



# North Carolina Department of Health and Human Services Division of Social Services

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May 27, 2004

## **DEAR COUNTY DIRECTOR OF SOCIAL SERVICES**

**Attention:** Child Foster Home Licensing Social Workers, County Social Services Departments and Licensed Child Placing Agencies

**Subject:** Revised Form DSS 5157  
FAMILY FOSTER HOME RE-LICENSE AND CHANGE APPLICATION

**Effective:** June 1, 2004

The Division has modified the Family Foster Home Re-License And Change Application Form DSS 5157 in order to document the dates that local agency criminal record checks are completed and to provide supervising agencies with a standard method of requesting changes or termination of a foster home license. This letter is to inform all staff involved in local child placing agencies that operate foster homes of this change in this standard form.

Form DSS 5157 is used to request the DSS Office of Child Facility Licensing to make changes in the licensure status of currently licensed foster homes. The form DSS 5157 is used to request a currently licensed foster home be relicensed for another license period. It is used to request that the license of a foster home be terminated. It is used to request a change in the types and number of children for whom the licensed foster home may provide care.

Form DSS 5157 Family Foster Home Re-License and Change Application Form is changed accordingly:

Title of the DSS 5157 is changed to Family Foster Re-license, Change, and Termination Request Application.

Re-license Application, Item 1: A space has been added to record the date that the local criminal record check was completed. A local area check of possible criminal activity of each adult member of the foster family household is required to be run before the license may be renewed. This check is to be run within 90 days of the end of the current license period.

Re license Application, Item 2: A space has been added to record the date that the Department of Corrections criminal record check was completed. A Department of Corrections criminal records check of possible criminal activity of each member of the foster family household is required to be run before the license may be renewed. This check is to be run within 90 days of the end of the current license period.

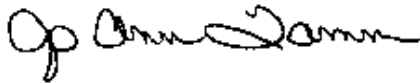
License Termination Request: A new entry to record the reason for requesting a license be terminated has been added to this form. Item 1 provides space to enter the date the termination is to be effective. Item 2 is to be used only if the foster parent does not sign the DSS 5157 in the space listed below. As with any licensing action, please attach a DSS 5015 Foster Care Facility License Action Request form.

License Change Request: This is a new entry to record requests for changes in licenses that currently are in force. Please list the date you wish the change to be effective. As always, attach a DSS 5015 Foster Care Facility Action Request Form. For a change of capacity, enter the number of children for whom the home has room. Enter the age range of children to be served if this is to be changed. If the address and location of the home changes, also attach a copy of the completed and signed Fire Safety Inspection form DSS 1515 and a copy of a completed Environmental Conditions Checklist, DSS 5150 to show that the new residence is in compliance with the rules governing physical structure. If an adult is being added to the household, please include a copy of the finger print clearance letter and copies of the necessary medical forms (DSS 5157, DSS 5016).

Signatures: For a relicense application, signatures are needed from at least one foster parent, the agency social worker, and an administrative officer of the agency authorized to commit the resources and reputation of the agency. For terminations, signatures of the agency social worker and at least one foster parent are required. In the event that a foster parent is not available to sign, please indicate the reasons as stated in item 2. For a change, the signature of the agency social worker is required.

If you have any questions about completing this revised DSS 5157, please contact the Office of Child Facility Licensing at 828 669 3388 in Black Mountain, or contact our foster home licensing consultants Angelina Spencer and Harry Maney via e mail at [Angelina.Spencer@NCMail.net](mailto:Angelina.Spencer@NCMail.net).or [Harry.Maney@NCMail.net](mailto:Harry.Maney@NCMail.net)

Sincerely,



Jo Ann Lamm, Program Administrator  
Family Support and Child Welfare Services Section

JAL/hm

cc: Pheon Beal  
Sherry Bradsher  
Family Support and Child Welfare Team Leaders  
Children's Program Representatives

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