



Foster Parent Application

DATE: _____

- Licensing for the first time
- Transferring from another agency
(Please attach Transfer Release form)
- Former AYN Foster Parent

Are you currently, or have you ever been a licensed Foster Parent?

Yes No

If checked yes, with what agency? _____

Agency address: _____

From: (Month/Year) _____ to _____ (Month/Year)

I heard about AYN from:

Radio Presentation TV Ad Fair or Booth Poster AYN Parent: _____

Other: _____

Parent Information

Parent 1 Full Name _____ Female Male

Maiden or also known as _____ DOB ____/____/____ SS# ____ - ____ - ____

Parent 1 Home Phone _____ Work Phone _____ Cell Phone _____

Parent 1 Race _____ E-mail Address _____

Parent 1 Occupation/Employer _____

Hours ____/____ Approximate annual salary: \$____ per year

Parent 2 Full Name _____ Female Male

Maiden or also known as _____ DOB ____/____/____ SS# ____ - ____ - ____

Parent 2 Home Phone _____ Work Phone _____ Cell Phone _____

Parent 2 Race _____ E-mail Address _____

Parent 2 Occupation/Employer _____

Hours ____/____ Approximate annual salary: \$____ per year

Check one: Married Single Divorced Widowed Separated Cohabiting

Date of Marriage (if applicable) ____/____/____

Home address _____

Directions to the home _____

of Bedrooms in the home _____ Have you lived in NC for at least 5 years? Yes No

How long have you lived at your current address? _____

If less than five years, please give addresses for the last five years:

address _____ Dates ____/____/____

address _____ Dates ____/____/____

address _____ Dates ____/____/____

address _____ Dates ____/____/____

Children Inside Household Aged 17 & Under

Other Household Residents Aged 18 & Over

1. Full Name/Relationship _____

1. Full Name/Relationship _____

DOB ____/____/____ SS# ____ - ____ - ____

DOB ____/____/____ SS# ____ - ____ - ____

2. Full Name/Relationship _____

2. Full Name/Relationship _____

DOB ____/____/____ SS# ____ - ____ - ____

DOB ____/____/____ SS# ____ - ____ - ____

3. Full Name/Relationship _____

3. Full Name/Relationship _____

DOB ____/____/____ SS# ____ - ____ - ____

DOB ____/____/____ SS# ____ - ____ - ____

Children, Grandchildren, or Adults who frequently stay at your residence:

1. Full Name/Relationship _____

3. Full Name/Relationship _____

DOB ____/____/____

DOB ____/____/____

2. Full Name/Relationship _____

4. Full Name/Relationship _____

DOB ____/____/____

DOB ____/____/____

Please note that all adult children (over age 18) will be contacted during the licensing process.

Financial Information

1. Are you currently receiving Food Stamps? Yes No

2. Are you currently receiving TANF? Yes No

3. Have you received above services within the past 12 months? Yes No

4. Are you currently receiving section 8 housing services? Yes No

5. Are you currently receiving public housing services? Yes No

Additional General Information

1. Can at least one adult member of your household read and write? Yes No

2. Do you own or operate a home day care, after school care, or otherwise provide any form of childcare in your home?

Yes No

3. Does someone in your home have a valid North Carolina driver's license? Yes No

Driver's license # _____

4. Do you own a reliable vehicle? Yes No

Background Information

Have you or any member of your household been charged, arrested, or convicted of any offense or crime? Yes No If Yes, when? _____
Please explain: _____

By signing the application, you give Alexander Youth Network permission to check the following for all adults in the home: Initial background screen, DMV report, references, Sex Offender Registry, Health Care Registry, Department of Corrections.

OFFICE USE ONLY <input type="checkbox"/> STATE OF NC <input type="checkbox"/> SEX OFFENDERS <input type="checkbox"/> HEALTH REGISTRY <input type="checkbox"/> DMV <input type="checkbox"/> DOC
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_____ PARENT 1 SIGNATURE	_____ DATE	_____ PARENT 2 SIGNATURE	_____ DATE
_____ ADULT MEMBER OF HOUSEHOLD	_____ DATE	_____ ADULT MEMBER OF HOUSEHOLD	_____ DATE

I attest that I nor any member of my household:

- Has ever been found to have abused or neglected a child.
- Has ever been a respondent in a juvenile court proceeding that resulted in the removal of a child or have had child protective services involvement that resulted in the removal of a child.
- Has ever been confirmed or substantiated for abusing, neglecting, or exploiting a disabled adult.
- Has ever been a domestic violence perpetrator.

_____ PARENT 1 SIGNATURE	_____ DATE	_____ PARENT 2 SIGNATURE	_____ DATE
_____ ADULT MEMBER OF HOUSEHOLD	_____ DATE	_____ ADULT MEMBER OF HOUSEHOLD	_____ DATE

Thank you for completing the Foster Parent Application. One of our Foster Care staff will contact you when your application has been approved. We look forward to working with you as part of our Foster Parent Team!

Please return completed applications to: Alexander Youth Network
Foster Parent Application
6220 Thermal Road
Charlotte, NC 28211
Office (704) 227-9109
Fax (704) 362-6752

OFFICE USE ONLY	<input type="checkbox"/> BACKGROUND DONE
	<input type="checkbox"/> APPROVED
	<input type="checkbox"/> DISAPPROVED