



# COUNTY OF CALDWELL

Department of Social Services  
2345 Morganton Boulevard, SW, Suite A  
Lenoir, North Carolina 28645  
Phone: (828) 426-8200  
Fax: (828) 426-8398  
[www.co.caldwell.nc.us/depart/dss](http://www.co.caldwell.nc.us/depart/dss)

## FOSTER HOME LICENSING APPLICATION

**When complete, please return by mail to the: Caldwell County Department of Social Services, Attention: Valerie Ackerman, 2345 Morganton Boulevard, SW, Suite A, Lenoir, NC 28645**

### IDENTIFYING INFORMATION

*Please list your full name, including any names you have used in the past (previous married names and/or maiden name):*

Name \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle Last First Middle

**Other names used:** \_\_\_\_\_

Address: \_\_\_\_\_

(include mailing and street address if different)

Email address: \_\_\_\_\_

Phone numbers:

Home: \_\_\_\_\_ Work(Husband): \_\_\_\_\_ Cell (Husband): \_\_\_\_\_

Work (Wife): \_\_\_\_\_ Cell (Wife): \_\_\_\_\_

### Directions to your home:

	<b>HUSBAND</b>	<b>WIFE</b>
Social Security Numbers	_____	_____
DOB:	_____	_____
Birthplace:	_____	_____
Religious Affiliation:	_____	_____
Place of Worship:	_____	_____

**FAMILY INFORMATION**

Present Marriage: \_\_\_\_\_  
Date City County State

**CHILDREN IN THE FAMILY** (Please list those living in and out of the home)

Full Name	DOB	School/Grade/Occupation	Relationship

**PARENTS OF APPLICANTS:**

Full Name	DOB:	Address

**REQUIRED APPLICANTS: (Any adult 21 years of age or older, who is living in the home, is considered a required applicant and must also attend foster parent training)**

Full Name	DOB:	Address

**EDUCATION/EMPLOYMENT HISTORY:**

	HUSBAND	WIFE
SCHOOL:	_____	_____
<i>(NC standards require a minimum of a H.S.D. or G.E.D. for all foster parents)</i>		
EDUCATION LEVEL:	_____	_____
JOB TITLE:	_____	_____
EMPLOYER	_____	_____
DATES OF EMPLOYMENT	_____	_____
ANNUAL SALARY:	_____	_____

**FINANCIAL STATEMENT**

**Monthly Income After Taxes:**

Husband	\$	
Wife	\$	_____.
<b>Total</b>	<b>\$</b>	

**Expenses**                      **Amount Paid**

Mortgage/Rent (circle one)	\$	
Groceries	\$	
Electricity	\$	
Water	\$	
Gas (for home)	\$	
Telephone(s)	\$	
Clothing	\$	
Medical/Doctor	\$	
Prescriptions	\$	
Automobile Payment	\$	
Automobile Insurance	\$	
Health Insurance	\$	pre-tax/after tax (circle one)
Fuel (gas for the cars)	\$	
Credit cards	\$	Balance Due: \$
Cable/Satellite	\$	
Other debt:	\$	Total debt owed:              Please describe:
Savings	\$	Total in Savings: \$
Other savings:	\$	(please describe)
Total Retirement saved		
Husband:	\$	Monthly Contribution: \$
Wife:	\$	Monthly Contribution: \$

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**Total monthly expenses: \$**

**ADDITIONAL INFORMATION:**

How many bedrooms are in your home? \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ How many children live in your home? \_\_\_\_\_

Do you have a daycare or keep children on a regular basis in your home? \_\_\_\_\_

Have you ever applied to become a foster parent for any other agency? YES\_\_\_ NO\_\_\_ If so, when and where? \_\_\_\_\_

Do you have a criminal record? YES\_\_\_ NO\_\_\_\_\_. If so, please elaborate: \_\_\_\_\_

Have you ever applied for or received services from any social service agency? YES\_\_\_ NO\_\_\_ If so, when and for what reason? \_\_\_\_\_

Have you ever been investigated for child abuse or neglect? YES\_\_\_ NO\_\_\_\_\_

Is there any information which we have not asked that would reflect on your ability to parent a child in foster care? YES\_\_\_ NO\_\_\_\_\_

**DESCRIPTION OF HOME AND COMMUNITY:**

(describe your home, neighborhood and community)

**SPECIAL INTERESTS AND COMMUNITY INVOLVEMENT:**

(hobbies, talents, church involvement, communities, organizations, etc).

**EXPERIENCE WITH CHILDREN:**

**APPLICANTS REQUEST FOR A CHILD:**

(What ages, gender, type of children, etc. do you feel you and your family could best parent?)

**MOTIVATION FOR FOSTERING/ADOPTING:**

(Reason motivating your current application to become a state licensed foster parent)

We understand, in making this application, there is no final commitment on either side. We certify that the information given in this application is, to the best of our knowledge, true and correct.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

*“In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.*