



Foster Care & Adoption Program

STANLY COUNTY DSS

Name of Applicant(s): _____

Address: _____
Street City State Zip County

Home Telephone: _____ How did you learn about our agency? _____

1) Applicant One: Full Legal Name: _____ Age: _____
First Middle Last

Other Names Known By (i.e. previous married names/alias): _____

Cell: _____ Work: _____ E-mail address: _____

Date of Birth: _____ Birthplace: _____
City County State

Race: _____ Sex: _____ Height: _____ Weight: _____ Religious
Affiliation: _____

Circle One: Single Married Separated Divorced Widowed Legal Resident of NC? Yes ____ No ____

Education: _____
(Highest level reached; Certificate, GED, Diploma, or Degree received, grammar school, high school, college or other)

Do you have a valid driver's license? Yes ____ No ____

Employer: _____ City/State _____

Occupation/Job Title: _____ Length of Employment: _____

Full Time: _____ Part Time: _____ Work Hours: _____ Salary: _____ per
month

Any Serious Health Problems? _____ Explain: _____

How long have you lived at your current address: _____

If less than 5 years, please give addresses for the last five years:

Street City State From: _____ To: _____
Month/Year Month/Year

Street City State From: _____ To: _____
Month/Year Month/Year

Street City State From: _____ To: _____
Month/Year Month/Year

2) Applicant Two: Full Legal Name: _____ Age: _____

First Middle Last

Other Names Known By (i.e. previous married names/alias): _____

Cell: _____ Work: _____ E-mail address: _____

Date of Birth: _____ Birthplace: _____
City County State

Race: _____ Sex: _____ Height: _____ Weight: _____ Religious Affiliation: _____

Circle One: Single Married Separated Divorced Widowed Legal Resident of NC? Yes ___ No ___

Education: _____
(Highest level reached; Certificate, GED, Diploma, or Degree received, grammar school, high school, college or other)

Do you have a valid driver's license? Yes ___ No ___

Employer: _____ City/State _____

Occupation/Job Title: _____ Length of Employment: _____

Full Time: _____ Part Time: _____ Work Hours: _____ Salary: _____ per month

Any Serious Health Problems? _____ Explain: _____

How long have you lived at your current address: _____

If less than 5 years, please give addresses for the last five years:

_____	From: _____	To _____
Street City State	Month/Year	Month/Year
_____	From: _____	To _____
Street City State	Month/Year	Month/Year
_____	From: _____	To _____
Street City State	Month/Year	Month/Year

3) Primary Interest: _____ Adoption _____ Foster Care

Are you currently, or have you ever been a licensed Foster Parent? Yes ___ No ___

If checked yes, which agency? (Agency name & address):

Licensed From: _____ (Month/Year) To _____ (Month/Year)

Are you an Adoptive Parent? Yes ___ No ___

If checked yes, which agency? (Agency name & address):

4) Has anyone in the household been charged or arrested with any offense other than a minor traffic violation?

Yes ___ No ___

If yes, when? _____ On a separate sheet, please explain what happened.

Have you ever been investigated by any Dept. of Social Services regarding child abuse or neglect? Yes ___ No ___

If yes, when? _____(Month/Year) Was the case substantiated? Yes ___ No ___ Unknown

If yes, please explain what happened on a separate sheet of paper.

5) Facts About Marriage and Children:

Marriage Date: _____ Place of Marriage: _____

Previous Marriages:

Applicant One-Date: _____ How Terminated: _____ Date Terminated: _____

Applicant Two-Date: _____ How Terminated: _____ Date Terminated: _____

Please list children of this or previous marriages, giving name, age, gender, whether born to you or adopted by you. If adopted, please give agency of adoption. Use separate sheet of paper if needed

6) Additional Financial Information:

Other resources such as savings, investments, real estate, etc:

If renting, please give monthly rate: _____

Valuation of home if owned: _____

Is there a mortgage on your property? _____ Monthly payment: _____

7) Questions related to your plan to adopt or foster a child or children:

Most children have serious and/or major health problems and may include any of the following special needs. Please indicate your willingness to consider the following:

Hearing	Orthopedic	Sickle Cell	Alcohol Abuse	Prematurity (less than 32 wks)
Sight	Psychiatric Diagnosis	HIV	Drug Abuse	Mental Retardation
Emotional needs	Behavioral problems	MH Therapy	Sexual Abuse	Learning disability
Medically Fragile	Developmental Delays	Speech issues	Gender Identity	Sexualized Behavior

a) Would you consider a child or children of the following ages? (Please circle ALL preferences)
13 or older 10-12 6-9 0-5

b) Would you consider a family of children of the following numbers? (Please circle preferences)
1 2 3 4 5

c) Do you own or operate a home day care, after school care, or otherwise provide any form of childcare? Yes ___ No ___

d) Foster/Adoptive parents are expected to transport a foster or adoptive child to appointments, meetings,

court appearances, etc.? Is there anything which would prevent you from doing so? Yes ___ No ___

If yes, please explain: _____

8) Please list four (4) references that are familiar enough with you and can comment on your home's appropriateness as a resource for foster home care; who can attest to your character and financial responsibility. References must not be related to or living with you.

Name	Address	Phone

9) Are you in the process of application with another agency? Yes: ___ No ___ Date Completed MAPP: _____

If yes, specify name of agency: _____

10) Have you ever worked with Stanly County DSS? Yes ___ No ___ If yes, when? _____

I understand that it is my privilege to withdraw my application at any time if I do not wish to continue the process for adoption/foster care licensing through Stanly County DSS. I further understand that I am under no obligation to explain my reason to the agency. Likewise, I understand that Stanly County DSS may not give us a specific reason if the agency chooses at any point not to proceed with our application for adoption or foster care licensing. The completion of MAPP or any other group training process does not guarantee adoption or foster care licensing. I certify that all information given by me in this application process is correct and complete to the best of my knowledge and any willful misrepresentation of this information disqualifies my application.

Stanly County DSS has a commitment to respond to each client with respect and to ensure quality services and equal application of policies and procedures. All client information and contacts are handled confidentially. A copy of the Stanly County DSS confidentiality statement will be given to you at your first interview.

Stanly County DSS does not discriminate on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability. Stanly County DSS also adheres to the regulations set forth in the Indian Child Welfare Act.

SIGNED:

Applicant One: _____ Date: _____

Applicant Two: _____ Date: _____

***** For Office Use Only *****

Date of Inquiry: _____ Date Application Received: _____ Case #: _____ Made Case Date: _____

Program: _____ SW Assigned: _____ Assigned Date: _____ Region: _____

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