



Application Instructions & Release
PLEASE READ AND SIGN BELOW

TO THE APPLICANT:

I declare that all statements set forth in this application are true and complete. I understand that if approved, any false statement on this application may result in my no longer being licensed with this agency. I also understand that this application is not, and is not intended as, a contract of employment, nor does this application obligate **Children's Hope Alliance** in any way. If Children's **Hope Alliance** decides to approve me and my home for the placement of children, I understand and agree that my approval for placement is at-will and can be terminated at any time, for any reason. **Children's Hope Alliance** is thereby authorized to make any investigation of my personal history and financial and credit records through any investigative or credit agencies bureaus of the agency's choice. This authorization includes making a driver's record check through the North Carolina Department of Motor Vehicles, a criminal record check (felony and misdemeanor), and performing a fingerprint search of the State's criminal history record file and/or the Federal Bureau of Investigation for a national criminal history record check. I understand that any such investigative and financial agencies, their officials, and their employees shall not be held legally accountable in any way for providing this information to **Children's Hope Alliance** and I hereby release such agencies and persons from any and all liability which may be incurred as a result of furnishing such information.

I understand I must successfully complete the **Children's Hope Alliance** Foster Care Program Training before I can be licensed as a Foster Parent and have a client placed with me. Also, I understand **Children's Hope Alliance** has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand **Children's Hope Alliance** cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of clients is grounds for immediate dismissal and possible criminal charges.

I declare I am not a convicted sex offender and I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child or an adult and I have never been accused of these acts.

In making this application, I authorize **Children's Hope Alliance** to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made. This application is being submitted for the sole purpose of my seeking approval for the placement of children in my home through the **Children's Hope Alliance** Foster Care program.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____



Foster Parent Application

Contact Information

Contact Person	
Home Telephone	
Cell Phone	
Email	
Street Address	
Mailing Address if Different than above	

Length of Residence in North Carolina: _____

REFERRAL INFORMATION

Please let us know how you heard about fostering with our program:

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HOUSEHOLD/FAMILY COMPOSITION

Prospective Foster Parent 1

Prospective Foster Parent 2

Full Name		Full Name	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Race		Race	

Marital status: Single Married Divorced Widowed Separated

Children in Home

<u>Name</u>	<u>Date of Birth</u>	<u>School grade or occupation</u>

Children living out of home

<u>Name</u>	<u>Date of Birth</u>	<u>Occupation</u>	<u>Address</u>

Other members of Household

<u>Name</u>	<u>Date of Birth</u>	<u>Relation to Family</u>	<u>Grade or Occupation</u>

We live in a(n): House Apartment Condominium Mobile Home

Number of Rooms: _____

Number of Bedrooms: _____

Sleeping Arrangements

Bedroom 1		Bedroom 3	
Bedroom 2		Bedroom 4	

FAMILY EMPLOYMENT

Prospective Foster Parent 1

Prospective Foster Parent 2

Occupation		Occupation	
Employer		Employer	
Length of time at current job		Length of time at current job	
Business Phone		Business Phone	

Monthly net income for your family:

Other Income:

Source	Amount

HEALTH INFORMATION

Has either prospective parent had any serious illness, operation or chronic physical condition? If so please describe:

CHILD EXPERIENCE

Foster Care or Other Child-Related Experience (*work or volunteer*):

Have you ever applied to foster or adopt a child from another agency? Yes No

If yes, with whom? _____ What year? _____

What was the result of that application?

Please return completed application to

Shannin Hughett
507 Courthouse Dr.
Wilkesboro, NC 28697
Fax: 336-667-8749