

ELIADA FOSTER PARENT APPLICATION

Eliada Home, Inc.
(828) 254-5356

2 Compton Dr
Asheville, NC 28806

Name: _____
First Middle Last First Middle Last
(Parent 1) (Parent 2)

Street Address: _____
Street City/State Zip Code County

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

Phone: _____
Home Cell or Office for Parent 1 Cell or Office for Parent 2

E-mail address: _____
Parent 1 Parent 2

School District: _____

What prompted you to contact Eliada's Foster Care program?

Print Ad Internet Search Referral: _____ Facebook eliada.org Other _____

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 1:	Parent 2:
Name:		
Date of birth:		
Place of birth:		
Race: / U.S. Citizen:	/	/
High School Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, Please Explain:		
Occupation:		
Place of employment:		
Number of years in North Carolina:		
Monthly income:		

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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

If Yes, with what agency? _____

Has anyone in your family **applied** to foster before? Yes No

What year? _____ What Agency? _____

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	*Kinship?

*Kinship refers to a relative child who has been placed in your home by the court or Department of Social Services.

Our Family: Rents Owns A(n)... house apartment mobile home Condominium

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:

	Yes	No
Has anyone in your home been charged with or convicted of a crime (misdemeanor or felony)? <i>If yes, please explain:</i>		
Has anyone in your home ever applied for any type of domestic violence protective order? <i>If yes: State _____ County _____ Dates _____</i>		
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? <i>If yes, were such accusations brought up in any type of court case?</i>		

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	Yes	No
<p style="text-align: center;">Who was the person who filed the complaint? _____</p>		
<p style="text-align: center;">As a result of such accusations, did anyone file an application for a Domestic Violence Protective Order?</p>		
<p style="text-align: center;">Was either a temporary or permanent Domestic Violence Protective Order entered by any court?</p>		
<p style="text-align: center;">As a result of such accusations, was any criminal charge filed?</p>		
<p style="text-align: center;">What was the outcome of any such criminal case?</p> <p style="text-align: center;">State _____ County _____ Date _____</p>		
<p>Has anyone in your home ever been investigated for a neglect or abuse allegation?</p> <p><i>If yes, please explain:</i></p>		
<p style="text-align: right;"><i>Was the allegation substantiated?</i></p> <p><i>Please explain:</i></p>		
<p>Have you ever been charged with the illegal possession or use of any controlled substance, counterfeit controlled substance, or drug paraphernalia?</p> <p><i>If yes:</i> State _____ County _____ Dates _____</p> <p>What was the outcome when the case(s) went to court?</p>		
<p>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?</p> <p><i>If yes, please explain:</i></p>		
<p>Have you or anyone in your immediate family ever been accused of communicating threats, stalking, trespassing, affray or any type of assault?</p> <p><i>If yes, please explain:</i></p>		
<p>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?</p> <p><i>If yes, please explain:</i></p>		

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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:

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:

- | | |
|--|---|
| <input type="checkbox"/> Family Foster Care | <input type="checkbox"/> Unknown at this time |
| <input type="checkbox"/> Respite/ Temporary Care | <input type="checkbox"/> Court Involved Youth |
| <input type="checkbox"/> Therapeutic Foster Care | <input type="checkbox"/> Kinship/ Relative Care |

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 Drive, Asheville, NC 28806
Or Fax it to: 828-259-5839.