



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

330 Dr. Martin Luther King Jr. Way • Gastonia, North Carolina 28052
Phone 704-862-7500 • www.gastonhhs.org

Dear perspective foster parent,

On behalf of Gaston County DHHS I would like to thank you for your interest in becoming a foster parent. Gaston County DHHS is tasked with providing safe and loving homes capable of meeting the needs of the children in our custody. Therefore, we take a considerable amount of time to assess the families who will be providing care to children.

The first step toward becoming a foster parent is going through the screening process to attend our TIPPS-MAPP classes. This screening process is designed to make sure the families who are attending class have no criminal, child protective service or financial issues. In order for us to complete these assessments you will need to fill out and return the paperwork attached to this letter. This paperwork should be returned to our agency within two weeks of the first day of class. If you need assistance with filling out any of the attached paperwork, please contact us for assistance.

Again, we thank you for your interest in fostering with Gaston County DHHS and look forward to assisting you through this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Shepherd", written over a large, stylized flourish.

Joseph Shepherd
Licensing Supervisor
Gaston County DHHS
330 Dr. Martin Luther King Jr. Way
Gastonia, NC 28052
Office: 704-862-6655



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

330 Dr. Martin Luther King Jr. Way • Gastonia, North Carolina 28052
Phone 704-862-7530 • Fax 704-862-7898

Division of Social Services • Children & Family Services

Release of Information

Gaston County Department of Health and Human Services is responsible for the safety and wellbeing of all children in their custody. In the pursuit to identify and license safe, loving and nurturing foster homes we complete extensive background checks. This consent allows Gaston County DHHS licensing and adoption staff access to all Child Protective Service files within our agency and any other documentation that may help in determining the appropriateness of your home.

In signing below you are allowing Gaston County DHHS licensing and adoption staff access to any files or documentation associated with services you may have received within our agency. We thank you for your understanding and commitment to the safety and wellbeing of the children in our care.

Name _____ Maiden _____

Date of Birth _____ Social Security Number _____

Signature of Consent _____

Name _____ Maiden _____

Date of Birth _____ Social Security Number _____

Signature of Consent _____

FOSTER HOME APPLICATION
ALL INFORMATION HEREWITH STRICTLY CONFIDENTIAL

Date: _____ *Please type or print information*

Area of interest: (please check all that apply) FOSTER _____ ADOPT _____

Family Name: _____

Physical Address: _____

Mailing Address (if different): _____

Directions for reaching your home: _____

Applicant 1: Full Legal Name _____ Age: _____

Previous Name if applicable: _____

Home Phone: ___ - ___ - ___ Cell Phone: ___ - ___ - ___ Office Phone: ___ - ___ - ___

Email Address: _____

Date of Birth: ___/___/___ Birthplace (city, county, state) _____

Height: ___' ___" Weight: ___ lbs. Hair Color: _____ Eye Color: _____ Race: _____

Nationality: _____ Religion: _____ Social Security Number: ___ - ___ - ___

Current Occupation: _____ Current Employer: _____

Length of Employment: _____ Hours per week: ___ Annual Salary: \$ _____

Previous Employment
 Please list employers for the past 10 years

Name of Employer	City, State of Job	Dates Employed	Reason for Leaving

Education

High School: _____ Year Graduated: _____

College 1: _____ Year Graduated: _____

College 2: _____ Year Graduated: _____

College 3: _____ Year Graduated: _____

Other: _____ Other: _____

Applicant 2: Full Legal Name _____ Age: _____

Previous Name if applicable: _____

Home Phone: ____-____-____ Cell Phone: ____-____-____ Office Phone: ____-____-____

Email Address: _____

Date of Birth: __/__/____ Birthplace (city, county, state) _____

Height: __'__" Weight: ____ lbs. Hair Color: _____ Eye Color: _____ Race: _____

Nationality: _____ Religion: _____ Social Security Number: ____-____-____

Current Occupation: _____ Current Employer: _____

Length of Employment: _____ Hours per week: ____ Annual Salary: \$ _____

Previous Employment
Please list employers for the past 10 years

<u>Name of Employer</u>	<u>City, State of Job</u>	<u>Dates Employed</u>	<u>Reason for Leaving</u>

Education

High School: _____ Year Graduated: _____

College 1: _____ Year Graduated: _____

College 2: _____ Year Graduated: _____

Other: _____ Other: _____

of Adults in home: _____ # of Children: _____ # of bedrooms: _____

Please list any adults (in addition to applicants) living in the home- please include Name, DOB, SS# and relationship to applicants.

1. _____

2. _____

Children living IN THE HOME (please list in birth order) Name, DOB, Relationship, Grade, School

1. _____

2. _____

3. _____

Children living OUTSIDE THE HOME (please list in birth order) Name, DOB, Relationship, Grade, School

1. _____
2. _____
3. _____

Family Support

	Applicant 1	Applicant 2
Father:		
Address:		
Occupation:		
# of marriages:		
Mother:		
Address:		
Occupation:		
# of marriages:		
Siblings: (List All)		

Marriage Information (if applicable)

Date of Present Marriage: _____ City, County, State: _____

Previous Marriages: (if any) Terminations will be verified through divorce decrees, death certificates, etc.

Applicant 1:

*Date _____ City, County, State: _____

Reason for Termination: _____ Name of former spouse: _____

Applicant 2:

*Date _____ City, County, State: _____

Reason for Termination: _____ Name of former spouse: _____
(if additional space is needed please use the back of this page)

Financial Information

Do you live in an apartment, house, or mobile home? _____ # of rooms: _____

If renting, list monthly rent: _____ How long have you lived in home? _____

Lease expires: _____ Will you renew lease? _____

If buying, list monthly mortgage payment: _____ How long have you lived in home? _____

Value of Home: _____ Remaining balance of the mortgage: _____

How many times have you moved in the past 5 years? _____ *List all addresses on back of page*

Approximate value of real and personal property: _____

NET Monthly Income: Applicant 1: _____ Applicant 2: _____

Current Balance in Savings Account(s): _____

Normal Monthly Expenses:

Food: _____ Car Insurance: _____ Gas: _____ Utilities: _____

Telephone: _____ Cell Phones: _____ Medical: _____ Day Care: _____

Internet/TV: _____ Entertainment: _____ Clothing: _____ Other: _____

Indebtedness:

(Includes items such as car loans, bank notes, furniture payments, small loan companies, credit cards etc.)

<u>Creditor</u>	<u>Current Balance</u>	<u>Monthly Payment</u>	<u>Estimated Date of Pay Off</u>

Health/Life Insurance (if employers pay, please indicate)

<u>Type</u>	<u>Amount</u>	<u>Person Covered</u>	<u>Monthly Premium</u>

Medical Information

Family Physician (for all members of house): _____

Phone #/Address: _____

Medical History

List any recent illnesses, operations, and all chronic physical conditions

<u>Applicant 1</u>	<u>Applicant 2</u>	<u>Child</u>	<u>Child</u>

Has anyone been diagnosed with fertility issues? _____ Which applicant: _____

Name of doctor or specialist you saw: _____ Date of last consult: _____

Diagnosis: _____

Does either applicant have any medical conditions that could hinder your parenting ability? _____

If so, please explain: _____

Have you applied to be a foster parent with another agency? YES ___ NO ___ Date: _____

Agency & Location: _____

Has either applicant been a licensed foster parent? YES ___ NO ___ Date: _____

Agency & Location: _____

Has there been a substantiated report of child abuse/neglect against either applicant? YES ___ NO ___

If yes, please explain: _____

List any additional criminal charges:

Applicant 1: _____

Applicant 2: _____

Please list all previously known by names:

Applicant 1: _____

Applicant 2: _____

Personal References

Please give complete mailing address for each reference

1) Name: _____
Home Phone: ___ - ___ - ___ Cell Phone: ___ - ___ - ___ Office Phone: ___ - ___ - ___
Address: _____

2) Name: _____
Home Phone: ___ - ___ - ___ Cell Phone: ___ - ___ - ___ Office Phone: ___ - ___ - ___
Address: _____

3) Name: _____
Home Phone: ___ - ___ - ___ Cell Phone: ___ - ___ - ___ Office Phone: ___ - ___ - ___
Address: _____

All information is strictly confidential

To continue with the application process I/we give permission for and understand that:

- 1) Criminal records will be checked and both applicants will be fingerprinted.
- 2) All references will be contacted.
- 3) Both applicants must complete training to continue the process.
- 4) Applicants will continue to provide the social worker with verbal and written information including verification of income and other financial details.
- 5) A social worker will meet all household members and complete a home study.
- 6) A fire inspection of the residence will be conducted.
- 7) A complete and recent medical exam is required of everyone in the home.

Applicant 1 Signature: _____
Print Full Legal Name: _____
Date: _____

Applicant 1 Signature: _____
Print Full Legal Name: _____
Date: _____

North Carolina Division of Social Services
Responsible Individuals List (RIL) Information Request

Instructions (please read carefully):

G.S. § 7B-311 authorizes the NC Department of Health and Human Services to provide information from the Responsible Individuals List (RIL) to child caring institutions, child placing agencies, group home facilities, and other providers of foster care, child care, or adoption services that need to determine the fitness of individuals to care for or adopt children. This does not include teachers or employees otherwise not covered below.

All sections of this form must be completed and signed by the agency and the prospective employee / applicant / volunteer. Please print legibly or type all information. Incomplete or illegible forms will be returned without the RIL check being completed.

Requests for information may be submitted by:

Fax: 919-715-6714, Attn: RIL

OR

Mail: Including a self-addressed stamped envelope:

NC Division of Social Services
Attn: RIL
820 S. Boylan Ave.
Mail Service Center 2408
Raleigh, North Carolina 27699-2408

Requesting Agency Information:

Agency Name: Gaston County DHHS

Mailing Address: 330 Dr. Martin Luther King Jr. Way

City/State/Zip: Gastonia, NC 28052

Phone: 704-862-7530

FAX: 704-862-7898

Type of Agency (Check One):

- | | |
|--|---|
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Child Caring Institution |
| <input type="checkbox"/> Child Placing Agency (Foster) | <input type="checkbox"/> County Child Welfare Agency |
| <input type="checkbox"/> Child Placing Agency (Adopt) | <input type="checkbox"/> NC Guardian ad Litem Program |
| <input type="checkbox"/> Group Home Facility | <input type="checkbox"/> Foster Parent Applicant |

Agency License Number (if available) _____

Agency Certification: I hereby request information from North Carolina's Responsible Individuals List. I certify that I am a person representing a child caring institution, child placing agency, group home facility, or a provider of foster care, child care or adoption services that needs to determine the fitness of individuals to care for or adopt children. I either currently employ the individual listed below or am strongly considering the individual as an adoptive or foster parent or as an employee/volunteer/contractor who has the responsibility for the care of minor children. I will only use the information requested to approve the applicant or hire/use the services of the individual.

Name and Title: (PRINT) _____

Signature: _____

Employee (E), Applicant (A) or Volunteer (V)

Print E, A, or V's Full Name (including MI):

First Name _____ MI _____ Last Name _____

E, A, or V's Date of Birth (MM/DD/YYYY):

_____/_____/_____

E, A, or V's Social Security Number:

E, A, or V's Gender: Male Female

Other names used (maiden, nickname, former married name etc.):

Employee (E), Applicant (A), or Volunteer (V) Acknowledgement:

I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the above named agency whether my name appears on the Responsible Individuals List, indicating that I am identified as being responsible for the abuse or serious neglect of a juvenile.

Signature: _____

Date: _____

NCDSS Office Use Only

Form submitted incomplete

Ineligible to request information

As of _____ E, A, V's name is NOT on the RIL

As of _____ E, A, V's name is on the RIL

Finding: _____

Completed by:

Staff Name (Print): _____

Signature: _____

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Type of Agency (Check One):

- | | |
|--|---|
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Child Caring Institution |
| <input type="checkbox"/> Child Placing Agency (Foster) | <input type="checkbox"/> County Child Welfare Agency |
| <input type="checkbox"/> Child Placing Agency (Adopt) | <input type="checkbox"/> NC Guardian ad Litem Program |
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Name and Title: (PRINT) _____

Signature: _____

Employee (E), Applicant (A) or Volunteer (V)

Print E, A, or V's Full Name (including MI):

First Name MI Last Name

E, A, or V's Date of Birth (MM/DD/YYYY):

E, A, or V's Social Security Number:

E, A, or V's Gender: Male Female

Other names used (maiden, nickname, former married name etc.):

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Finding: _____

Completed by: _____

Staff Name (Print): _____

Signature: _____

NOTICE
Foster Home
MANDATORY CRIMINAL HISTORY CHECK

NORTH CAROLINA LAW REQUIRES THAT A CRIMINAL HISTORY CHECK BE CONDUCTED ON ALL PERSONS 18 YEARS OF AGE OR OLDER WHO RESIDE IN A LICENSED FOSTER HOME.

"Criminal history" includes any county, State, and federal conviction of a felony by a court of competent jurisdiction or pending felony indictment of a crime for child abuse or neglect, spousal abuse, a crime against a child, including child pornography, or for a crime involving violence, including rape, sexual assault, or homicide, other than physical assault or battery; a county, State, or federal conviction of a felony by a court of competent jurisdiction or a pending felony indictment for physical assault, battery, or a drug-related offense, if the offense was committed within the past five years; or similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have a foster child reside with you, you shall have the opportunity to complete or challenge the accuracy of the information contained in the SBI or FBI identification records.

If licensure is denied or the foster home license is revoked by the Department of Health and Human Services as a result of the criminal history check, if you are a foster parent, or are applying to become a foster parent, you may request a hearing pursuant to Article 3 of Chapter 150B of the General Statutes, the Administrative Procedure Act.

Refusal to consent to a criminal history check is grounds for the Department to deny or revoke license to provide foster care. Any person who intentionally falsifies any information required to be furnished to conduct the criminal history is guilty of a Class 2 misdemeanor.

Signature of Applicant: _____

Date: _____

Signature of Adult Member of Household: _____

Date: _____

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Date: _____

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Date: _____