

**KINSHIP HOME LICENSE APPLICATION  
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

---

**Required Applicants (10A NCAC 70E .1104 (d)). Foster parent applicants who are married are presumed to be co-parents in the same household and both shall complete all licensing requirements. Adults 21 years of age or older, living in currently licensed or newly licensed foster homes who have responsibility for the care, supervision, or discipline of the foster child shall complete all licensing requirements. The supervising agency shall assess each adult's responsibility for the care, supervision, or discipline of the foster child.**

**I. NAME, CRIMINAL HISTORY & BACKGROUND CHECK INFORMATION (10A NCAC 70E .1114 & .1116)**

**A. Name & Education Level**

Applicant's Full Name (First, Middle., Last)	Nicknames/Preferred Name	Maiden Name	Previous Married Name	*Education Level

\*Education Level (Indicate HS, GED, BA, BS, MS, PhD)

**Applicants without a High School Diploma or GED have the ability to read and write as evidenced by their ability to administer medications as prescribed by a licensed medical provider, maintain medication administration logs and maintain progress notes.**

YES    NO

Mailing address, if different than home address:

**B. Others in Household (Do Not Include Applicants' Children or Foster Children)**

Name-include relatives, non-related boarders,	DOB	Sex	Relationship to Family

daycare, babysitting children, etc. <b>(First, Middle, Last)</b>			

**C. North Carolina Criminal History & Background Check Information. All criminal history MUST be listed.**  
**10A NCAC 70E .1114 CRIMINAL HISTORIES**

<b>Type of Background Check Conducted</b>		<b>Date</b>
<b>Check (Applicants &amp; Adult Household Members) Conducted</b>		<b>Conducted</b>
<b>Local Court Record Checked by Agency Staff</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings and Dates: _____		
Explanation of Findings:		
<b>NC Dept. of Public Safety Offender Information</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings and Dates:		
Explanation of Findings:		
<b>NC Sex Offender and Public Protection Registry</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings and Dates: _____		

Explanation of Findings: _____		
<b>Health Care Personnel Registry</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Findings and Dates: _____		
Explanation of Findings: _____		

**D. North Carolina Child Abuse Neglect History**

<b>Child Abuse or Neglect Reported (Applicants &amp; Adult Household Members)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Substantiation: <input type="checkbox"/> YES, Date of Substantiation: _____ <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Explanation of Findings: _____		

**E. Complete Section E if applicants/adult household members have **NOT** resided in NC for the past five years.**

Previous Address(es) (Applicants & Adult Household Members)	Dates of Residency

<b>Child Central Registry Check(s) from above State(s) of residence regarding applicant as a perpetrator of abuse or neglect if he/she DID NOT reside in NC for the past five years.</b>	<b>Date Conducted:</b>
--	------------------------

--	--

**Place child abuse/neglect clearance letters from other state(s) after the signature page. Any findings of child abuse/neglect, criminal history or background check offenses will require a letter of explanation and support from the agency director.**

**F. Have any of the applicants been previously licensed as foster parents?**  YES  NO If Yes, Document information provided by the previous agency regarding the foster parenting experiences of the applicant. \_\_\_\_\_

**G. Do Applicants have In-Home Day Care?**  YES  NO If 'YES' attach copy of Day Care License (Place this document after the signature page).

**II. FOSTER HOME QUALIFICATIONS (10A NCAC 70E .1001)**

**A. Applicants' Own Children in Home**

Name (First, Middle., Last)	DOB	Sex	Education Level

**B. Foster Children Presently in Home** Indicate if placement of relative, non-relative or child in custody of an out-of state agency. Indicate with an **asterisk (\*)** children placed for therapeutic services.

Name (First, Middle., Last)	DOB	Sex	Date of Placement


**C. Applicants' Own Children Not in Home** including children applicant has parented in the past (step, relative, non-related, etc.) (This does NOT include foster children.)

<b>Name (First, Middle, Last Name prior to marriage)</b>	<b>DOB</b>	<b>Sex</b>	<b>Address (City/State)</b>

**III. STANDARDS FOR LICENSURE (10A NCAC 70E .1100)**

**A. Clients Rights and Care of Children (10A NCAC 70E .1101)**

Applicants agree to ensure that each foster child:  **YES**  **NO**

- 1) Has clothing to wear that is appropriate to the weather;
- 1) Is allowed to have personal property;
- 2) Is encouraged to express opinions on issues concerning care;
- 3) Is provided care in a manner that recognizes the child's cultural values and traditions;

- 4) Is provided the opportunity for spiritual development and is not denied the right to practice his or her religious beliefs;
- 5) Is not identified as a foster child in any way;
- 6) Is not forced to acknowledge dependency on or gratitude to the foster parents;
- 7) Is encouraged to contact and have telephone conversations with family members unless contraindicated in the child's visitation and contact plan;
- 8) Is provided training and discipline that is appropriate for the child's age, intelligence, emotional makeup, and past experience;
- 9) Is not subjected to cruel or abusive punishment, as established in G.S. 7B 101(1) and (15);
- 10) Is not subjected to corporal punishment;
- 11) Is not deprived of a meal or contacts with family for punishment or placed in isolation time-out except when isolation time-out means the removal of a child to an unlocked room or area from which the child is not physically prevented from leaving. The foster parent may use isolation time-out as a behavioral control measure when the foster parent provides it within hearing distance of a foster parent. The length of the isolation time-out shall be appropriate for the child's age, intelligence, emotional makeup, and past experiences;
- 12) Is not subjected to verbal abuse, threats, or humiliating remarks about himself or herself or his or her family;
- 13) Is provided a daily routine in the home that promotes a positive mental health environment and provides an opportunity for normal activities with time for rest and play;
- 14) Is provided training in nutrition and personal hygiene. Each child shall be provided food with nutritional content for normal growth and health. Diets prescribed by a licensed medical provider shall be provided;
- 15) Is provided medical care in accordance with the treatment prescribed for the child;
- 16) Of mandatory school age, as established in G.S. 115C-378(a), maintains regular school attendance unless the child has been excused by the authorities;
- 17) Is encouraged to participate in neighborhood and group activities, to have friends visit the home, and to visit in the homes of friends;
- 18) Assumes responsibility for himself or herself and for household duties that are appropriate for the child's age intelligence, emotional makeup, and past experiences. Household tasks shall not interfere with school, sleep, or study periods;
- 19) Is not permitted to do any task that violates child labor laws, as established in G.S. 95-25.5 and Fair Labor Standards Act (FLSA), incorporated by reference including subsequent amendments and editions, or not appropriate for the child's age, intelligence, emotional makeup, and past experiences;
- 20) Is provided supervision that is appropriate for the child's age, intelligence, emotional makeup, and experience;
- 21) If less than eight years of age or weighs less than 80 pounds, is properly secured in a child passenger restraint system in accordance with the manufacturer's instructions;

- 22) Is protected from disclosure of confidential information about the child or the child's family. Such confidential information shall not be shared unless lawfully authorized; and
- 23) Is encouraged to participate in extracurricular, recreational, enrichment, cultural, and social activities in accordance with G.S. 131D-10.2A.

**B. Medication (10A NCAC 70E .1102)**

Foster parents agree to be responsible for the following regarding medication:  YES  NO

1) General requirements:

- a. Retain the manufacturer's label with expiration dates visible on non-prescription drug containers not dispensed by a pharmacist;
- b. Administer prescription drugs to a child only on the written order of a person authorized by law to prescribe drugs;
- c. Allow prescription medications to be self-administered by children only when authorized in writing by the child's licensed medical provider;
- d. Allow non-prescription medications to be administered to a child taking prescription medications only when authorized by the child's licensed medical provider; allow non-prescription medications to be administered to a child not taking prescription medication, with the authorization of the parents, guardian, legal custodian, or licensed medical provider;
- e. Allow injections to be administered by unlicensed persons who have been trained by a registered nurse, pharmacist, or other person allowed by law to train unlicensed persons to administer injections;
- f. Immediately record in a Medication Administration Record (MAR) provided by the supervising agency all drugs administered to each child. The MAR shall include the following: child's name; name, strength, and quantity of the drug; instructions for administering the drug; date and time the drug is administered, discontinued, or returned to the supervising agency or the person legally authorized to remove the child from foster care; name or initials of person administering or returning the drug; child requests for changes or clarifications concerning medications; and child's refusal of any drug; and
- g. Follow-up for child requests for changes or clarifications concerning medications with an appointment or consultation with a licensed medical provider.

2) Medication disposal:

- a. Return prescription medications to the supervising agency or person legally authorized to remove the child from foster care; and
- b. Return discontinued prescription medications to a pharmacy or the supervising agency for disposal, in accordance with 10A NCAC 70G .0510(c).

3) Medication storage:

- a. Store prescription and over-the-counter medications in a locked cabinet in a clean, well-lighted, well-ventilated room other than bathrooms,

kitchen, or utility room between 59° F (15 ° C) and 86° F (30° C);

- b. Store medications in a refrigerator, if required, between 36° F (2° C) and 46° F (8° C). If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container within the refrigerator; and
  - c. Store prescription medications separately for each child.
- 4) Psychotropic medication review:
- a. Arrange for any child receiving psychotropic medications to have their drug regimen reviewed by the child's licensed medical provider at least every six months;
  - b. Report the findings of the drug regimen review to the supervising agency; and
  - c. Document the drug review in the MAR along with any prescribed changes.
- 5) Medication errors:
- a. Report drug administration errors or adverse drug reactions to a licensed medical provider or pharmacist; and
  - b. Document the drug administered and the drug reaction in the MAR.

**C. Physical Restraints (10A NCAC 70E .1103)**

1) Foster parents who utilize physical restraint holds agree to not engage in discipline or behavior management, which includes:

YES       NO       N/A

- a) protective or mechanical restraints
- b) a drug used as a restraint, except as outlined in Paragraph (b) of this Rule;
- c) the seclusion of a child in a locked room; or
- d) physical restraint holds except for a child who is at imminent risk of harm to himself, herself, or others until there is no longer any risk of imminent harm to any party.

2) Foster Parents agree to meet the following regarding training requirements and the use to physical restraints:

YES       NO       N/A

- a. Before a foster parent administers physical restraint holds, each foster parent shall complete training that includes 16 hours of initial training in behavior management, including techniques for de-escalating problem behavior, the use of physical restraint holds, monitoring of vital indicators, and debriefing children and foster parents involved in physical restraint holds.
- b. Foster parents authorized to use physical restraint holds shall annually complete eight hours of behavior management training, including



techniques for de-escalating problem behavior.

c. This training shall count toward the training requirements as set forth in 10A NCAC 70E .1117(f)(6).

d. Only foster parents trained in the use of physical restraint holds may administer physical restraint holds.

3) Foster parents agree to the following regarding the administration of physical restraints:  YES  NO  N/A

a. foster parents shall use only those physical restraint holds approved by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, pursuant to 10A NCAC 27E .0108. Approved physical restraint holds can be found at the following web site:

<https://www2.ncdhhs.gov/mhddsas/providers/trainingandconferences/restraints.htm>;

b. a foster parent shall not use physical restraints that will cause a child harm, given their medical condition or any medications that they are taking;

c. no child shall be restrained using a physical object;

d. no child or group of children shall be allowed to participate in the physical restraint of another child;

e. physical restraint holds shall:

i. not be used for purposes of discipline or convenience;

ii. be used only when there is imminent risk of harm to the child or others and less restrictive approaches have failed;

iii. be administered in the least restrictive manner possible to protect the child or others from imminent risk of harm; and

iv. end when there is no longer any risk of imminent harm to any party;

f. The foster parent shall:

i. ensure that any physical restraint hold used on a child is administered by a trained foster parent with a second trained adult in attendance. Concurrent with the administration of a physical restraint hold and for a minimum of 15 minutes subsequent to the termination of the hold, a foster parent shall monitor the child's breathing, ascertain the child is verbally responsive and has motor control and ensure the child remains conscious without any complaints of pain. The supervising agency may seek a waiver from the licensing authority for a foster parent to administer a physical restraint hold without a second trained adult in attendance. The licensing authority shall grant the waiver if it receives a written waiver request; written approval from the child's parent, guardian, or custodian that the administering of a physical restraint hold without a second trained person present is acceptable; written approval from the supervising agency that the foster parent is authorized to administer a physical restraint hold without a second trained person present; documentation that there is approval by the child and family team; and documentation in the person-centered plan or out-of-home family services agreement that it is acceptable for the foster parent to administer a physical restraint hold without a second trained person present;

- ii. terminate the physical restraint hold or adjust the position to ensure that the child's breathing and motor control are not restricted if at any time during the administration of a physical restraint hold the child complains of being unable to breathe or loses motor control;
  - iii. immediately seek medical attention for the child if at any time it appears to be necessary;
  - iv. conduct an interview with the foster child about the incident following the use of a physical restraint hold;
- g. The foster parent shall cooperate with and provide information to the supervising agency who shall:
- h. The supervising agency shall interview the foster parent administering the physical restraint about the incident following the use of a physical restraint. Each report shall include:
- i. document each incident of a child being subjected to a physical restraint in a report. The incident report shall include
    - 1. the child's name, age, height, and weight;
    - 2. the type of hold utilized;
    - 3. the duration of the hold;
    - 4. the trained foster parent administering the hold;
    - 5. the trained adult witnessing the hold;
    - 6. the less restrictive alternatives that were attempted prior to utilizing physical restraint;
    - 7. the child's behavior that necessitated the use of physical restraint; and
    - 8. whether the child's condition required medical attention; and
  - i. Physical restraints where a person ends up in a prone or face down position shall be prohibited.
- 4) Foster parents shall annually receive written approval from the executive director of the supervising agency or his or her designee before administering physical restraint holds. This written approval shall be based upon the executive director's evaluation of the foster parent's historical use of physical restraints. The foster parent shall retain a copy of the written approval and a copy shall be placed in the foster home record.
- YES  NO  NA

**D. Physical Restraints (10A NCAC 70E .1103)**

- 1) Foster parents agree to the following regarding physical restraints and the use of drugs:  YES  NO
- a. Foster parents shall not administer drugs to a foster child for the purpose of punishment, foster parent convenience, substitution for supervision, or for the purpose of restraining the child.

- b. A drug used as a restraint means a medication used only to control behavior or to restrict a child's freedom of movement and is not a standard medication to treat a psychiatric condition.

**IV. CONFLICT OF INTEREST (10A NCAC 70E .1105)**

- 2) Applicant supervised by a Public or Private child-placing agency is a member of agency board of directors, governance structure, social services board, county commission or is an agency employee or relative of an agency employee?  YES  NO

**B.** Applicant to be supervised by a Private child-placing agency and is an owner of that Private child-placing agency?  YES  NO

**V. DAY CARE CENTER OPERATION (10A NCAC 70E .1106)**

**A.** Do the applicants operate or plan to operate a day care center?  YES  NO

**B.** If the applicants operate or plan to operate a day care center do they meet the following criteria?

(1) The foster home living quarters shall not be part of the day care operation  YES  NO  NA

(2) There shall be a separate entrance to the day care operation  YES  NO  NA

(3) Staff specified in day care center rules shall be available to provide care for the day care children  YES  NO  NA

**VI. RELATIONSHIP TO SUPERVISING AGENCY & COMPLIANCE VISITS (10A NCAC 70E .1107 & .1113)**

**A.** Applicants agree to work with the supervising agency in the following ways:  YES  NO

(1) Work with the child and the child's parent or guardian in the placement process, reunification process, adoption process, and any change of placement process;

(2) Consult with social workers, mental health personnel, licensed medical providers, and other persons authorized by the child's parent guardian, or custodian who are involved with the child;

(3) Maintain confidentiality regarding children and their parent or guardian;

(4) Keep records regarding the child's illnesses, behaviors, social needs, educational needs, and family visits and contacts; and

(5) Report to the supervising agency any changes as required by 10A NCAC 70E .0902

(6) Complete in-service training as required in 10A NCAC 70E .1117 and obtain required documentation for relicensure **180 days prior** to expiration of license biennially

**B. Quarterly Visits:** Applicants agree to allow licensing social workers from the supervising agency to visit the home or to meet with the licensing social worker outside of the home every other month for the first year of licensure. Four of the six meetings shall take place in the foster

home. After one year of licensure, quarterly licensing visits may occur. Minimally, two of the quarterly visits each year shall take place in the foster home. Visits outside of the home may occur at a location of the licensing social workers preference

C. Foster parents who provide therapeutic foster care services agree to allow weekly supervision and support from a qualified professional as defined in 10A NCAC 27G .0104(19) and outlined in 10A NCAC 70G .0503(r). YES NO N/A

**VII. PHYSICAL & ENVIRONMENTAL SAFETY (10A NCAC 70E .1108, .1109, .1110, .1112)**

**A. Fire & Building Safety**

(1) Fire and Building Safety regulations met as evidenced by DSS-1515 Foster Home Fire Inspection Report attached. YES NO

**B. Health Regulations**

(1) Discussion was held regarding water quality and sanitation. Family is not aware of any health hazards caused by the family's water supply and sanitation facilities and has informed the supervising agency about any water testing that has been done and any immediate or past problems concerning water quality and sanitation. There is no reason to believe the water supply is not safe or the toilet and bathing facilities are not sanitary. YES NO

**C. Environmental Regulations**

(1) Environmental regulations met as evidenced by DSS-5150 Environmental Conditions Report attached? YES NO

**D. Pets**

(1) Do the applicants have household pets? YES NO

If yes, answer the following questions:

How many pets? \_\_\_\_\_

What type of pets? \_\_\_\_\_

What are the breeds of the pets? \_\_\_\_\_

What are the sizes of the pets? \_\_\_\_\_

Do the pets live inside or outside of the home? \_\_\_\_\_

Have the pets been vaccinated for rabies? \_\_\_\_\_

Are all pet vaccinations up-to-date? \_\_\_\_\_

How long have the pets been part of the household? \_\_\_\_\_

Have the pets been spayed or neutered? \_\_\_\_\_

Have the pets displayed any incidents of aggression or violence? \_\_\_\_\_

How do the pets react to strangers? \_\_\_\_\_

Have the pets been evaluated by a trainer? \_\_\_\_\_

Are there any concerns about how the pets will interact with foster children? \_\_\_\_\_

**E. Exterior Setting & Safety**

- (1) Exterior spaces around the foster home, including any yard spaces are clear of any dangerous objects or hazardous items?  YES  NO
- 2) Exterior spaces around the foster home are clear of swimming pools?  YES  NO

If you answered NO check one of the following:

- There is a fence around the swimming pool that is at least 48 inches high with a locked gate around it.
- The ladder of an above ground pool is locked, and the ladder is secured in place or secured in a place inaccessible to children.

(3) Exterior spaces around the foster home are clear of bodies of water such as beaches, rivers, lakes, streams, ponds, culverts, ditches?  YES  
 NO

If you answered NO, answer the following questions:

What is the body of water? \_\_\_\_\_

How far is the body of water from the applicant's home? \_\_\_\_\_

Is the body of water visible from the applicant's home?  YES  NO

Is there is a fence at least 48 inches high with a locked gate around the yard and exterior space of the home while still providing play space for children?  YES  NO

Are there other barriers between the applicant's home and the body of water?  YES  NO

If YES, describe the barriers: \_\_\_\_\_

Describe the supervision and safety plan to protect children from having access to the body of water: \_\_\_\_\_

Has the director (or designee) of the supervising agency reviewed and approved the supervision and safety plan?  YES  NO

**F. Room Arrangements and Environment**

(1) Briefly describe the house, kitchen and dining areas, family or living areas and bathing facilities, and the setting in which the house is located. Please indicate the number of rooms identified as bedrooms in the floor plan. \_\_\_\_\_

(2) Home's design allows children privacy while bathing, dressing, and using toilet facilities?  YES  NO

(3) Indicate sleeping arrangements in **Table Below** for all members of the household including prospective and current foster children. Bedrooms shall be identified as such and not serve dual purposes. Each child must have his/ her own bed. Identify types of beds in each bedroom and who occupies each bed. Only describe beds that are available or in use as of the date of application.

**Bed Type:** Twin, Full, Queen, King, Bunk-Twin/Twin, Bunk – Full/Twin, Crib.

**Occupant(s):** To signify occupant list name of Applicant(s), Applicant's Minor Child, Applicant's Relative Child, any Non-relative child, or Adult household member occupying each bed. Enter "FC"(Foster Child) as the occupant where applicable to signify beds available for foster children.

<b>SLEEPING ARRANGEMENTS CHART</b>	<b>Bed Type / Occupant(s)</b>	<b>Bed Type / Occupant(s)</b>	<b>Bed Type / Occupant(s)</b>	<b>Bed Type / Occupant(s)</b>

<i>Example Bedroom 0.</i>	<i>Queen / Mr. &amp; Mrs. Applicant</i>	<i>Crib/FC</i>		
Bedroom 1.				
Bedroom 2.				
Bedroom 3.				
Bedroom 4.				
Bedroom 5.				

(4) Each bed is provided with comfortable, supported mattress, two sheets, blanket and bedspread?

YES       NO

(5) Separate and accessible drawer space and closet space for personal belongings and clothing available for each child?

YES       NO

### VIII. TRAINING REQUIREMENTS

A. Each applicant has successfully completed minimum of 15 hours of state approved pre-service training covering the components listed in 10A NCAC 70E .1117 (1) or completed a state approved pre-service training.  YES  NO Training: \_\_\_\_\_ Date Completed: \_\_\_\_\_

B. Each applicant has received certification in medication administration and first-aid, cardiopulmonary resuscitation (CPR) and universal precautions such as those provided by the American Red Cross, the American Heart Association or equivalent organizations  YES  NO

C. Each applicant agrees and understands they must successfully complete at least 15 hours of in-service training to be re-licensed.  YES  NO

D. Each applicant agrees to receive six hours of advanced medical training consisting of issues relevant to human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) annually if they care for a child with HIV or AIDS.  YES  NO

E. Each family foster parent applicant agrees to receive child specific training as outlined in the out-of-home family services agreement. *This training will count towards the 20 hours of in-service training requirement.*  YES  NO

F. Each therapeutic foster parent applicant has successfully completed 10 hours of additional pre-service training approved by NC DHHS and covering the components listed in 10A NCAC 70E .1117 (2).

YES  NO  N/A Training: \_\_\_\_\_ Date Completed: \_\_\_\_\_

G. Each therapeutic foster parent applicant understands and agrees to receive additional training as specified in 10A NCAC 70E .1117 (3). This training will count towards the 15 hours of in-service training requirement.  YES  NO  N/A

H. Each therapeutic foster parent applicant understands and agrees to receive additional child-specific training and supervision as required in 10A NCAC 70E .1117 (5). This training will count towards the 20 hours of in-service training requirement. YES NO N/A

IX. OTHER (10A NACA 70E subsections .0806, .0902, .1101, .1116, .0804)

A. Foster Parent Agreement signed and copy given to applicant(s) YES NO

B. Discipline Agreement signed and copy given to applicant(s) YES NO

C. Written notice regarding criminal history checks as required by G.S. 131D-10.3A(e) given to applicant(s) and adult household member(s) YES NO

D. At least 3 References obtained on all adult members of the foster home, copies in agency file YES NO

E. Agency Foster Parent Handbook with information on services, policies, standards, and expectations has been discussed with and reviewed applicant(s) YES NO

F. Waiver of licensing rule requested, and DSS-5199 Waiver Request form attached. YES NO

X. CRITERIA FOR THE FOSTER FAMILY & MUTUAL HOME ASSESSMENT (MHA) (10A NCAC 70E .0800,.0802, .0803 & .1104)

Applicants and household members are persons whose behaviors, circumstances and health are conducive to the safety and well-being of children.

YES NO

A. **Physical and Mental Health of Applicants:** The foster family shall be in good physical and mental health as evidenced by: the DSS-5017 and DSS-5156.

(1) Did applicants, household members, MD or agency identify any **Physical Health** issues on the DSS-5017 or DSS-5156? YES NO

If YES, answer the following questions.

1) What is the condition?

\_\_\_\_\_

2) What is the duration of the condition?



\_\_\_\_\_

3) **What are the symptoms?**

\_\_\_\_\_

4) **Does the condition affect activities of daily living?**

\_\_\_\_\_

5) **What is the treatment for the condition?**

\_\_\_\_\_

6) **Will the condition affect their ability to provide foster care?**

\_\_\_\_\_

Attach MD notes as needed.

(2) Did applicants, household members, MD or agency identify any **Mental Health** issues on the DSS-5017 or DSS-5156?

**YES**

**NO**

If **YES**, answer the following questions.

1) **What is the condition?**

\_\_\_\_\_

2) **What is the duration of the condition?**

\_\_\_\_\_

3) **What are the symptoms?**

\_\_\_\_\_

4) **Does the condition affect activities of daily living?**

\_\_\_\_\_

5) **What is the treatment for the condition?**

\_\_\_\_\_

6) **Will the condition affect their ability to provide foster care?**

\_\_\_\_\_

Attach MD, psychologist, counselor, therapist notes as needed.

(3) Is there an indication of alcohol abuse, drug abuse or illegal drug use by a member of the foster family?

YES       NO

(4) Is there an indication that a member of the foster family is a perpetrator of domestic violence?

YES       NO

(5) Is there an indication that a member of the foster family has abused, neglected, or exploited a disabled adult?

YES       NO

(6) Is there an indication that a member of the foster family has been found to have abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had child protective services involvement that resulted in the removal of a child?

YES       NO

If the answer to any of the above questions (3,4,5,6) is **YES** provide an explanation. \_\_\_\_\_



**Kinship Mutual Home Assessment:**

**Instructions: Please address each question with the applicant listed in the Elements to Discuss section of the DSS-5016-A.**

	Requirements	Elements to Discuss	Documentation of Discussion
<b>Home Environment</b>			
	<p><b>1. Caregiver / Family has a strong, quality relationship with the child(ren)</b></p>	<p>Please discuss the bonding/attachment between the caregiver and child. Does the child have a bond with the family members and how do they demonstrate commitment to the child(ren)'s needs?</p> <p>Please describe the caregivers' family of origin/relationship with their family as a child and currently. Who raised them? What was their family environment like?</p> <p>Do the caregiver(s) have past marriages? Are there any unresolved issues? Are the caregiver(s) currently in a significant relationship? Do they visit the home, and do they have contact with the child(ren)? If so, please add the significant other as a household member.</p> <p>Describe how the caregivers were disciplined as</p>	

		children, how they disciplined their children (if applicable) and how do they discipline the child(ren) in their home? Do they understand and agree to abide by state standards regarding corporal punishment?	
	<b>2. Caregiver/Family is able to provide a nurturing environment for the child.</b>	<p>Please discuss how they recognize the needs of the child(ren) and how they demonstrate a nurturing environment (verbally, behaviorally, physically)</p> <p>Please discuss how the caregiver(s) handle stress loss and grief.</p>	
	<b>3. The caretaker's family and family dynamics in the kinship home will support the child(ren)'s recovery from abuse or neglect.</b>	Please describe how the caregiver supports the child's recovery process. Please describe how the caregiver understands the impact of trauma on the child(ren)'s behaviors. What additional trauma education has this caregiver been provided?	

	Requirements	Elements to Discuss	Documentation of Discussion
<b>Birth Family/Community Ties</b>			
	<p><b>4. The caregiver has a relationship with the parent that will allow the placement to succeed and the permanent plan to be achieved.</b></p>	<p>Is the Caregiver able to recognize the needs of the parent and can set appropriate boundaries and follow the DSS guidelines with the parent?</p> <p>Is the Caregiver cooperating with the visitation plan, including phone contact?</p> <p>Are there any conflicts with the parents that may impact this placement?</p> <p>Is the caregiver willing to participate in shared parenting (make sure shared parenting is well described and understood)?</p>	

	<p><b>5. The caregiver supports the child(ren) in maintaining family/ community relationships?</b></p>	<p>Is the caretaker willing to facilitate contact with the child(ren)'s a) siblings? How has this been demonstrated? What is the plan for the contact to continue?</p> <p>Is the caretaker willing to facilitate contact with the child(ren)'s relatives? How has this been demonstrated? What is the plan for the contact to continue?</p> <p>What prior community relationships has the child(ren) been able to maintain in the home of this caretaker?</p> <p>Does this placement support the child(ren)'s cultural, ethnic and/or faith identity and how?</p> <p>Please discuss religious orientation if any.</p>	
--	--	---	--

	Requirements	Elements to Discuss	Documentation of Discussion
<b>Child(ren)'s Needs</b>			
	<b>6. Caregiver has the willingness and ability to meet all needs of the child(ren).</b>	<p>Please describe how the Kinship provider is working in partnership with the agency and treatment providers to identify needs of child(ren) and appropriate interventions.</p> <ul style="list-style-type: none"> <li>▪ Discuss special needs (especially any needs that have been identified since completion of the Initial Assessment) and confirm how the needs are or will be met.</li> <li>▪ Are there educational issues? How are they being addressed?</li> <li>▪ What are the childcare plans for the child?</li> <li>▪ How will the child(ren)'s "normalcy" needs be met? What social activities are or will be provided?</li> </ul>	



	<p><b>7. The provider's home will have adequate space with reasonable privacy and comfort for each child.</b></p>	<p>Are the sleeping arrangements appropriate for the age, gender, needs and behaviors of the child/children?</p> <p>Will the kinship provider's home continue to meet the child(ren)'s needs as they get older?</p>	
--	---	---	--

	Requirements	Elements to Discuss	Documentation of Discussion
<b>Placement Stability</b>			
	<p><b>8. The provider accesses existing supports to strengthen the family unit.</b></p>	<p>Please describe the Caregiver's formal and informal support networks.</p> <p>What is the kinship provider's plan for emergencies? Who will care for the child(ren) if the kinship provider is unable?</p>	

	<b>9. Caregiver has the willingness and ability to meet the needs of the other members of the household</b>	Discuss the emotional impact of caring for placed child(ren) in the caretaker's home on the caretaker's family members.	
--	---	---	--

	Requirements	Elements to Discuss	Documentation of Discussion
<b>Compliance &amp; Safety</b>			
	<b>10. The caregiver is willing and able to cooperate with the agency.</b>	<p>Please describe how the Caregiver follows policies, procedures, recommendations of agency.</p> <p>Are they given advanced notice, and do they attend agency meetings, etc., as needed?</p> <p>Does the kinship provider understand the court process, the requirement for concurrent planning, and expectation of their involvement in this process?</p> <p>Does the kinship provider understand his or her role and the roles of the social worker, GAL, attorneys, etc.?</p>	

	<p><b>13. The provider(s) have a clear CPS and criminal background.</b></p>	<p>Do the Caregivers or Adult Household members currently have or have had a history of abuse or neglect reported? If so, please provide the findings and details about the report.</p> <p>Do frequent visitors or family members have a history of abuse/neglect or a criminal history? If so, will there be any contact with the relative child?</p> <p>Please ensure all legal names are listed on the 5268 and searched.</p>	
	<p><b>14. Other safety:</b></p> <ul style="list-style-type: none"> <li>a. <b>Substance use</b></li> <li>b. <b>Domestic violence</b></li> </ul>	<p>Do the Caregivers have past experiences of abuse, neglect or DV? How have the caregivers overcome these experiences and how have they been impacted?</p> <p>Does the Caregiver(s) have a current or history of drug or alcohol abuse? Does anyone in their family of origin currently abuse alcohol or drugs? If so, please document the usage and how this does not present a safety concern for children.</p>	
	<p><b>15. Education/Employment History</b></p>	<p>List education and employment history. Include Employer and dates of employment.</p>	

	<b>16. Other topics.</b>	Document how you know that the caregiver(s) is emotionally stable and mature.	
	<b>17. Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.</b>		

**Part II. Documentation of Assessment of 12 Skills** – Foster parents have demonstrated strengths in the skill areas of 10A NCAC 70E .1004 (a), (1) through (12) which permit them to undertake and perform the responsibilities of meeting the needs of children, in providing continuity of care, and in working with the supervising agency. Checking the boxes below indicates that the supervising agency has assessed the family in these 12 areas and documentation is kept in agency file of the assessment.

- Skill 1:** Assessing individual and family strengths and needs and building on strengths and meeting needs.
- Skill 2:** Using and developing effective communication.
- Skill 3:** Identifying the strengths and needs of children placed in the home.
- Skill 4:** Building on children's strengths and meeting the needs of children placed in the home.
- Skill 5:** Developing partnerships with children placed in the home, parents or the guardians of the children placed in the home, the supervising agency and the community to develop and carry out plans for permanency.
- Skill 6:** Helping children placed in the home develop skills to manage loss and skills to form attachments.
- Skill 7:** Helping children placed in the home manage their behaviors.
- Skill 8:** Helping children placed in the home maintain and develop relationships that will keep them connected to their pasts.
- Skill 9:** Helping children placed in the home build on positive self-concept and positive family, cultural, and racial identity.
- Skill 10:** Providing a safe and healthy environment for children placed in the home which keeps them free from harm.
- Skill 11:** Assessing the ways in which providing family foster care or therapeutic foster care affects the family.
- Skill 12:** Making an informed decision regarding providing family foster care or therapeutic foster care.

**Part IV. Assessment of applicant’s Financial Ability to provide foster care.**

The licensing social worker has documented the monthly income and monthly expenses of the applicants.  YES  NO  
 This documentation is maintained in the supervising agency’s file for the applicants.  YES  NO

**Part V. Dates and Locations (Home Visit, Office Visit, Etc.) of Contacts with each applicant and family members. (Do Not include the dates applicants attended training.)**

Dates of Visits	Locations of Visits	Individuals Present

**XI. Recommendation for Licensure.**

Agency Recommends Licensure:  YES  NO

Document agency’s plan for supporting the family when placements occur: \_\_\_\_\_

**Submit the following documents with application:**

- (1) DSS 5015 – Foster Care Facility License Action Request
- (2) DSS 1515 – Fire Inspection Report
- (3) DSS 5150 – Environmental Conditions Report
- (4) DSS 5017 – Medical History Form(s) for each applicant, household member and child
- (5) DSS 5156 – Medical Evaluation for each applicant, household member and child
- (6) DSS 5268 – Results of the Responsible Individuals List (RIL) for each applicant and household member 18 years old and up
- (7) Child abuse/neglect clearance letter(s) if any adult household member has resided in a state(s) other than North Carolina for the past five years
- (8) Fingerprint Clearance Letters for each applicant and household member 18 years old and up
- (9) Letter of support from Agency Director-if applicable

- (10) Letter of support from Agency Director if any adult household members have child protective service history as a perpetrator
- (11) Copy of in-home day care license if applicants operate an in-home day care
- (12) DSS-5199 – Waiver Request Form if applicable

**SIGNATURES**

I have reviewed and am in agreement with the above information, declare that it is true and accurate, and understand that according to G. S. 132-1 this information may be furnished to others upon proper request. Application must be signed by all applicants, social worker, and agency head for licensure to be considered by the licensing authority. **The foster parents have received a copy of the completed DSS-5016 A.**

<b>Type Name of Applicant</b>	<b>Type Name of Applicant</b>
<b>Applicant Signature / Date</b>	<b>Applicant Signature / Date</b>

<b>Type Name of Applicant</b>	<b>Type Name of Applicant</b>
<b>Applicant Signature / Date</b>	<b>Applicant Signature / Date</b>

<b>Type Name of Social Worker</b>	
<b>Social Worker Signature / Date</b>	
<b>Social Worker Phone Number:</b>	
<b>Social Worker E-Mail Address:</b>	
<b>Type Name of Agency Director or Designee*</b>	

**\*I certify that the Agency Director has appointed me as Designee for the purpose of signing documents for Regulatory and Licensing Services. I have reviewed the information contained in this document and I am in agreement with this application.**

ü

**Signature of Agency Director or Designee / Date**

<b>Director/Designee Phone Number:</b>	
--	--

<b>Director/Designee E-Mail Address:</b>	
--	--



