



Watauga County
Department of Social Services

SOCIAL SERVICES BOARD
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132 POPLAR GROVE CONNECTOR – SUITE C
BOONE, NORTH CAROLINA 28607
Telephone 828-265-8100
TDD 1-800-735-2962
Voice 1-800-735-8262
Fax 828-265-7638

Tom Hughes,
Director

Foster/Adoptive Parent Application

**When completed, please return by mail to the: Watauga County D.S.S.,
Attn: Alice Langseth, 132 Poplar Grove Connector, Suite C, Boone, NC
28607 or by PDF to alice.langseth@watgov.org**

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: _____

(Parent #1): Home #: _____ Work # _____ Cell # _____

(Parent #2): Home#: _____ Work # _____ Cell # _____

Directions to your home:

	Prospective Parent 1	Prospective Parent 2
Social Security Number:	_____	_____
DOB:	_____	_____
Birthplace:	_____	_____

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 or Occupation & Where they reside i.e. City/State	Relationship

PARENTS OF APPLICANTS:

Full Name	DOB:	Address

REQUIRED APPLICANTS: Other than the prospective foster parents, any adult 21 years of age or older, who is living in the home, is considered a required applicant and must also go through a background check.

Full Name	DOB:	Social Security Number

EDUCATION/EMPLOYMENT HISTORY

School: Parent 1 _____ Parent 2 _____

Education: Parent 1 _____ Parent 2 _____

Employer: Parent 1 _____ Parent 2 _____

Job Title: Parent 1 _____ Parent 2 _____

Date of Employment: Parent 1 _____ Parent 2 _____

Annual Salary: Parent 1 _____ Parent 2 _____

FINANCIAL STATEMENT

Monthly Income after Taxes:

Parent #1 _____

Parent #2 _____

Combined Total _____

Monthly Expenses:

Mortgage/Rent (circle one) \$ _____

Groceries \$ _____

Electricity \$ _____

Water/Sewer \$ _____

Gas (for home) \$ _____

Telephone(s) \$ _____

Clothing \$ _____

Medical \$ _____

Prescriptions \$ _____

Car Payment \$ _____

Car Insurance \$ _____

Health Insurance \$ _____

Fuel (car) \$ _____

Credit Cards \$ _____

Cable/TV \$ _____

Other \$ _____

TOTAL AMOUNT DUE: \$ _____

Savings: \$ _____

Other: \$ _____

Retirement Saved: \$ _____

ADDITIONAL INFORMATION:

Number of bedrooms: _____ Number of bathrooms: _____

Number of adults in home: _____ Number of children: _____

Do you have a daycare in the home or keep children on regular basis? _____

Have you applied to be a foster or adoptive parent previously? _____

If YES, what Agency did you apply with and what was the outcome?

Do you have a criminal record? _____ If yes, please explain:

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/adoptive 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 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.”