

**NORTH CAROLINA DIVISION OF SOCIAL SERVICES
FAMILY FOSTER HOME RE-LICENSE, CHANGE, AND TERMINATION REQUEST APPLICATION**

Facility ID#: _____

Re-License Application:

1. Local court records checked for foster parents and other adults. () YES () NO
(If any new charges, explain on a separate sheet.) **Enter date(s) record(s) checked** _____
2. Dept. of Corrections Offender Information Public Search checked for foster parents and other adults. **Enter date(s) search(es) done** _____ () YES () NO
3. If any new adults in the home (18 years or older) a criminal record check was completed, finger prints cleared, and clearance letter is attached. () YES () NO () NA
- 4a. Each foster parent received the required 20 hours of training during the past two years. () YES () NO
- 4b. The year following initial licensure, the primary foster parent received training in First Aid, CPR and Universal Precautions. () YES () NO
- 4c. Foster parents using physical restraint holds received required training. () YES () NO () NA
5. Total number of children. To total no more than 7. **Fill in each blank.**
 ___ # foster parent's minor children
 ___ # relative children
 ___ # non-relative children who are not daycare or foster children
 ___ # In-Home daycare license capacity (the maximum number allowed as printed on the daycare license)
 ___ # foster care license capacity (the number or capacity as printed on the license or field 21 DSS 5015)
6. On file is a summary of fostering experience for past 2 years, including changes in the household, bedroom arrangements, an assessment of strengths and needs demonstrated by foster parents and steps taken to meet needs identified, dates and locations of quarterly visits, and recommendation regarding licensure. () YES () NO () NA
7. Childcare arrangements documented. () YES () NO () NA
8. DSS-5015 Foster Care Facility License Action Request is **attached**. () YES () NO
9. DSS-5156 Request for Medical Information is completed. () YES () NO
10. DSS-1515 Fire and Building Safety Inspection Report is approved. () YES () NO
11. DSS-5150 Environmental Conditions Checklist is completed. () YES () NO
12. DSS-5160 Authority for Release of Information is **attached**. () YES () NO
13. Waiver of a licensing rule was previously granted. If renewal is needed, (attach a separate sheet with justification for the renewal and a completed DSS 5199.) () YES () NO () NA

License Termination Request: (Attach a DSS-5015 Foster Care Facility License Action Request)

1. Please terminate this license effective _____
2. If Foster Parent not available for signature, indicate reason below:
() Moved, () No reply to agency attempts to contact () Other: Explain _____

License Change Request: (Attach DSS -5015 and include desired effective date) _____

1. Please change capacity to: _____ age ranges to: (from _____ to _____)
2. Please change the address to _____
(attach Copies of DSS 1515 and DSS 5150)
3. Please add to the household: Name _____ SSN _____
(attach copies of DSS 5156, DSS 5017, and finger print clearance letter)
4. Other change(s): DSS 5015 field to be changed: field: # _____ from _____ to _____

FAMILY FOSTER HOME RE-LICENSE APPLICATION OR CHANGE CERTIFICATION

We certify that agency staff has reviewed this re-licensing application and confirm that the home is in compliance with all rules/policies governing family foster homes. We understand that according to G.S. 132-1 this information may be furnished to others upon proper request.

Signature of Social Worker and Telephone #

Signature of Supervisor, Program Admin or Agency Head

Print Name of Social Worker / Date

Print Name of Supervisor, Program Admin or Agency Head/ Date

Signature of foster parent/ Date

Signature of foster parent/ Date