

South Carolina Department of Social Services  
Foster Care/Adoption Services  
**INTAKE AND APPLICATION FOR SERVICES**

**Referral Source:** \_\_\_\_\_ **Intake Date:** \_\_\_\_\_

**Type of Application:** ☐ Foster Home ☐ Adoptive Home ☐ Kinship Care ☐ Interstate Placement

**Have you ever applied to foster or adopt?** ☐ Yes ☐ No If yes, when and where? \_\_\_\_\_

**Children Preferred:** Number of Children: \_\_\_\_\_ Age Range: \_\_\_\_\_ Gender: \_\_\_\_\_

Applying for Specific Children?: ☐ Yes ☐ No If yes, name of child/ren: \_\_\_\_\_

**IDENTIFYING INFORMATION**

Name of Applicant: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Work No.: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Work No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

	Applicant One	Applicant Two
Maiden Name/Other Name Used		
Email Address		
Employer		

**Other Household Members**

Full Name	DOB	Gender	Relationship	School Grade/Occupation

**Children Not Living at Home**

If either applicant is the parent of any child(ren) not living at home, give the following information for each child.

Full Name	DOB	Gender	Relationship	School Grade/Occupation

**Do you or anyone in the home need accommodations?** ☐ Yes ☐ No

If yes, accommodation needed: ☐ interpreter ☐ translated materials

If one or both are checked, what is the primary language: \_\_\_\_\_

Are you or anyone the home deaf or hard of hearing: ☐ Yes ☐ No

If yes, please check your methods of communication: ☐ Sign Language Interpreter ☐ TTY/Video Relay

☐ Other: \_\_\_\_\_

Do you or anyone else in the home have any other special accommodation needs? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**Pets:** ☐ Yes ☐ No If yes, complete the following:

Name of Pet	Type (cat, dog, etc.)	Date of Vaccination

### References

List three individuals who have known each applicant for at least three years that can be contacted for a reference. Also, one reference must be a relative of each applicant.

Name & email address	Address	Telephone

In the past five years have you lived outside of South Carolina? ☐ Yes ☐ No If yes, complete the following:

Name of Person Living Outside of SC	Which State	Time Frame

Do you have a criminal record? ☐ Yes ☐ No

If yes, complete the following:

Name	Date of Arrest	Arrest Charge	Disposition

Attach additional pages, if needed.

Are you currently employed by SCDSS? ☐ Yes ☐ No

If yes, where (county, regional office, state office, etc)

Will you allow SCDSS or their designated contract agency to send your contact information to the local foster parent association? ☐ Yes ☐ No

By signing below, I verify that the information on this Intake and Application Form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant 1:**

Name: \_\_\_\_\_

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**Applicant 2:**

Name: \_\_\_\_\_

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_