



THERAPEUTIC FOSTER PARENT APPLICATION

	PROSPECTIVE PARENT #1	PROSPECTIVE PARENT #2
NAME		
SOCIAL SECURITY #		
DATE OF BIRTH / AGE		
RACE / ETHNICITY		
SEX		
OCCUPATION		
EMPLOYED BY		
EMPLOYER'S ADDRESS PHONE NUMBER		
HOURS OF WORK		
HIGHEST GRADE COMPLETED		
MARITAL STATUS		
IF MARRIED, DATE AND PLACE OF MARRIAGE		

CURRENT HOME ADDRESS:

PREVIOUS HOME ADDRESS IF LESS THAN TWO
YEARS _____

HOME TELEPHONE: _____

MOBILE NUMBER: _____

WORK NUMBER: _____

MY FAMILY NOW – OTHERS IN THE HOME
 (USE ADDITIONAL PAPER IF NECESSARY)

NAME	AGE	SEX	RACE/ ETHNICITY	OCCUPATION/ SCHOOL GRADE	RELATIONSHIP TO PARENT #1 (BIRTH, FOSTER, ADOPTIVE, IN- LAW)	RELATIONSHIP TO PARENT #2 (BIRTH, FOSTER, ADOPTIVE, LAW)

**MY FAMILY NOW – OUR ADULT CHILDREN LIVING AWAY
 FROM HOME**

(PLEASE WRITE NAMES AND ADDRESSES FOR EACH. USE
 ADDITIONAL PAPER IF NECESSARY. IF OTHER THAN
 BIOLOGICAL, SPECIFY WHO ARE ADOPTIVE PARENTS,
 STEPPARENTS, ETC.)

NAME:	2	NAME:
ADDRESS:		ADDRESS:
NAME:	4	NAME:
ADDRESS:		ADDRESS:

SENSITIVE SUBJECTS

As a partner in the foster care or adoption team, you may find the special circumstances of the child placed in your home will require that you talk with the child or child welfare workers about what we call "sensitive subjects". These sensitive subjects concern things about which people don't often talk. If foster care and adoption work, these sensitive subjects may be about separation, divorce, death, sexual issues including sexual abuse, mental illness, angry emotions, sad emotions, and the use of alcohol or drugs.

Because we are making a very important decision together about your family's fostering, we will be discussing subjects that often are not discussed outside the family. We don't want to offend or make you feel uncomfortable, but we do need to know in order to help you and us in the decision-making process. With this explanation in mind, then, please answer the questions as openly and honestly as you can. Thank you.

MEDICAL AND PERSONAL INFORMATION ON HOUSEHOLD MEMBERS:

1. Is any family member currently under the regular care of a doctor?

Yes No If yes, please explain:

2. Is anyone in your family taking medicine prescribed by a doctor?

Yes No If yes, please explain:

3. Does any family member have any serious or chronic medical condition?

Yes No If yes, please explain:

4. Does any family member now have, or previously had, nervous or emotional difficulties?

Yes No If yes, please explain:

5. Is any member currently under the care or receiving services from a psychologist, psychiatrist or other therapist?

Yes No If yes, please explain:

6. Do you have an in-home daycare?

Yes No If yes please explain how long and would you be willing to give it up when you become a therapeutic foster parent.

7. Does any member use drugs (other than prescribed by a doctor)?
 Yes No If yes, please explain:

8. Has any member been treated for drug abuse?
 Yes No If yes, please explain:

9. Does any family member frequently drink alcohol? If so, has the person received treatment for alcoholism?
 Yes No If yes, please explain:

10. Has any family member experienced sexual attack or abuse?
 Yes No If yes, please explain:

11. Has any family member ever been sexually involved with a child?
 Yes No If yes, please explain:

12. Is any family member planning to be admitted to the hospital soon?
 Yes No If yes, please explain:

13. Name address and phone of family physician:

LEGAL INFORMATION ON HOUSEHOLD MEMBERS

1. Has anyone in your family ever been convicted of a felony?
() Yes () No If yes, please explain:

FINANCIAL INFORMATION ON HOUSEHOLD MEMBERS

1. Who is the money manager and how are financial decisions made?

2. Is your family experiencing heavy debt or financial stress due to creditors or lawsuits?
() Yes () No If yes, please explain:

3. Will you be financially able to provide for your family as well as one or more additional children for six to eight weeks until the first reimbursement check arrives?
() Yes () No If no, please explain:

4. Employment income each month:

\$ _____ (Before taxes) earned by: _____

\$ _____ (Before taxes) earned by: _____

5. Any other income:

6. Source of other income:

7. Total monthly income (before taxes):

\$ _____

8. Does your family have medical insurance coverage?

() Yes () No If no, please explain:

REFERENCES:

Please give three references that have known you for three years or more. Relatives may be given, but only one reference should be a relative. Please include at least one reference from school personnel if you have school-age children, as well as one employer reference.

Employer Reference:

<u>Name:</u>	<u>Phone number:</u>
<u>Address:</u>	<u>Relation:</u>

School Reference:

<u>Name:</u>	<u>Phone number:</u>
<u>Address:</u>	<u>Relation:</u>

Relative Reference:

<u>Name:</u>	<u>Phone number:</u>
<u>Address:</u>	<u>Relation:</u>

**Please return application to: Monica Long, Licensing Social Worker
Alpha Management Community Services, Inc.
2 Consultant Place
Durham, NC 27707
919-419-0043 ext. 111**