



Watauga County Department of Social Services

Foster Parent Application

I. General Information

Prospective Parent 1		Prospective Parent 2	
Full Name (First, Middle, Last)		Full Name (First, Middle, Last)	
All other names you have used		All other names you have used	
Address		Address	
County		County	
Cell Phone		Cell Phone	
Other Phone (Home, work, etc.)		Other Phone (Home, work, etc.)	
Email		Email	
Social Security Number		Social Security Number	
Driver's License Number & State		Driver's License Number & State	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Race/Ethnicity		Race/Ethnicity	
Gender		Gender	
Highest Education Completed		Highest Education Completed	
Employer		Employer	
Occupation		Occupation	
Days & Hours of Employment		Days & Hours of Employment	
How long at this job?		How long at this job?	
Marital Status		Marital Status	

Date of present marriage/relationship		Date of present marriage/relationship	
List dates of previous marriage(s)		List dates of previous marriage(s)	

II. Others living in the home (Children & Adults)

Name	Age	Gender	Race	School/Employment	Relationship to Prospective Parent(s)

III. Any children not living in your home

Name	Age	Gender	Race	School/Employment	Relationship to Prospective Parent(s)

IV. Information about you and your household members (Attach pages for explanations if needed)

	Yes, Prospective Parent	Yes, Household Member	No
Have you had any major life changes in the past 12 months? <i>(Ex. Marriage, divorce, birth or death in immediate family, changes in household composition, loss of job, health issue, etc.)</i> If yes, please list event/change and when it occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your family or household ever been trained or licensed as a foster or adoptive parent? If yes, please list person(s) and agency involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your family or household ever been investigated for abusing, neglecting or abandoning a child or disabled adult? If yes, please name the person and describe the event including whether or not the report was substantiated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been a respondent in a juvenile court proceeding that resulted in the removal of a child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please name the person and describe the event including whether or not the person was convicted.			
Have you been a respondent in a juvenile court preceding that resulted in the removal of a child? If yes, please name the person and describe the event including whether or not the person was convicted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, Prospective Parent	Yes, Household Member	No
Have you ever been involved in a Child Protective Services preceding that resulted in the removal of a child? If yes, please name the person and describe the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you or anyone in your family or household currently involved in a civil suit or paying a judgment related to a civil action? If yes, please name the person and describe the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your family or household ever suffered from alcohol or drug abuse? If yes, please name the person and describe the situation including whether or not treatment is ongoing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your family or household ever been a domestic violence perpetrator? If yes, please name the person and describe the situation including whether or not legal action and/or professional counseling services were involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your family or household ever been treated for emotional and/or serious physical disorders and/or ailments? If yes, please name the person, describe the nature of the illness, when it occurred and whether or not treatment is ongoing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any criminal, social or medical history, event or condition that might preclude you from working with children or adults? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that no applicant or member of the household will be considered who has been charged with and/or convicted of a crime of such a serious nature as to question the potential safety and welfare of any child placed in that home. For this reason, adult criminal records will be checked for each applicant and any other adult household member. A substantiated report of child abuse or neglect of any household member will disqualify said person from consideration.

V. Home Information

Please describe the type of home that you live in (check one):

Apartment Duplex Single Family Dwelling Mobile Home Other (specify): _____

Please answer the following questions by checking the appropriate response.

Do you rent or own your home? Rent Own
 Is there lead paint in or around your home? Yes No
 Is the water public or private well? Public Private
 Is your sewer service public or private? Public Private

How many bedrooms are in your home? _____ Number of bathrooms in your home? _____

Do you have any of the following water hazards on your property or within 120 yards of your home?

Swimming Pool Lake or Pond River, Creek, or Stream Ditch/low-lying area that fills with water
 Other (specify): _____

Foster Home licensing requires that there is a physical barrier between the home and any water hazard within 120 yards. This barrier (i.e. fence) must be at least 48 inches high.

Do you currently have a barrier preventing water access? Yes No

If no, are you willing to make the necessary accommodations? Yes No

VI: Household Financial Information

Source of Monthly Income	Amount
TOTAL MONTHLY INCOME	

VII: Additional Information

How did you hear about our Foster Care and Adoptions Program?

Why are you interested in becoming a foster family?

Describe the children you are MOST interested in serving (age, gender, medical or behavioral challenges)?

Describe the children you LEAST interested in serving (age, gender, medical or behavioral challenges)?

What are your child care plans while you are at work?

Fostering comes with many commitments in addition to caring for the children. Please describe your plan for accommodating various meetings and appointments during business hours.

How do you think that fostering will impact your lifestyle?

What are your thoughts about children continuing to have contact with their biological family and others from their past after they are placed in foster care?

Foster parents are expected to work as a team and to share decision-making with the other professionals involved in the child's case. Please explain your openness to receiving constructive feedback from other team members and deferring to the agency's decisions about a child in your care.

What kind of pets do you have and how many? How do they respond to visitors in the home? To children?

What is your religious affiliation, if any?

VIII: Applicant Certification and Release

All information provided by me in support of my application for foster parenting is true, correct and complete to the best of my knowledge. I understand that any omission or misrepresentation may be cause for disqualification and may further be cause for dismissal if I am approved to be a foster parent.

I hereby authorize any former employer, person, firm, corporation or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any or all of them harmless and free of liability for releasing any truthful information that is within their knowledge or records.

Signature Prospective Parent #1 **Date**

Signature Prospective Parent #2 **Date**

Please return this application by mail, email or fax to:

Jessica Winebarger, MSW
Licensing & Adoptions
132 Poplar Grove Connector, Suite C
Boone NC 28607
(828)265-7638 fax
(828)265-8100 work
jessica.winebarger@watgov.org