ROCKWELL THERAPEUTIC FOSTER CARE LICENSURE APPLICATION

|  |
| --- |
| **APPLICANT INFORMATION** |
| **APPLICANT-1** | **APPLICANT-2**  |
| Full Legal Name:  | Full Legal Name:  |
| Maiden Name:  | Maiden Name:  |
| Previous Name(s):  | Previous Name(s):  |
| Marital Status: | Marital Status: |
| Date of Birth:  | Date of Birth:  |
| Place of Birth:  | Place of Birth: |
| Gender:  | Gender:  |
| Education:  | Education:  |
| Occupation: | Occupation |
| Work Hours (ex 8-5/M-F):  | Work Hours (ex 8-5/M-F):  |
| Employer’s Name:  | Employer’s Name:  |
| Social Security #: | Social Security #: |
| Driver’s License # & Issuing State: | Driver’s License # & Issuing State: |
| Length of Residency in NC: | Length of Residency in NC: |
| Length of Residency at current residence: | Length of Residency at current residence:  |
| Prior Address if **less** than 5 years in North Carolina: | Prior Address if **less** than 5 years in North Carolina: |
| Primary Spoken Language:  | Primary Spoken Language: |
| **Please note:** As part of our application process the North Carolina Department of Health and Human Services requires that we obtain your addresses for the last five years including the counties in which you lived. Rockwell requires that all adults (18 and older) complete a certified criminal record check for **all** adults in your home and who have not lived in NC for the past five years. Also, it is a **requirement** that **you** provide a copy of your Child Protective Services (CPS) history from the last five years from any state or county in which you may have lived. This information can be obtained by contacting the local Department of Social Services of the county in which you resided and requesting that the information be forwarded to Rockwell Development Center at 11330 Vanstory Drive, Suite 115 Huntersville, NC 28078. |
|  |
| **HOME ADDRESS** |
| Complete Home Address: |
| City/Town: Zip Code: |
| Home Phone #: Fax #:  |
|  |
| **CONTACT INFORMATION** |
| **APPLICANT-1** | **APPLICANT-2** |
| Work Telephone #:  | Work Telephone #:  |
| Cell Telephone #:  | Cell Telephone #:  |
| Email Address:  | Email Address: |
| **CHILDREN:** (If more than 5 children use back side of the **last** page of the application to record additional information) |
| **Name** | **Sex** | **Date of Birth** | **Living with Whom** |
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|  |
| **OTHER ADULTS LIVING IN APPLICANT’S HOME:** (If more than 2 other adults (18 and older) use back side of the **last** page the of application to record additional information) |
| **Name** | **Sex** | **Date of Birth** | **Relationship to Applicant(s)** |
|  |  |  |  |
|  |  |  |  |
|  |
| **MARRIAGE or DOMESTIC PARTNERSHIP:** (If more than 2 past marriages or past domestic partnerships use back side of the **last** page the of application to record additional information) |
| **APPLICANT-1** | **APPLICANT-2** |
| Date of **Current** Marriage :  | Date of **Current** Marriage :  |
| City/County & State of **Current** Marriage:  | City/County & State of **Current** Marriage:  |
| **PRIOR MARRIAGE(S)** | **PRIOR MARRIAGE(S)** |
| Date **1st** Marriage Begun:  | Date **1st** Marriage Begun:  |
| Divorce Finalization Date/City **and** State: | Divorce Finalization Date/City **and** State: |
|  |  |
| Date **2nd** Marriage Begun:  | Date **2nd** Marriage Begun:  |
| Divorce Finalization Date/City **and** State: | Divorce Finalization Date/City **and** State: |
|  |  |
| If married or a couple, how long have you lived together? | If married or a couple, how long have you lived together? |

**I AM/WE ARE INTERESTED IN (Please check one)**

 🞏 Foster Care Licensure (General)

🞏 Foster Care (Child Specific/Kinship) ***Please complete the information chart below***

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD’S NAME** | **DATE OF BIRTH** | **RELATIONSHIP TO YOU** | **CHILD’S SOCIAL WORKER NAME & CONTACT INFO.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TYPE OF CHILD YOU MAY CONSIDER FOSTERING:**

Age Range: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender of Child:  Male  Female  Either  Both  No Preference

Are you considering fostering siblings?  Yes  No  Unsure How many siblings? \_\_\_

**PREVIOUS ADOPTION/FOSTER CARE LICENSURE APPLICATION(S):**

Have you previously applied for adoption/foster care licensure, either as an individual, a couple or in a previous relationship?  Yes  No Where/Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously started or completed an adoption/foster care licensure/education program?

 Yes  No Where/Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously started or completed an adoption/foster care licensure home study?

 Yes  No Where/Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been licensed as a foster parent or have previously adopted a child?

 Yes  No Where/Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a foster care license/adoption application revoked or denied?

 Yes  No Where/Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND INFORMATION:**

Have you or any member of your household ever been charged **and/or** convicted of a crime?

 Yes  No If yes, describe the event, including location **and** date of incarceration. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or any member of your household ever had a child protective services investigation or referral?

 Yes  No If yes, describe allegation(s), city/county, state **and** year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INCOME (Please circle):**

less than $20,000 $20,001-$40,000 $40,001-$60,000 $30,001-$40,000 $60,001 or above

**Source of Income (Please circle)**Employment Retirement Social Security/SSDI

Other: **Please Explain**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has any member of your immediate family been involved in counseling **and/or** treatment for? (Please Check)

Alcohol/Drug Problems Marital Problems Child-School Problems Parent-Child Problems

Financial Problems Mental Illness Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If checked, please describe in detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any health problems in your immediate family?  Yes  No (If yes, please describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF THE HOME:**

Number of Bedrooms: \_\_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_\_\_

**Please List occupants of each bedroom below**

Bedroom #1 \_\_\_\_\_\_\_\_\_\_\_\_\_ Bedroom #2 \_\_\_\_\_\_\_\_\_\_\_ Bedroom # 3 \_\_\_\_\_\_\_\_\_\_\_\_\_

Bedroom #4 \_\_\_\_\_\_\_\_\_\_\_\_\_ Bedroom #5 \_\_\_\_\_\_\_\_\_\_\_ Bedroom # 6 \_\_\_\_\_\_\_\_\_\_\_\_

**SAFETY CHECKLIST (Please review and check the appropriate response)**

**1. Household Requirements:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | No | N/A | Will comply |  |
|  |  |  |  | Designated spaces for living, dining, food preparation and storage; separate rooms for sleeping and bathing for household members. |
|  |  |  |  | Stable supply of heat provided & maintained to occupied rooms. |
|  |  |  |  | Garbage, refuse and other wastes disposed of in a way that does not constitute a health hazard. |
|  |  |  |  | Mirrors and other wall attachments fixed securely to walls. |
|  |  |  |  | The home has running water to the kitchen and all bathrooms. |
|  |  |  |  | Steps or railings sturdy, appropriately spaced and in good condition. |
|  |  |  |  | Electrical outlets covered and not overloaded. |
|  |  |  |  | Electrical appliances and cords out of young children’s reach. |
|  |  |  |  | Underwriters Laboratory (UL) extension cords used only for portable appliances and not substituted for permanent wiring. |
|  |  |  |  | Radiators, hot water pipes and fireplaces covered. |
|  |  |  |  | Exits and stairways gated or otherwise secured for infants and young children. |
|  |  |  |  | Knives, scissors and other sharp instruments kept out of the reach of young children. |
|  |  |  |  | Windows, screens and balcony doors in multi-story buildings secured by safety latches/catches. |
|  |  |  |  | Cords on blinds and drapes constructed without loops and kept out of the reach of young children. |
|  |  |  |  | Television sets on tables or stands stationed securely. |
|  |  |  |  | Are all designated egress (exits) free of double key dead bolt locks? If **not** are you willing to change them to meet NC Licensing Standards? 🞏Yes 🞏No N/A 🞏 |

**2. Communication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | No | N/A | Will comply |  |
|  |  |  |  | Working connected landline telephone in the home. |
|  |  |  |  | List of emergency telephone numbers readily accessible. |

**3. Weapons**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | No | N/A | Will comply |  |
|  |  |  |  | Weapons, including firearms, air rifles, bows & hunting slingshots made inoperable when not in use & are stored in locked cabinets, inaccessible to children. |
|  |  |  |  | Ammunition stored separately from weapons in containers in locked cupboards/cabinets. |

**4. Fire Safety**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | No | N/A | Will comply |  |
|  |  |  |  | Smoke Detector(s) in working order located between bedrooms and remainder of home.  |
|  |  |  |  | Emergency telephone numbers and a written fire evacuation plan posted in a prominent location and visible to all residents and guest? |
|  |  |  |  | Written Fire Evacuation Plan established and regularly reviewed with all household members. |
|  |  |  |  | Working, mounted “ABC” fire extinguisher(s), with a rating not less than 1-A installed and readily available in the residence?  |
|  |  |  |  | Carbon Monoxide (CO) detector installed for homes that use fuel oil products, coal, wood or gas to heat, cool, cook, operate a hot water heater or gas logs. |
|  |  |  |  | Entrances, exits, ramps, steps, corridors and hallways well-lit and unobstructed, free from storage, and readily accessible. |
|  |  |  |  | Fireplace/woodstoves installed as per specification of the local fire department. |
|  |  |  |  | Fireplace screens or front guards in use; combustible deposits removed regularly. |
|  |  |  |  | Stovepipe/chimney cleaned regularly.  |

**5. Sleeping Arrangements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | No | N/A | Will comply |  |
|  |  |  |  | Infant cribs in compliance with government safety standards. |
|  |  |  |  | Separate bed with suitable mattress for each child. |
|  |  |  |  | Bedrooms occupied by children do **not** have external door locks. |
|  |  |  |  | Bedrooms occupied by children have a window. |
|  |  |  |  | Doors and windows in rooms used for sleeping open properly with little effort. |
|  |  |  |  | Clothing storage space available for child’s personal belongings. |
|  |  |  |  | No bedroom is in a building detached from the home, an unfinished attic or unfinished basement, or a stairway hall. |

**6. Medicines and Hazardous Substances**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | No | N/A | Will comply |  |
|  |  |  |  | Medications and other potentially hazardous pharmaceutical substances stored in locked cupboard inaccessible to children. |
|  |  |  |  | Other potentially hazardous household substances/cleaning materials (e.g. bleach, cleaning fluids, and pesticides) stored in locked cupboard inaccessible to children. |

**7. Specific Safety Precautions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | No | N/A | Will comply |  |
|  |  |  |  | Inform and instruct child about potential danger of certain types of farm equipment, structures and livestock (**where applicable**). |
|  |  |  |  | Does the home have **ANY** water feature(s) on **OR** near the property (e.g. wells, water troughs, lakes, rivers, reservoirs, culverts, ponds, streams, beaches, fountains, swimming pools, hot tubs and spas). |
|  |  |  |  | Swimming pools on property are secured with a 4ft (48”) high fence and locking gate around it. |
|  |  |  |  | Trampolines structures are anchored, secured and surrounded by lockable/locked netting enclosure and free from rips and tears.  |
|  |  |  |  | Internet adult sites, adult videos, and other such material are inaccessible to children and age appropriate supervision is provided on all electronic devices. |
|  |  |  |  | Precautions in place to protect children from second-hand smoke. |

**8. Pets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | No | N/A | Will comply |  |
|  |  |  |  | **All** pets have been inoculated and vaccinations are current. |
|  |  |  |  | Have any pets shown any incidents of aggression of violence?Explain: |
|  |  |  |  | Type of pets in the home?Dog (s) # \_\_\_\_ Cat (s) #\_\_\_\_\_ Other: Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**9. Automobile Safety**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | No | N/A | Will comply |  |
|  |  |  |  | Automobile in safe operating condition and insured. |
|  |  |  |  | Valid Driver’s License for each person driving children. |
|  |  |  |  | Equipped with child safety seats for infants/young children |
|  |  |  |   | Equipped with booster seats for older children, less than 8 years of age or weighing less than 80 lbs. |
|  |  |  |  | Equipped with safety seat belts for each person. |
|  |  |  |  | All safety seats and belts meet standard safety regulations. |

**FINANCIAL INFORMATION**

Please provide an outline of your financial situation as follow.

Name - Applicant 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name - Applicant 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **ANNUAL EMPLOYMENT INCOME** | **Gross Monthly Income** | **Net Monthly Income** |
| Applicant 1 | $ | $ |
| Applicant 2 | $ | $ |
| **OTHER MONTHLY/ANNUAL INCOME**(**Include** and **CIRCLE** Child Support, TANF, Unemployment, Retirement Income, SSI/SSD, Food Stamps, Rental Income, Foster Care Board Stipend)  |  $  |  $  |  |
| Applicant 1 | $ | $ |
| Applicant 2 | $ | $ |
| **TOTAL MONTHLY INCOME** | $  | $  |

|  |  |  |
| --- | --- | --- |
|  **COMBINED MONTHLY EXPENSES** | **AMOUNT SPENT** |  |
| Mortgage /Rent | $ |
| Second Mortgage/Timeshares/Leases/HOA dues | $ |
| Groceries and Household Items | $  |
|  |  |
| Pet Supplies (e.g. Food, grooming/veterinarian/insurance, etc.) | $ |
|  |  |
| **Household Bills** |  |
| Heating Expenses (e.g. Gas/propane/electric/oil/kerosene, etc.) | $ |
| Electricity | $ |
|  |  |
|  |  |
| Water | $ |
| Home Security System | $ |
| **Transportation/Automobile**  | $  |
| Car Payment #1 | $ |
| Car Payment #2 | $ |
|  |  |
| Auto Insurance  | $ |
| Boat/Motorcycle, or other (explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | $ |
|  | $ |
| **Insurance (do not include if deducted from paycheck)** |  |
|  | $ |
|  | $ |
| Homeowner/Renters | $ |
| **Other Expenses** |  |
|  | $ |
| Child Support (paying out only) | $ |
|  | $ |
| Child Care Expenses/Private School/Tutoring | $ |
|  | $ |
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|  |  |
| **TOTAL MONTHLY EXPENSES** | $ |

|  |  |
| --- | --- |
| Total Monthly Net Income | **$** |
| Total Monthly Expenses | **$** |
| Disposable Monthly Income | **$** |

**\*INSURANCE**

Homeowner’s/tenants’ insurance policy: **🞏** I/We have       🞏 I/We will obtain

Auto insurance coverage per vehicle: **🞏** I/We have     🞏 I/We will obtain

**\*ACKNOWLEDGEMENTS**

**Please review the statements below. Each applicant must initial each statement indicated AND sign and date the application.**

**I/We, the undersigned, submit this application with the following acknowledgements:**

\_\_\_\_\_ \_\_\_\_\_ I/We confirm that the information given on this financial statement is accurate and complete to the best of my/our knowledge. I/We understand that we may need to provide copies of the last 30 days of expenses/bills /statements/proof of income (e.g. pay stubs/statements and/or tax returns) which reflect the completed financial statement information.

\_\_\_\_\_ \_\_\_\_\_ I/We give full permission to the foster care licensing, QP specialist to communicate and exchange information about me/us, in written or verbal form, with other child welfare agencies, private agencies, physicians, mental health professionals, references, other licensees and practitioners, government agencies/departments, and other sources, as necessary, in order to further my/our application.

\_\_\_\_\_ \_\_\_\_\_ I/We understand that criminal backgrounds checks will be completed on me/us as a part of this application process.

\_\_\_\_\_ \_\_\_\_\_ I/We understand that any false statement (s), or omitted information in this application, may jeopardize my/our ability to move forward in the foster care licensure process with Rockwell Development Center.

­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_*

Signature of Applicant # 1 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_*

Signature of Applicant # 2 Date

**Internal Usage Only**

🞏 Therapeutic Foster Parent

**Application Reviewer’s Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Reviewer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Application Reviewed and Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**