

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

**Type of Contact:**  Telephone  Office  Correspondence  Other: \_\_\_\_\_ Intake Received By: \_\_\_\_\_

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

**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: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Date of Marriage/Committed Relationship: \_\_\_\_\_

	Applicant One	Applicant Two
First Name		
Maiden Name/Other Names Used		
Email Address		
City and State of Birth		
Highest Degree/Level of Education		
Employer		
Net Monthly Income		

**Other Household Members**

Full Name	DOB	Gender	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:

Full Name	DOB	Gender	Relationship	School Grade/Occupation

**Type of Application:**  Foster Home  Adoptive Home  Interstate Placement

Have you ever applied to foster or adopt with Department of Social Services?  Yes  No If yes, when? \_\_\_\_\_

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

Applying for Specific Child?  Yes  No How did you become aware of this child? \_\_\_\_\_

If yes, name of child(ren): \_\_\_\_\_

County of Residence of Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Name of Pet	Type (Cat, dog, e.g.)	Date of Vaccination

Attach additional pages, if needed.

**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

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

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: \_\_\_\_\_