

South Carolina Department of Social Services
APPLICATION FOR FOSTER CARE/ADOPTION

NOTE: SCDSS cannot and will not deny prospective foster/adoptive parents the opportunity to foster/adopt on the basis of race, color or national origin; nor delay or deny the placement of children on the basis of race, color or national origin.

Applicant's Full Name(s): _____

Address: _____
Street City/Town Zip Code

Home Telephone: () _____ County: _____

Work Telephone: His: () _____ Hers: () _____

Applicants

	Applicant One	Applicant Two/Spouse
First Name		
Date of Birth		
City and State of Birth		
Years of Education		
Occupation/Employer		
Income		
Years of Current Marriage		

Other Household Members

Name	Date of Birth	Sex	Relationship	School Grade/Occupation

Child(ren) 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:

Name	Address	Date of Birth	Sex	School Grade/ Occupation

Directions to Your Home: _____

Type of Application (Check all that apply)

- Foster Home
- Foster/Adoptive Home
- Adoptive Home
- Specialized Foster Home
- Interstate Compact

Children Preferred

Number of Children: _____ Age: _____ Sex: _____

Applying For Specific Child: Yes No If yes, name of child: _____

County of Residence of Child: _____ Relationship to Child: _____

References

List four individuals who can be contacted for a reference. These individuals should have known you for at least three years and **not be related** to you. Please give **complete** mailing addresses.

Name	Address	Telephone

Signatures

Each applicant should sign and date the application.

Signature

Signature

Date

Date

Adoptive Father

Name: _____ Race: _____ Ethnicity: _____

Adoptive Mother

Name: _____ Race: _____ Ethnicity: _____