

Please complete the Foster Parent Application and submit the application by one of the following methods:

1. FAX: Fax to Lisa Kiser at 704-531-9266. A fax cover sheet is included following the application.
2. MAIL TO:
Thompson Child & Family Focus
Attention: Lisa Kiser
2200 East 7th Street
Charlotte, NC 28204
3. Drop off at our 7th Street Campus: 2200 East 7th Street, Charlotte, NC 28204



FOSTER PARENT APPLICATION

Date: ____ / ____ / ____

APPLICANT(S) INFORMATION:

Foster Parent #1: First Name: _____ Last Name: _____

Foster Parent #2: First Name: _____ Last Name: _____

Address: _____ City: _____ St.: _____ ZIP: _____

Home Phone #: _____ Foster Parent #1 cell: _____ Foster Parent #2 cell: _____

Foster Parent #1 e-mail: _____ Foster Parent #2 e-mail: _____

Foster Parent #1 Race: _____ Foster Parent #2 Race: _____ Marital Status: _____

Date of Marriage: ____ / ____ / ____ Place of Marriage: _____

Religious Affiliation: _____ Citizenship: _____

Foster Parent #1 age: _____ Date of Birth: ____ / ____ / ____ SS # ____ - ____ - ____

Foster Parent #2 age: _____ Date of Birth: ____ / ____ / ____ SS # ____ - ____ - ____

Foster Parent #1 Education: Do you have a High School Diploma? Yes No College? Yes No

Education: Please **Check** last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Other: _____

Foster Parent #2 Education: Do you have a High School Diploma? Yes No College? Yes No

Education: Please **Check** last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Other: _____

Annual Family Income (Check One): \$5,000 - \$10,000 \$15,000 - \$20,000 \$20,000 - \$25,000 \$25,000 - \$30,000
 \$35,000 - \$40,000 \$45,000 - \$50,000 \$50,000 & Over

BACKGROUND INFORMATION:

Have you or other members in your family ever been charged with a crime? Yes No
If **Yes**, Please explain in the space provided below.

Have you or anyone in your family ever received treatment for an addiction? Yes No If Yes, What and when?

Have you or anyone in your family been charged or convicted as a perpetrator of domestic violence? Yes No

If Yes, When and explain:

Have you or anyone in your family been charged or convicted of abuse, neglect, or exploitation of a disabled adult? Yes No

If Yes, When and explain:

Have you or anyone in your family been found to have abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had child protective services involvement that resulted in the removal of a child? Yes No When and explain:

Please describe any driving (DMV) tickets/charges or any criminal charges that may show on the record of anyone living in your home.

HOME ENVIRONMENT:

Do You Own or Rent your residence? Own Rent

Number of Bedrooms in your home: _____

Number of Persons in your household: _____ # Females

_____ # Males

List names, ages & date of birth of those living in the home:

Name:

Age:

Date of Birth:

Name:	Age:	Date of Birth:

Have you ever been a Licensed Foster Parent before? Yes No

If So, Which agency? _____

What State? _____

Licensing Worker: _____

Contact number: _____

Date(s) of License: _____

Have you lived in NC for the past five years? Yes No

If not, please name the city/states you have lived in for the previous five years:

How did you learn about the Foster Care Program at Thompson Child & Family Focus?

Would you prefer working with a Male or Female Child? (Please Check One): Male Female No Preference

If given a choice, what age(s) would you prefer? _____
Why?

Why are you interested in fostering a child at this time?

Are you interested in adopting? Yes No

Does the prospective Foster Parent #1 work? Yes No

Where? _____ What are your work hours? _____

Does the prospective Foster Parent #2 work? Yes No

Where? _____ What are your work hours? _____

If BOTH parents work, what is the plan for the care of the Foster Child?

Please provide ACCURATE directions to your home from Thompson Child & Family Focus:

Prospective Foster Parent #1 Signature

_____/_____/_____
Date

Prospective Foster Parent #2 Signature

_____/_____/_____
Date

FAX

TO: **LISA KISER**

FROM:

FAX: 704-531-9266

FAX:

PHONE: 704-376-7180, ext. 130

PHONE:

SUBJECT: **Foster Parent Application**

DATE:

COMMENTS: