

**RANDOLPH COUNTY DEPARTMENT OF SOCIAL SERVICES  
P. O. BOX 3239  
1512 N. FAYETTEVILLE ST.  
ASHEBORO, NC 27204-3239**

**APPLICATION TO FOSTER/ADOPT CHILDREN**

Foster Care: \_\_\_\_\_ Adoption: \_\_\_\_\_ Both: \_\_\_\_\_

Name: \_\_\_\_\_

Parent 1 (or Single Parent Applicant) Full Name

Name: \_\_\_\_\_

Parent 2 Full Name (including maiden)

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

Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Directions to your home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent 1**

Name \_\_\_\_\_

(First) (Middle)

SS# \_\_\_\_\_

Birthdate \_\_\_\_\_

Marriage Date \_\_\_\_\_

Religious Preference \_\_\_\_\_

Race \_\_\_\_\_

Previous Marriages (Dates) \_\_\_\_\_

How Marriages Terminated (Dates & Places) \_\_\_\_\_

Education: Circle Years Completed

Elementary - 1 2 3 4 5 6 7 8

High School - 9 10 11 12

College - 1 2 3 4

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_

**Parent 2**

Name \_\_\_\_\_

(First) (Middle)

SS# \_\_\_\_\_

Birthdate \_\_\_\_\_

Marriage Date \_\_\_\_\_

Religious Preference \_\_\_\_\_

Race \_\_\_\_\_

Previous Marriages (Dates) \_\_\_\_\_

How Marriages Terminated (Dates & Places) \_\_\_\_\_

Education: Circle Years Completed

Elementary - 1 2 3 4 5 6 7 8

High School - 9 10 11 12

College - 1 2 3 4

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Length of Employment \_\_\_\_\_

**CHILDREN**

	<u>Name</u>	<u>Birthdate</u>	<u>School/Occupation</u>	<u>Address</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**OTHER MEMBERS OF THE HOUSEHOLD**

	<u>Name</u>	<u>Birthdate</u>	<u>Relation to Family</u>	<u>Occupation</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Do you live in: House \_\_\_\_\_? Apartment \_\_\_\_\_? Mobile Home \_\_\_\_\_?

# of Bedrooms: \_\_\_\_\_ Will child share a room? \_\_\_\_\_

With Whom? \_\_\_\_\_

What school will child attend? \_\_\_\_\_

Have you fostered/adopted children before? \_\_\_\_\_ From what agency? \_\_\_\_\_

Give dates: \_\_\_\_\_ From child's parents? \_\_\_\_\_

Have you applied for a child before? \_\_\_\_\_ From what agency? \_\_\_\_\_

When? \_\_\_\_\_

Physician's Name, Address, & Phone \_\_\_\_\_

Pastor's Name, Address, & Phone \_\_\_\_\_

**REFERENCES**

(Please give five references who have known you well over a period of years, 3 must be non-familial)  
Name, Address, & Phone #

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

We wish to apply for \_\_\_\_\_  
(Number of children, ages, and sex)

Have you known any foster parents or foster children? Yes \_\_\_\_ No \_\_\_\_

If so, who \_\_\_\_\_

What encouraged you to pursue the ideal of becoming a foster/adoptive parent?

---

---

---

How would you discipline a foster/adoptive child who misbehaves? \_\_\_\_\_

---

---

---

**FINANCIAL STATEMENT**

<u>Gross Yearly Income</u>	<u>Source</u>
Husband _____	_____
Wife _____	_____
Other income _____	_____

<u>Amount</u>	<u>Location</u>
Savings _____	_____
Investments _____	_____

Savings: \$ \_\_\_\_\_ Type of Savings \_\_\_\_\_  
Stocks, bonds, securities or cash value in insurance \$ \_\_\_\_\_

**CRIMINAL/DSS HISTORY**

Have you ever been arrested and/or convicted of a crime? If so, please explain:

---

---

---

Do you have any pending charges? Are you on active probation? If so, please explain:

---

---

---

Has the Department of Social Services ever been involved with your family? If so, please explain:

---

---

---

Please check appropriate responses.

- Children acceptable: (1) I (we) can accept some physical and/or mental handicaps in a child.  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- (2) The handicapping conditions I (we) cannot accept are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (3) I (we) want to be consulted when individual children with handicaps, either remedial or irremedial, become available for adoption so that decision is based on each particular child.  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- (4) I (we) can accept a child between the ages of \_\_\_\_\_(lowest) to \_\_\_\_\_(highest) years.

Applicant Signature \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

\*This form is merely a statement of intention and can be withdrawn by the applicants at any time.

*In accordance with the Multi Ethnic Placement Act (MEPA-IEP),  
this agency will not deny or delay the opportunity of any person to  
foster or adopt based upon race, color, or national origin.*