

FOSTER 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)	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, day care, babysitting children, etc. (First, Middle, Last)	DOB	Sex	Relationship to Family

C. North Carolina Criminal History & Background Check Information

Type of Background Check (Applicants & Adult Household Members)	Check Conducted	Date Conducted
Local Court Record Checked by Agency Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date :
Findings and Dates: Explanation of Findings:		
NC Dept. of Corrections Offender Information http://www.doc.state.nc.us/offenders/	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings and Dates: Explanation of Findings:		
NC Sex Offender and Public Protection Registry http://sexoffender.ncdoj.gov/	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings and Dates:		

Explanation of Findings:		
Health Care Personnel Registry https://www.ncnar.org/nchcpr.html	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings and Dates:		
Explanation of Findings:		

D. North Carolina Child Abuse Neglect History

Child Abuse or Neglect Reported (Applicants & Adult Household Members)	<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
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. Web site for child abuse/neglect registry information from other states: http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/State_Child_Abuse_Registries.pdf	Date Conducted:
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 an 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 court ordered 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	DOB	Sex	Education Level	Date of Placement
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(First, Middle., Last)				

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.)

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

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;
- (2) is allowed to have personal property;
- (3) is encouraged to express opinions on issues concerning care;
- (4) is provided care in a manner that recognizes variations in cultural values and traditions;
- (5) is provided the opportunity for spiritual development and is not denied the right to practice religious beliefs;
- (6) is not identified in connection with the supervising agency in any way that would bring the child or the child's family embarrassment;
- (7) is not forced to acknowledge dependency on or gratitude to the foster parents;
- (8) is encouraged to contact and have telephone conversations with family members, when not contraindicated in the child's visitation and contact plan;
- (9) is provided training and discipline that is appropriate for the child's age, intelligence, emotional makeup, and past experience;
- (10) is not subjected to cruel or abusive punishment;
- (11) is not subjected to corporal punishment;
- (12) 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 time alone shall be appropriate to the child's age and development;
- (13) is not subjected to verbal abuse, threats, or humiliating remarks about himself/herself or his/her families;
- (14) 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;
- (15) is provided training in good health habits, including proper eating, frequent bathing, and good grooming. Each child shall be provided food with nutritional content for normal growth and health. Any diets prescribed by a licensed medical provider shall be provided;
- (16) is provided medical care in accordance with the treatment prescribed for the child;

- (17) of mandatory school age maintains regular school attendance unless the child has been excused by the authorities;
- (18) is encouraged to participate in neighborhood and group activities, have friends visit the home and visit in the homes of friends.
- (19) assumes responsibility for herself/himself and household duties in accordance with her/his age, health, and ability. Household tasks shall not interfere with school, sleep, or study periods;
- (20) is provided opportunities to participate in recreational activities;
- (21) is not permitted to do any task which is in violation of child labor laws or not appropriate for a child of that age;
- (22) is provided supervision in accordance with the child's age, intelligence, emotional makeup, and experience; and
- (23) if less than eight years of age and weighs less than 80 pounds is properly secured in a child passenger restraint system that is approved and installed in a manner authorized by the Commissioner of Motor Vehicles.

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) drug used as a restraint, except as outlined in Paragraph (b) of this Rule;
 - (c) 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 the child is calm.
- (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 shall administer physical restraint holds, each foster parent shall complete training that includes at least 16 hours of initial training in behavior management, including techniques for de-escalating problem behavior, the appropriate 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 at least 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 shall 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 North Carolina Interventions (NCI) Quality Assurance Committee. Approved physical restraint holds can be found at the following web site:
<http://www.dhhs.state.nc.us/mhddsas/training/rscurricula/reviewedcurriculumbyname.pdf>
 - (b) before employing a physical restraint hold, the foster parent shall take into consideration the child's medical condition and any medications the child may be taking;
 - (c) no child shall be restrained utilizing a protective or mechanical device;
 - (d) no child or group of children shall be allowed to participate in the physical restraint of another child;
 - (e) physical restraint holds shall:
 - (ii) 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 the child becomes calm.
 - (f) The foster parent shall:
 - (i) ensure that any physical restraint hold utilized on a child is administered by a trained foster parent with a second trained foster parent or 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 motorically in 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, based on the following criteria: completion of the waiver request form. The licensing authority shall grant the waiver if it receives 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, and documentation that there is approval by the child and family team and documented 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) immediately 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 the child appears to be in distress; and
 - (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:
 - (i) interview the foster parent administering the physical restraint hold about the incident following the use of a physical restraint hold;
 - (ii) document each incident of a child being subjected to a physical restraint hold on an Incident Report provided by the licensing authority. 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 foster parent or 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 necessitated medical attention.
- (4) Foster parents agree to annually receive written approval from the executive director or his/her designee of the supervising agency before administering physical restraint holds. 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)

Foster parents agree to the following regarding physical restraints and the use of drugs:

☐ YES ☐ NO

- (a) Drugs shall not be used for the purpose of restraining a 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 to treat a psychiatric condition.
- (c) A drug shall not be used for the purpose of punishment, foster parent convenience, or substitution for adequate supervision.

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

A. 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(s) or guardian(s) in the placement process, reunification process, adoption process, or 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(s), guardian(s), or custodian(s) who are involved with the child;
- (3) Maintain confidentiality regarding children and their parent(s) or guardian(s);
- (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 meet with the licensing social worker outside of the home on at least a quarterly basis for the specific purpose of assessing licensing requirements. 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. ☐ YES ☐ NO
- 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 and .0203. ☐ 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, provide explanation (how many, what type of pets, breed, size, inside/outside pets, vaccinated for rabies, how long has the pet been part of the household, spayed/neutered, any incidents of aggression/violence, how does pet react to strangers, has pet been evaluated by a trainer, any concerns how pet will interact with foster child, etc.): _____
You will also need to determine if a foster child is allergic to pets.

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 bodies of water such as: swimming pools, beaches, rivers, lakes, streams, ponds, etc.? ☐ YES ☐ NO
If you answered 'NO' to (1) or (2) document how access to these objects, hazardous items, and/or bodies of water is avoided: _____

F. Room Arrangements and Environment

- (1) Briefly describe house, kitchen and dining areas, family or living areas and bathing facilities, and the setting in which the house is located. _____
- (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.

SLEEPING ARRANGEMENTS CHART	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)
Example Bedroom 0.	Queen / Mr. & Mrs. Applicant	Crib/FC		
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 30 hours of pre-service training covering the components listed in 10A NCAC 70E .1117 (1). ☐ YES ☐ NO Date Completed: ____/____/____
- B. Each applicant agrees to receive training 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 before a foster child is placed with the foster family. ☐ YES ☐ NO
- C. Each applicant agrees and understands they must successfully complete at least 10 hours annually 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 covering the components listed in 10A NCAC 70E .1117 (2). ☐ YES ☐ NO ☐ N/A 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 20 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 by 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.

- A. **Physical and Mental Health of Applicants:** The foster family shall be in good physical and mental health as evidenced by: **DSS-5017, DSS-5156, and TB test results** (TB tests required for all adults 18 years old and up; children under 18 only need to be tested if an adult in the home has tested positive).
- (1) Did applicants, household members, MD or agency identify any **Physical Health** issues on the DSS-5017, DSS-5156 or the TB test results? ☐ YES ☐ NO
If YES explain (What is condition? What is duration of condition? How does it manifest? What are symptoms? Does condition affect activities of daily living? What is treatment? Will condition affect 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** explain (What is condition? What is duration of condition? How does it manifest? What are symptoms? Does condition affect activities of daily living? What is treatment? Will condition affect 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. _____

B. Mutual Home Assessment: The mutual home assessment shall be carried out in a series of planned discussions between the supervising agency staff, the prospective foster parent applicants and other members of the household. The family shall be seen by the social worker in the family's home and in the supervising agency's office. For two or more applicants, separate as well as joint discussions with all applicants shall be arranged. The mutual home assessment is completed by the licensing professional or social worker.

There are Five Parts (I – V) to the Mutual Home Assessment.

Part I. Documentation of Family History – A preplacement assessment (adoption study) can be substituted for the Family History. MAPP profiles, agency questionnaires/applications are unacceptable. Are you substituting a preplacement assessment for the Family History? ☐ **YES** ☐ **NO** (If **YES**, attach after the signature page). A preplacement assessment (adoption study) **CANNOT** be substituted for the assessment of the 12 Skills in Part II.

	Foster Parent Applicant	Foster Parent Applicant
Name:		
Race:		
Birth Date:		
Place of Birth:		
Marital Status:		
Date of Marriage:		
Place of Marriage:		
County of Residence:		
Present Employment:		
Phone Number:		

Information about parents and siblings (who raised applicants, describe relationship with parents and siblings, describe parents' relationship with each other):

Family Support Systems in family of origin and currently:

Disciplinary methods used by the applicants' parents:

Personal experiences of abuse, neglect and domestic violence in family of origin and currently:

Significant experiences of loss and ability to cope with loss, grief, problems, stress, frustrations, crises:

Drug or alcohol abuse (in family of origin and currently):

Education and Employment History:

Religious orientation {(if any) in family of origin and currently}:

Marriages and other significant relationships:

Parenting Experiences:

Emotional stability and maturity:

Ability to give and receive affection:

Child Care Plans:

Part II. Documentation of Assessment of 12 Skills – completed by licensing professional. Foster parents shall be selected on the basis of demonstrating 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. Foster parents shall demonstrate skills in:

Skill 1: Assessing individual and family strengths and needs and building on strengths and meeting needs.

Strength:

Need:

Skill 2: Using and developing effective communication.

Strength:

Need:

Skill 3: Identifying the strengths and needs of children placed in the home.

Strength:

Need:

Skill 4: Building on children's strengths and meeting the needs of children placed in the home.

Strength:

Need:

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.

Strength:

Need:

Skill 6: Helping children placed in the home develop skills to manage loss and skills to form attachments.

Strength:

Need:

Skill 7: Helping children placed in the home manage their behaviors.

Strength:

Need:

Skill 8: Helping children placed in the home maintain and develop relationships that will keep them connected to their pasts.

Strength:

Need:

Skill 9: Helping children placed in the home build on positive self-concept and positive family, cultural, and racial identity.

Strength:

Need:

Skill 10: Providing a safe and healthy environment for children placed in the home which keeps them free from harm.

Strength:

Need:

Skill 11: Assessing the ways in which providing family foster care or therapeutic foster care affects the family.

Strength:

Need:

Skill 12: Making an informed decision regarding providing family foster care or therapeutic foster care.

Strength:

Need:

Part III. Assessment of applicant's willingness to participate in Shared Parenting requirements.

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

Monthly Income, Give Total:

Monthly Expenses, Give Total:

These expenses include (check those that apply) ☐ Rent, ☐ Mortgage, ☐ Car Payments, ☐ Utilities, ☐ Food, ☐ Child Support (Are applicants current with child support payments? ☐ YES ☐ NO If No, what is the amount of arrears?) List other expenses:

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) TB test results for all adult household members 18 years old and up; TB test results for children are required if any adult member has a positive TB skin test
- (7) DSS 5268 – Results of the Responsible Individuals List (RIL) for each applicant and household member 18 years old and up
- (8) 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
- (9) Fingerprint Clearance Letters for each applicant and household member 18 years old and up
- (10) Letter of support from Agency Director if any adult household members have criminal convictions
- (11) Letter of support from Agency Director if any adult household members have child protective service history as a perpetrator
- (12) Copy of in-home day care license if applicants operate an in-home day care
- (13) 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.

Type Name of Applicant	Type Name of Applicant
✓	✓
Applicant Signature / Date	Applicant Signature / Date

Type Name of Applicant	Type Name of Applicant
✓	✓
Applicant Signature / Date	Applicant Signature / Date

Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	
Social Worker E-Mail Address:	
Type Name of Agency Director or Designee*	
*I certify that the Agency Director has appointed me as Designee for the purpose of signing documents for Regulatory and Licensing Services.	
✓	
Signature of Agency Director or Designee / Date	
Director/Designee Phone Number:	
Director/Designee E-Mail Address:	

