AMERICAN CHILDREN'S HOME
P.O. Box 1288 Lexington, N.C. 27293-1288
Phone: 336-357-7126
www.ach-nc.org

FOSTER HOME APPLICATION

Because the information you share with us on this application is of a personal nature, it is strictly confidential. Its purpose is to aid American Children's Home in approving you as a Foster Family Home, and to secure licensing with the North Carolina State Department of Health and Human Services Division of Social Services. American Children's Home does not discriminate on the basis of race, religion or ethnicity.

Please Print

Date of Application: _____

Name of Applicant 1: _____ Date of Birth: _____ SS#: _____

Name of Applicant 2: _____ Date of Birth: _____ SS#: _____

Address: _____ Home Phone: _____

_____ Cell Phone 1: _____
City State Zip Code

E-Mail: _____ Cell Phone 2: _____

How long at this residence?: _____ Prior Residence: _____
(If less than 1 year at current address)

Date of Marriage: _____ If either divorced, give date(s): _____

Applicant 1 Race: _____ Applicant 2 Race: _____

Applicant 1 highest level of education completed: _____ Applicant 2: _____

Religious Affiliation, if any: _____

Applicant 1 a Citizen of U.S.?: _____ Applicant 1 a Citizen of U.S.?: _____

Are you a Licensed Driver?: Yes__ No__ License #(s): _____ /_____

Do you have reliable transportation?: Yes_____ No_____ Vehicle Capacity: _____

Times you can be reached: _____

How did you hear about American Children's Home?: _____

_____

_____

FAMILY INFORMATION

Children in family (Give name, birth date, & school grade.) _____

_____

_____

Other family members/individuals living in home or who visit frequently (Give name, birth date, relationship): _____

_____

_____

EMPLOYMENT INFORMATION (subject to verification)

Applicant 1 Employer: _____ Phone: _____

Address of Employer: _____

Length of Employment: _____ Job Title: _____

Supervisor: _____ Approximate Income: _____

Applicant 2 Employer: _____ Phone: _____

Address of Employer: _____

Length of Employment: _____ Job Title_____

Supervisor: _____ Approximate Income: _____

GENERAL INFORMATION

Have you ever applied to or been licensed to provide foster care by another agency? (provide date, agency, & type of foster care):_____

_____

_____

If you have ever had children placed in your home please indicate the placement source:_____

_____

Do you operate a day care center, provide day care or another type of child care in your home? (if yes, please explain):_____

_____

Does either applicant have any serious physical or mental health problems? Yes _____ No _____
(if yes, please explain including treatment/services you are receiving): _____

_____

_____

Why would you like to become a licensed Foster Parent?:_____

_____

_____

_____

_____

Interests you could share with a child: _____

_____

_____

_____

Age & sex of child(ren) you are willing to foster: _____

Are you willing to learn how to work with, and commit to a child who (check all that apply):

_____ is of a different religion?

_____ has discipline needs?

_____ has been sexually abused?

_____ is at risk of sexually offending?

_____ is mentally, emotionally or physically handicapped?

_____ has significant medical needs?

_____ has been physically abused?

_____ has/ has had drug/alcohol problems?

_____ will be reunited with their family?

_____ is pregnant or a teen mother?

Is there anything that would prevent you from quickly responding to an emergency 24 hours a day, 7 days a week? Yes _____ No _____ (If yes, please explain): _____

_____

_____

Is there anything that would prevent you from transporting a child to meetings, appointments, court hearings, etc.? Yes _____ No _____ (If yes, please explain): _____

_____

_____

Have you or your spouse ever been investigated for child abuse or neglect?: Yes____ No____ (If yes, please explain): _____

_____

Have your or your spouse ever been convicted of any crime?: Yes____ No____ (If yes, provide date & explain):_____

_____

REFERENCES:

Only one reference should be a family member:

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

_____
City State Zip Code

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

_____
City State Zip Code

3. Name: _____ Phone: _____

Address: _____ Relationship: _____

_____

Directions to your home from ACH: _____

_____

_____

_____

_____

I am interested in becoming a part of the American Children's Home Foster Home Care Program. I understand that any information shared by myself or American Children's Home staff will be held in strict confidence in order to safeguard the rights of the child(ren).
The information on this application is accurate and I understand that misleading or untrue information may result in my application being denied.

Date: _____ Applicant: _____

Spouse: _____

This page is for ACH employee to complete.

Applicant 1 Name: _____ Applicant 2 Name: _____

Traditional Foster Care is the only program ACH offers, **not** therapeutic foster care.

Interviewer Name/Title: _____

Date/time/location of visits and who did you speak with.
(3 should be at the home and 1 at the ACH office-2 individually and 2 together)

First Visit (date, time, place, who was there):

_____

Second Visit (date, time, place, who was there):

_____

Third Visit (date, time, place, who was there):

_____

Forth Visit (date, time, place, who was there):

_____

Comments:

_____

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