster parents previously? Yes No							
If Yes, Name of Agency:							
Would you consent to us con	ntacting that Ag	gency?	☐ Yes ☐	No			
Did a current Foster Parent refer you to our agency Yes No							
If Yes, Name of Referral:							
We certify that the information supplied is accurate to the best of our knowledge. We also give our consent for the agency to complete a criminal record check and a check of the North Carolina Central Registry of Child Abuse and Neglect.							
Signature							
		Signature					
		Date					