

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

Foster Parent(s) Name(s): _____

Facility ID#: _____

Name of Receiving Supervising Agency: _____

Contact Person: _____

Phone #: _____

Name of Current Supervising Agency: _____

Contact Person: _____

Phone #: _____

Reasons Foster Parents want to transfer: _____

Are there foster children in the home? YES NO

If there are foster children in the home the parent(s), guardian(s) or legal custodian must agree to the transfer of the foster children to another supervising agency. When did the current supervising agency discuss this with the parent(s), guardian(s) or legal custodian? _____ What was the response of the parent(s), guardian(s) or legal custodian? _____

If there are foster children in the home the Child and Family Team of each child must agree to the transfer of the foster children to another supervising agency. Give date(s) of the Child and Family Team Meeting(s) when the transfer was discussed: _____ Give the names and positions of each team member present: _____ What was the response of the team? _____

Will service providers of the foster children change? YES NO If yes, describe: _____

Mutual Home Assessment Summary from the Receiving Supervising Agency

Other Information

Things to Remember:

The signatures of the Executive Director/Designee of both the current and receiving supervising agencies are required.

The receiving supervising agency shall gather all required information and send as one single packet to the Licensing Authority.

The transfer will usually become effective the first day of the month following the receipt of the correct packet.

The current agency is responsible for providing services to the foster children, their families and foster parents until the Licensing Authority approves the transfer. The current agency is responsible for payments to the foster parents until the Licensing Authority approves the transfer.

No additional foster children shall be placed in the home until the transfer is approved.

If a change is being requested at the time of transfer, a Change Request Application must also be submitted.

FOSTER HOME TRANSFER REQUEST CERTIFICATION

(Foster Parent(s), Receiving Agency Social Worker, Receiving Agency Director/Designee
and Current Agency Director/Designee Signatures 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.

Type Name of Foster Parent	Type Name of Foster Parent
✓	✓
Foster Parent Signature / Date	Foster Parent Signature / Date
Type Name of Social Worker	
✓	
Social Worker Signature / Date	
Social Worker Phone Number:	
Social Worker E-Mail Address:	
Type Name of Receiving 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 Receiving Agency Director or Designee / Date	
Director/Designee Phone Number:	
Director/Designee E-Mail Address:	
Type Name of Current 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 Current Agency Director or Designee / Date	
Director/Designee Phone Number:	
Director/Designee E-Mail Address:	