

**FOSTER HOME CHANGE REQUEST APPLICATION  
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

**Attach Cover Letter and a copy of DSS-5015 License Action Request form for all requests**

Foster Parent(s) Name(s): \_\_\_\_\_

Facility ID#: \_\_\_\_\_

1. Change Capacity to: \_\_\_\_\_

2. Total number of children in the home. **Complete Each Blank.**

\_\_\_\_\_ # foster parent(s) minor children including birth, adoptive, guardian

\_\_\_\_\_ # relative children who are not in foster care

\_\_\_\_\_ # non-relative children (do not count foster children or daycare children)

\_\_\_\_\_ # In-Home Daycare License Capacity, attach copy of license

\_\_\_\_\_ # Community Alternative Program (CAP) clients in the home

\_\_\_\_\_ # foster care license **capacity** as printed on most current DSS-5015

\_\_\_\_\_ Total of numbers above

3. Document Sleeping Arrangements

<b>SLEEPING ARRANGEMENTS CHART</b>	<b>Bed Type / Occupant(s)</b>	<b>Bed Type / Occupant(s)</b>	<b>Bed Type / Occupant(s)</b>	<b>Bed Type / Occupant(s)</b>
Example Bedroom 1.	Queen / Mr. & Mrs. Applicant	Crib / foster child		
Bedroom 1.				
Bedroom 2.				
Bedroom 3.				
Bedroom 4.				
Bedroom 5.				

4. Change Age Range from: \_\_\_\_\_ to \_\_\_\_\_

5. Change Address to: \_\_\_\_\_

(a) Complete Sleeping Arrangements Chart. (Item 3)

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

(c) Home's design allows children privacy while bathing, dressing and using toilet facilities?

YES  NO

(d) 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 (c) or (d) document how access to these objects, hazardous items, and/or bodies of water is avoided:

- (e) DSS-1515 Foster Home Fire Inspection Report attached?  YES  NO  
 (f) DSS-5150 Foster Home Environmental Conditions Report attached?  YES  NO

6. Add to the household:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship to foster parent(s) \_\_\_\_\_

- (a) Complete Sleeping Arrangements Chart (III. 2.).  
 (b) Attach DSS-5017 Medical History Form.  
 (c) Attach DSS-5156 Medical Evaluation and TB tests results.  
 (d) New Household member 18 years of age or up?  YES  NO  
 If 'YES' **Complete** Background Checks, NC Child Abuse/Neglect History Table and Child Abuse/Neglect Central Registry Checks from other states if new household member has not resided in NC for the past five years.

**Attach** Fingerprint Clearance Letter and RIL results

**Background Checks** {Must be completed on each new household member (18 years old and up)}

Name of New Adult Household Member:		
Type of Background Check	Check Conducted	Date Conducted
<b>Local Court Record Checked by Agency Staff</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings & Dates:		
Explanation of Findings:		
<b>NC Department of Public Safety Offender Information</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings & Dates:		
Explanation of Findings:		
<b>NC Sex Offender and Public Protection Registry</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings & Dates:		
Explanation of Findings:		
<b>Health Care Personnel Registry</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Findings & Dates:		
Explanation of Findings:		

**North Carolina Child Abuse Neglect History (new adult household members)**

<b>Child Abuse or Neglect Reported</b>	<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:		

**Complete if new adult household members have **NOT** resided in NC for the past five years.**

Previous Address(es)	Dates of Residency
<b>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.</b>	<b>Date Conducted:</b> _____
<b>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.</b>	

7. Change from:  **Therapeutic to Family Foster Care.** (Complete Item 2).

8. Change from:  **Family Foster Care to Therapeutic.** (Complete Item 2).

Foster parents have received additional 10 hours of required pre-service training, and agree to receive additional training within first two years of licensure as a therapeutic foster parents as required by 10A NCAC 70E .1117 (3) (a-e).

YES  NO

Date foster parents received additional 10 hours of required pre-service training: \_\_\_\_\_

9. Remove Foster Parent from license (*signature required below*) Name: \_\_\_\_\_

Remove Adult Household Member Name: \_\_\_\_\_

Document reason:

10. Other: Change DSS-5015 field \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Document reason:

**FOSTER HOME CHANGE REQUEST CERTIFICATION**

(Social Worker Signature Required\*)

We certify that agency staff has reviewed this document and confirm that the home is in compliance with all rules and policies governing foster home licensure. We understand that according to GS 131D-10.6C this information may be furnished to others upon proper request.

<b>Type Name of Foster Parent</b>	<b>Type Name of Foster Parent</b>
✓	✓
<b>Foster Parent Signature / Date</b>	<b>Foster Parent Signature / Date</b>

<b>Type Name of Foster Parent</b>	<b>Type Name of Foster Parent</b>
✓	✓
<b>Foster Parent Signature / Date</b>	<b>Foster Parent Signature / Date</b>

<b>Type Name of Social Worker</b>	
✓	
<b>Social Worker Signature / Date</b>	
<b>Social Worker Phone Number:</b>	
<b>Social Worker E-Mail Address:</b>	

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

\*Please note that if you are requesting a waiver the signatures of the foster parent(s), social worker and agency director/designee must be obtained.