

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

Foster Home Change Request Application

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

Facility ID#: _____

Foster Parent/Adult Member Name: _____

Foster Parent/Adult Member Name: _____

Foster Parent/Adult Member Name: _____

Foster Parent/Adult Member Name: _____

Address: _____

Change Request:

1. Change Capacity to: _____

2. Number of Children in the Home

Number	Status
	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 a copy of the license
	Community Alternative Program (CAP) clients in the home
	Foster care license capacity as printed on most current DSS-5015
	Total of Number of Children in the Home

3. Document Sleeping Arrangements

Bedroom	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)
Example	Queen / Mr. & Mrs.	Crib / foster child	Twin/birth	Twin/birth
Bedroom 1.				
Bedroom 2.				
Bedroom 3.				
Bedroom 4.				
Bedroom 5.				

4. Change Child Age Range from: _____ to _____

5. Change in Address (When there are changes in address please complete the following):

New: _____

- (a) Completed Sleeping Arrangements Chart. (Item 3) ____ YES ____ NO
- (b) Briefly describe house, kitchen and dining areas, family or living areas, bathing facilities and the setting in which the home is located.
- _____
- _____
- (c) Does the home's design allow the children privacy while bathing, dressing and using toilet facilities? ____ YES ____ NO
- (d) Are exterior spaces around the foster home 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 are avoided: _____

(e) Is the DSS-1515 Foster Home Fire Inspection Report attached? ___YES ___NO

(f) DSS-5150 Foster Home Environmental Conditions Report attached ___YES ___NO

6. When adding to the household complete the following:

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 the 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: _____

(Repeat this section as many times as needed)

Type of Background Check	Check Conducted	Date Conducted
Local Court Record Checked by Agency Staff	__YES __NO	Date :
Findings & Dates: Explanation of Findings:		
NC Department of Corrections Offender Information http://www.doc.state.nc.us/offenders/	__YES __NO	Date:
Findings & Dates: Explanation of Findings:		
NC Sex Offender and Public Protection Registry http://sexoffender.ncdoj.gov/	__YES __NO	Date:
Findings & Dates: Explanation of Findings:		
Health Care Personnel Registry https://www.ncnar.org/nchcpr.html	__YES __NO	Date:
Findings & Dates: Explanation of Findings:		

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

Child Abuse or Neglect Reported	__YES __NO	
Substantiation: __YES, Date of Substantiation: _____ __NO __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
If the applicant has not resided in N.C. for the past 5 years, a Child Central Registry Check(s) is required from each state the applicant has lived for the past 5 years. Web site for child abuse/neglect registry information from other states: http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/State_Child_Abuse_Registries.pdf	Date Conducted:

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.

7. Foster Home License Status Change from:

- Therapeutic Foster Home to Family Foster Care** (Complete Item 2).
- Family Foster Care to Therapeutic** (Complete Item 2).

(a) Foster parents have received an 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:_____

8. Remove Foster Parent from license (*signature required below*)

Name: _____
 Document Reason: _____

9. Remove Adult Household Member from license

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.

Name of Foster Parent (Typed/Printed): _____
Foster Parent Signature: _____
Date Signed: _____

Name of Foster Parent (Typed/Printed) _____
Foster Parent Signature: _____
Date Signed: _____

Name of Foster Parent (Typed/Printed) _____
Foster Parent Signature: _____
Date Signed: _____

Name of Foster Parent (Typed/Printed) _____
Foster Parent Signature: _____
Date Signed: _____

Name of Social Worker (Typed/Printed): _____
Social Worker Signature: _____
Date Signed: _____
Phone Number: _____ Email _____

Agency Director/Designee*
(Typed/Printed): _____
*I certify that the Agency has appointed me as Designee for the purpose of signing documents for Regulatory and Licensing Services.
Signature: _____
Date Signed: _____
Phone Number: _____ Email _____

*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.