

Life Opportunities Therapeutic Home Services
135 N. Main Street
Red Springs, NC 28377
(910) 843-1105
(910) 843-1295

FOSTER PARENT APPLICATION

Purpose: This form gathers information about a foster parent applicant's demographic and personal information.

Instructions: In this form, "Applicant #1" is the prospective foster parent. "Applicant #2" is that person's spouse. Information about an adult caregiver other than a spouse who will be in the home helping to care for the child may be included in the "Applicant #2" column.

To complete this form, provide all of the information outlined. Only one form per household needs to be completed. If more space is needed, use another sheet of paper.

Directions: Complete this form and return to Life Opportunities Therapeutic Home Services Main office for processing.

	Date of Application:	
FAMILY INFORMATION		
Foster Parent(s) Family Name	Home Telephone Number	
Email Address:	Can you receive Word Document attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residence Address (Street, City, State, Zip)		
Mailing Address (if different)		
County:	School District:	
Directions to the Home:		
DEMOGRAPHICS		
	Applicant #1	Applicant #2 or Adult Caregiver
Full Name: First, Middle, Last		
Prior Names: Maiden, Previous Married, or Alias		
Gender:		
Cell Phone:		
Date of Birth:		
Social Security Number:		
Driver's License Number:		
Racial or Ethnic Background:		
What languages do you speak?		
Place of Birth: (city, state)		
How long have you lived in North Carolina?		

Life Opportunities Therapeutic Home Services
135 N. Main Street
Red Springs, NC 28377
(910) 843-1105
(910) 843-1295

FOSTER PARENT APPLICATION

Citizenship: Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------------------------	----------------------------------------------------------

If No, where is your citizenship?	If No, where is your citizenship?
Are you a permanent resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Highest Educational Level completed		
-------------------------------------	--	--

INTEREST: TYPES OF CHILDREN
 Describe the types of children for which you are interested in providing foster care services.

INTEREST	<input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Family Foster <input type="checkbox"/> Unsure <input type="checkbox"/> Both		
Number of Children you are interested in:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age Range:	Races and Ethnicities (Check those that apply) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino American <input type="checkbox"/> Native Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other:

MOTIVATION: (Please explain briefly why you want to be a foster parent for children):

OTHER HOUSEHOLD MEMBERS

FULL NAME	RELATIONSHIP	SEX	ETHNICITY	DATE OF BIRTH	SOCIAL SECURITY NUMBER:

MARITAL INFORMATION

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

DATE of MARRIAGE:	PLACE OF MARRIAGE (CITY/STATE/COUNTY)	COUNTRY:
--------------------------	----------------------------------------------	-----------------

PREVIOUS MARRIAGES

NAME OF PREVIOUS SPOUSE:	DATE OF MARRIAGE (FROM - TO)	HOW DID IT END	RECORDING OF DIVORCE (COUNTY and STATE)
Applicant # 1		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	
Applicant # 1		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	

Life Opportunities Therapeutic Home Services
135 N. Main Street
Red Springs, NC 28377
(910) 843-1105
(910) 843-1295

FOSTER PARENT APPLICATION

NAME OF PREVIOUS SPOUSE:	DATE OF MARRIAGE (FROM – TO)	HOW DID IT END	RECORDING OF DIVORCE (COUNTY and STATE)
Applicant # 2		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	Applicant # 1
Applicant # 2		<input type="checkbox"/> Divorce <input type="checkbox"/> Death	Applicant # 1

NOTE: If you are married, both you and your spouse must apply together

EMPLOYMENT

APPLICANT # 1		APPLICANT # 2 or ADULT CAREGIVER	
Occupation		Occupation	
Employer		Employer	
Employer Address (Street/PO Box, City, State ZIP)		Employer Address (Street/PO Box, City, State ZIP)	
Work Phone #:	Can you receive calls at work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone #:	Can you receive calls at work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone #:	Home Phone #:	Cell Phone #:	Home Phone #:
Date (s) Employed:		Date (s) Employed:	
Work Schedule		Work Schedule	
To:	From:	To:	From:
Days Per Week:	Total Hours Per Week:	Days Per Week:	Total Hours Per Week:

PRIOR EXPERIENCE / APPLICATIONS

HAVE YOU EVER PROVIDED OR APPLIED TO BECOME A FOSTER PARENT? Yes No

If Yes, what agency where you licensed with? (Please provide name, address, phone number and contact person)

When where you licensed with this agency (give timeframe):

This section is completed by persons who have applied to become foster parents. The purpose of this section is to: (i) notify applicants that Life Opportunities Therapeutic Home Services will conduct a background check, including a criminal history record check, and (ii) identify the criminal convictions that either bar applicants from being approved or verified or that may be considered when evaluating an applicant.

The agency must complete the types of background checks defined below on all persons who have applied to become approved or verified as foster parents, as well as certain household members of foster applicants and certain individuals who may be present in the foster home. The types of checks that a person is required to undergo will depend on the person's role in the home. The types of checks that may be conducted are as follows:

- **Criminal History Check** – A name-based check of records.
- **FBI Fingerprint Check** – A fingerprint-based check of records from the FBI National Crime Database.

Life Opportunities Therapeutic Home Services
135 N. Main Street
Red Springs, NC 28377
(910) 843-1105
(910) 843-1295
FOSTER PARENT APPLICATION

PERSONAL ACKNOWLEDGEMENT		
	Applicant #1	Applicant #2
Have you ever been convicted of, or are you currently facing charges for, any misdemeanor or felony criminal offense in North Carolina or any other state? (Traffic offenses that are a Class C Misdemeanor do not have to be reported.) If yes, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under indictment for or charged in an official criminal complaint that has been accepted by a district or county attorney in North Carolina or any other state? If yes, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABUSE/NEGLECT HISTORY		
Have you ever been investigated for abuse or neglect in North Carolina or any other state? If yes, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Your Home

Number of Rooms: _____

Number of Bathrooms: _____

Number of Floors: _____

Number of Bedrooms: _____

Description (including dimensions) of the bedroom to be used by the client: _____

Number of Smoke Detectors: _____

Location(s): _____

Number of Fire Extinguishers: _____

Location(s): _____

Water Supply: Public / city Private / well

Do you have firearms or any weapons in your home? YES NO

If yes, what type(s) of weapons: _____

Where are the weapons located: _____

Are any household members on medications? YES NO

If yes, type(s) of medication: _____

Treatment for: _____

**Life Opportunities Therapeutic Home Services
135 N. Main Street
Red Springs, NC 28377
(910) 843-1105
(910) 843-1295**

FOSTER PARENT APPLICATION

In your own words, what is your definition of therapeutic foster parenting? _____

In your own words, what is your definition of a high-risk child? _____

What are two motivating factors that you have for being a therapeutic parent? _____

Do you have any limitations providing supervision during the week or on the weekends? If yes, please explain.

Please list any specific experience, education, or skills you have that will assist you In working with high-risk children.

Do you have any pets YES NO , how many and what breed: _____

Do you have reliable transportation YES NO , how may vehicles: _____

Do you have any traffic violations: YES NO , if so explain? _____

Life Opportunities Therapeutic Home Services
135 N. Main Street
Red Springs, NC 28377
(910) 843-1105
(910) 843-1295
FOSTER PARENT APPLICATION

DECLARATION:

I hereby declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that, if approved, any statement or omission of fact(s) on this application shall be considered cause for disapproval. I further state that I have not been convicted of any unlawful offense, other than a minor traffic violation. However, I understand that a conviction record will not necessarily exclude my application from acceptance. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime that I am applying for. I understand that false information may be grounds for rejection of my application as a Foster Parent. I understand that I must list here any felony or misdemeanor convictions, and of any pending criminal charges:

Primary Applicant's Signature

Date Signed

Co-Applicant's Signature

Date Signed