

ELIADA FOSTER PARENT APPLICATION

Eliada Home, Inc.
(828) 254-5356

2 Compton Dr
Asheville, NC 28806

Name: _____
 First Middle Last First Middle Last

Street Address: _____
 Street City/State Zip Code County

Mailing Address: _____
(if different) Street City/State Zip Code

Phone: _____
 Home Cell or Office for Parent Cell or Office for Parent

E-mail address: _____ Do you check email regularly? ___ Yes ___ No

Please give clear and detailed directions to your home: _____

How did you learn about Eliada's Foster Care program? _____

Is anyone in the home related to anyone who works for Eliada or a board member for Eliada? ___ Yes ___ No
If yes, please explain: _____

Do you operate a day care out of your home? ___ Yes ___ No. If yes, please explain and include the license capacity: _____

	Parent Name: _____	Parent Name: _____
Date of birth:	_____	_____
Place of birth:	_____	_____
Race: / U.S. Citizen:	_____ / _____	_____ / _____
High School Graduate:	___ Yes ___ No If no, explain: _____	___ Yes ___ No If no, explain: _____
Occupation:	_____	_____
Place of employment:	_____	_____
Supervisor:	_____	_____
Monthly income:	_____	_____

Describe the type of child (ren), including age, sex and other details, you are interested in serving. Include any special services you can offer: _____

Has anyone in your family been licensed to foster before? ___ Yes ___ No What agency? _____
Has anyone in your family applied to foster before? ___ Yes ___ No What year? _____

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Tell us about your family:

Please list the people, other than yourselves, living in your home (include children and adults).

Name	Date of birth	Grade or Occupation	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Our family lives in: _____ a house _____ an apartment _____ a mobile home.

We _____ rent _____ own our home.

Number of rooms _____ Number of bedrooms _____ Number of bathrooms _____

Where do you plan for the foster child(ren)'s room(s) to be? Please describe: _____

Tell us about your history:

Has anyone in your home been charged with or convicted of a crime (misdemeanor or felony)? ____ Yes ____ No
If yes, please explain: _____

Has anyone in your home ever applied for any type of domestic violence protective order? ____ Yes ____ No

If yes: State _____ County _____ Dates _____

Who was the person against whom the order was sought? _____

Please explain: _____

Has anyone in your home ever been accused of committing any acts of domestic violence? ____ Yes ____ No

If yes, were such accusations brought up in any type of court case? ____ Yes ____ No

Who was the person who filed the complaint? _____

As a result of such accusations, did anyone file an application for a Domestic Violence Protective Order? ____ Yes ____ No

Was either a temporary or permanent Domestic Violence Protective Order entered by any court? ____ Yes ____ No

As a result of such accusations, was any criminal charge filed? ____ Yes ____ No

What was the outcome of any such criminal case? _____

State _____ County _____ Date _____

Has anyone in your home ever been investigated for a neglect or abuse allegation? ____ Yes ____ No

If yes, please explain: _____

Was the allegation substantiated? ____ Yes ____ No; Please explain: _____

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Have you ever been charged with the illegal possession or use of any controlled substance, counterfeit controlled substance, or drug paraphernalia? Yes No If yes: State _____ County _____
Dates _____

What was the outcome when the case(s) went to court? _____

Have you ever been charged with any offense involving possession or use of alcohol; for example, driving while impaired, underage possession or consumption of alcohol, providing alcohol to minors, or other such charges?
 Yes No

If yes, please explain: _____

Have you or anyone in your immediate family ever been accused of communicating threats, stalking, trespassing, affray or any type of assault? Yes No

If yes, please explain: _____

Has anyone in your family or living in your home ever been charged with violations of contributing to the delinquency of a minor, compulsory school attendance violations, and/or allowing an unlicensed person to drive a motor vehicle? Yes No

If yes, please explain: _____

Tell us what your family likes to do.

Please list family activities, hobbies, interests, sports, etc. _____

What extended family members does your family visit on a regular basis? _____

How do these family members feel about your desire to foster children? _____

Please complete the following questions about Foster Parent Training:

I/We are available for foster parent training at the following days/times:

Weeknights: _____ Times: _____

Weekdays: _____ Times: _____

Weekends: _____ Times: _____

Are there any constraints to regular training with your jobs? If so, please explain: _____

I/We are interested in providing foster care in the following capacity:

Family Foster Care Therapeutic Foster Care Kinship/Relative Care

Respite/Temporary Care Unknown at this time

Other: Explain _____

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I/We are interested in beginning training:

As soon as possible

In the near future

Still unsure- just gathering information at this time

Other: Explain _____

I give my consent and authorization to Eliada Homes, Inc. to request, receive and share information and professional records (Medical, Educational, Psychological, Social, Department of Social Services and Court) about myself and others living in my home, with various agencies and professional facilities, public or private, in order to learn about my history with my family, children and the community. I understand and agree to the application process, including interviews with my neighbors, and references.

Signature

Signature

Date

Date

This form is merely a statement of intention and can be withdrawn by the applicant at any time.

Please mail your completed application back to Eliada: 2 Compton Dr., Asheville NC 28806

Or Fax it to: #828-254-3675.