



Children's Home Society
OF NORTH CAROLINA

We appreciate your interest in Children's Home Society of North Carolina. You have taken the first step in opening your heart and home to a waiting child. To begin the process we are attaching information about our programs, as well as an application and medical history forms for you to complete and return to us.

Please mail to: Support Services
 Children's Home Society of North Carolina
 P.O. Box 14608
 Greensboro, N.C. 24715

The children being referred from Departments of Social Services are of school age, with an average age of nine, and have been abused or neglected. They may be developmentally delayed or medically fragile, and some are part of a sibling group who need to stay together in a family. These children require unconditional love and patience because of their prior experiences and circumstances.

The State of North Carolina requires that all adults (age eighteen and older) residing in an adoptive and/or foster care home submit a criminal records check for any county in which the adult has lived for the past five years. If you or any other adult residing in your home have resided outside the State of North Carolina in the past 5 years, you will be responsible for obtaining a certified criminal record check from the previous State(s) of residence to be included when returning your application.

Children's Home Society will complete a North Carolina criminal record check for all adults residing in your home. The criminal record checks must cover at least the past five years. Please return with your Application a certified check or money order made payable to "Children's Home Society" in the amount of \$20.00 for each person for whom a criminal record check is required. This fee is non-refundable.

Please feel free to contact our office if you have any questions about the application at 1.800.632.1400. You might also like to visit our web site at www.chsnc.org.

Again, thank you for your interest. We look forward to working with you in the future as we strive toward improving the lives of children in the foster care system.

Application for Foster Care/Adoption Services

CHILDREN'S HOME SOCIETY OF NORTH CAROLINA
Phone: 1.800.632.1400
Website: www.chsnc.org



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OF NORTH CAROLINA

Name of Applicant(s): _____

Address: _____
Street City State Zip County

Telephone: (Home) _____ (Cell) _____

1) Parent One: Full Legal Name: _____ Age: _____

E-mail address: _____ How did you learn about our agency? _____
First Middle Last Maiden

Date of Birth: _____ Birthplace: _____ Race: _____ Sex: _____
City County State

Height: _____ Weight: _____ Religious Affiliation: _____ Church Name: _____

Education: _____
(Highest level reached; certificate, diploma, or degree received, grammar school, high school, college or other)

Employer: _____ Length of Employment: _____

Occupation/Job Title: _____ Work #: _____

Any Serious Health Problems? _____ Explain: _____

2) Parent Two: Full Legal Name: _____ Age: _____

E-mail address: _____ How did you learn about our agency? _____
First Middle Last Maiden

Date of Birth: _____ Birthplace: _____ Race: _____ Sex: _____
City County State

Height: _____ Weight: _____ Religious Affiliation: _____ Church Name: _____

Education: _____
(Highest level reached; certificate, diploma, or degree received, grammar school, high school, college or other)

Employer: _____ Length of Employment: _____

Occupation/Job Title: _____ Work #: _____

Any Serious Health Problems? _____ Explain: _____

3) Are you primarily interested in: _____ Adoption _____ Foster Care

4) Has anyone in the household been charged or arrested for any offense? _____

Have you ever been investigated by any Dept. of Social Services regarding child abuse or neglect? _____

If yes, Where? _____ When? _____

5) Facts About Marriage and Children:

Marriage Date: _____ Place of Marriage: _____

Previous Marriages: Parent One - Date: _____ How Terminated: _____ Date Terminated: _____

Parent Two - Date: _____ How Terminated: _____ Date Terminated: _____

Please list children of this or previous marriages, giving name, birth date, sex, whether born to you or adopted by you, and school or present address. If adopted, please give agency of adoption. Use separate sheet of paper if needed.

6) Approximate Annual Income Of This Family: Parent One: _____ Parent Two: _____

Other resources such as savings, investments, real estate, etc: _____

If renting, please give monthly rate: _____ Valuation of home if owned: _____

Is there a mortgage on your property? _____ Monthly payment: _____

7) Questions related to your plan to adopt or foster a child or children

Most children have serious and/or major health problems and may include any of the following special needs. Please indicate your willingness to consider the following:

- | | | | | |
|-------------------|-----------------------|--------------------|---------------|--------------------------------|
| Hearing | Orthopedic | Sickle Cell | Alcohol Abuse | Prematurity (less than 32 wks) |
| Sight | Psychiatric Diagnosis | HIV | Drug Abuse | Mental Retardation |
| Emotional needs | Behavioral problems | Therapy/Counseling | Sexual Abuse | Learning disability |
| Medically Fragile | Developmental Delays | Speech issues | | |

a) Would you consider a child or children of the following ages? (Please circle preferences)

13 or older 10-12 6-9

b) Would you consider a family of children of the following numbers? (Please circle preferences)

2 3 4 5

8) Are you interested in applying for a specific child or children? If yes, specify name(s) & agency:

9) Are you in the process of application with another agency? Yes: ___ No ___ Date Completed MAPP: _____

If yes, specify name of agency: _____

10) Have you ever worked with another agency? Yes: ___ No: ___ If yes, please give us written permission to contact them along with agency name and address on a separate sheet of paper.

11) Have you ever worked with Children's Home Society of NC? Yes: ___ No: ___ If yes, when? _____

I understand that it is my privilege to withdraw my application at any time if I do not wish to continue the process for adoption/foster care licensing through Children's Home Society. I further understand that I am under no obligation to explain my reason to the agency. Likewise, I understand that CHS may not give us a specific reason if the agency chooses at any point not to proceed with our application for adoption or foster care licensing. The completion of MAPP or any other group training process does not guarantee adoption or foster care licensing. I certify that all information given by me in this application process is correct and complete to the best of my knowledge and any willful misrepresentation of this information disqualifies my application.

CHS has a commitment to respond to each client with respect and to ensure quality services and equal application of policies and procedures. All client information and contacts are handled confidentially. A copy of the CHS grievance policy and confidentiality statement will be given to you at your first interview.

CHS does not discriminate on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability. CHS also adheres to the regulations set forth in the Indian Child Welfare Act.

SIGNED: Parent One: _____ Date: _____

Parent Two: _____ Date: _____

*****For Office Use Only*****

Date of inquiry: _____ Date app. received: _____ Case #: _____ Made Case Date: _____ Program: _____

SW Assigned: _____ Assigned Date: _____ Interview date: _____ Info Meeting: _____ Region: _____

ADDENDUM TO APPLICATION

APPLICANT NAME(S): _____

In an effort to provide continuous quality service, we ask that you please complete the following information:

List any/all previous addresses for the past 5 years:

Last Address: _____

How long at this address: Dates/From: _____ To: _____

Previous Address: _____

How long at this address: Dates/From: _____ To: _____

Previous Address: _____

How long at this address: Dates/From: _____ To: _____

List any/all previous married and/or alias names:

Provide full name(s) & date(s) of birth of any other adults in the home (18 yrs & older):

Full Name <small>(First, Middle, Last – Maiden)</small>	Date of Birth	Relationship to Applicant(s)
Full Name <small>(First, Middle, Last – Maiden)</small>	Date of Birth	Relationship to Applicant(s)
Full Name <small>(First, Middle, Last – Maiden)</small>	Date of Birth	Relationship to Applicant(s)

PLEASE RETURN WITH YOUR COMPLETED APPLICATION.

**MEDICAL HISTORY FORM
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Name: _____

Home Address: _____

Phone: _____ Date of Birth: _____

HEALTH HISTORY

Any history, past, or present of:		YES	NO
1	Head or back injuries		
2	Neurological disorders, convulsions, etc.		
3	Heart disease, high blood pressure, or rheumatic fever		
4	Lung disorders, asthma, tuberculosis		
5	Stomach, gall bladder, or other gastro-intestinal disorders		
6	Allergies to food, drugs, plants, etc.		
7	Blood disorders, anemia, leukemia, etc.		
8	Kidney trouble		
9	Venereal disease		
10	Diabetes or other glandular disorders		
11	Surgery		
12	Physical disabilities		
13	Psychological disorders, mental health diagnosis, drug/substance abuse		
14	Other chronic illnesses, diseases, or disorders		

If any of the above questions were answered yes, provide explanation:

What do you consider your state of health: Excellent Good Fair Poor

To the best of my knowledge, the above information is correct.

Signature

Date

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NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

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Signature Date