



FOSTER/ADOPTIVE PARENT TRAINING APPLICATION

Last Name _____ Date _____

Address _____
Street City State Zip Code

Telephone Home _____ Cell _____
Applicant 1 Applicant 2

Mailing Address If Different _____

Email Address: _____

	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.		

Mission Statement

To provide services to individuals and families to achieve self-sufficiency, safety, and improve their quality of life.

Others In Home

Name	Date of Birth	Employer/School	Relationship

Preferences as to number of Children, ages and sex:

Interested in: Foster Care Foster Care/Adoption 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 contacting that Agency? 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 _____