

COMMUNITY SPECIALIZED SERVICES, INC.
FAMILY FOSTER CARE & THERAPEUTIC FOSTER CARE APPLICATION

How did you hear about this program?

What type of service are you interested in providing?
 Therapeutic Foster Care _____ Family Foster Care _____
 Full Time Care _____ Respite Care _____ Crisis Care _____ All _____

Date: _____ Birth Date: _____ Birthplace: _____
 SSN: _____ Sex ☐ male ☐ female Race: _____
 Marital Status: ☐ married _____ ☐ divorced _____ ☐ single _____ ☐ widowed
 Full Name (First, Middle, Last): _____
 Spouse (if applicable): _____
 Full Address: _____ County: _____
 Telephone #: _____ wk# (if applicable) _____

Are you a citizen of the United States? ☐ yes ☐ no Driver's License# _____
 Do you have a current Driver's License? ☐ yes ☐ no State: _____ Exp. Date: _____

Have you or a family member been convicted of any felony violation/misdemeanor? ☐ yes ☐ no
 Are you or a family member currently under charges of any violation of law? ☐ yes ☐ no
 During the last five years have you been imprisoned, on probation, or on parole? ☐ yes ☐ no
 Have you or a family member ever been investigated for child abuse or neglect? ☐ yes ☐ no
 If "yes" to any of the above please explain:

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4					
SCHOOL	NAME & LOCATION	DATES	GRAD?	Minor/Major	DEGREE
High School			Y/N		
College/Unv			Y/N		
Graduate			Y/N		

List licenses, certificates, special training programs and seminars you have completed in the last three years?

Have you served in the United States military service? () yes () no
List the dates (month, day, year) and Branch of Service:

From	To	Branch of Service

Were you discharged from the military service? () yes () no Discharge Date: _____ Type of Discharge: _____

If unemployed please list source(s) of income:
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Work History (include volunteer experience)		
Current Employer:	Supervisor:	Phone#:
Employer Address:		
Occupation:	Reason for Leaving:	
Date Employed:	Date Separated:	May we contact employer?
Average monthly income:		
List major job duties:		

Work History (include volunteer experience)		
Current Employer:	Supervisor:	Phone#:
Employer Address:		
Occupation:	Reason for Leaving:	
Date Employed:	Date Separated:	May we contact employer?
Average monthly income:		
List major job duties:		

Do you have relatives working for community Specialized Services, Inc.? () yes () no
If "yes" please provide information below:

Directions to your home (be specific):

Do you: Own home _____ Rent Home _____ Other _____
Location of Home: City _____ Rural _____ Subdivision _____
Type of Home: Brick _____ Wood _____ Mobile Home _____ Apt. _____ Other _____
Describe the structure and living accommodations of your home (be specific with each room):

Name and describe all persons in household:

<u>Name</u>	<u>Age/DOB</u>	<u>Relationship</u>	<u>Education</u>	<u>Occupation</u>	<u>Other</u>
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Name and describe all children who are not living in the home:

<u>Name</u>	<u>Age/DOB</u>	<u>Relationship</u>	<u>Education</u>	<u>Occupation</u>	<u>Other</u>
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Tell us about yourself, life history and interests:

Explain why you are interested in becoming a Foster Parent:

Explain what special qualifications, skills or accomplishments you have that may qualify you in becoming a Foster Parent?

Explain your education/work experience with mental health and/or children with behavioral challenges or other multiple problems:

What is your basic philosophy of raising children?

What is your philosophy on how a child may refer to you, i.e. mom, dad, first name basis, etc.

Where would you draw the line and request a child be discharged from your home?

How would you make arrangements for caring for a child if he/she became ill at school or while in after school program?

If you have your own children, how would measures of disciplining your child and a foster child differ and how would you handle explaining the situation?

Explain your feelings on the possibility of a child being removed from your home for therapeutic reasons?

Have you ever had any counseling to help you through difficult times? (If so, please explain):

How do you feel about contractual agreements?

Would you be willing and able to provide transportation for a child to various appointments i.e. medical, dental, educational services, counseling, personal growth activities, emergency treatment? () yes () no

Are you able to locate and navigate destinations? () yes () no

Would you be willing and able to participate in individual service planning for a child placed in your home? () yes () no

Would you be willing and able to attend initial and ongoing training sessions relevant to special skills in providing care to children? () yes () no

Would you be willing and able to attend support group meetings for Therapeutic parents, if licensed as a Therapeutic Home? () yes () no

Please list four references who are not related to you. Two previous employers, one on a personal basis and one from the school that your child attends. (If you do not have two previous employers or school age child, only then will four personal references be accepted). ** Additional references may be requested, as deemed necessary by CSS, Inc..

Full Name	Telephone #	Full Address

READ CAREFULLY BEFORE YOU SIGN.

I certify that all statements made in this application are true and accurate to the best of my knowledge. I authorize investigation of all my statements made in this application. I understand that any false information may be grounds for rejection of my application.

Signature of Applicant(s)

Date

Please note that all information in this application form will be held in strict confidence and will be used only for the purpose of the Family Foster Home and / or Therapeutic Home Licensing Procedure, whichever is applicable.

Thank you for your interest in our program.

Please return to: Community Specialized Services, Inc.
 c/o Wendy Rice- Executive Director
 P.O. Box 1298
 Concord, NC 28026

FOR COMMUNITY SPECIALIZED SERVICES, INC.: (Do not write in this box)

Date application was received: _____

Application reviewed/recommendations: _____

References verified/comments: _____

Application approved/rejected/comments: _____

Home Assessment scheduled/On-site interview: _____

Projected time frame for license completion: _____

Executive Director

Date