

**South Carolina Department of Social Services  
Foster Care/Adoption Services  
INTAKE FORM**

Type of Contact:  Telephone  Office  Correspondence

**IDENTIFYING INFORMATION:**

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City

\_\_\_\_\_ State Zip Code County

Home Telephone: \_\_\_\_\_ His Work Number: \_\_\_\_\_ Her Work Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Years Married: \_\_\_\_\_

Directions to the Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Adult Household Members: (18 years of age or older)  Yes  No

Total Number of Adult Members: \_\_\_\_\_ Total Number of Children in Home: \_\_\_\_\_

Is applicant currently licensed as a foster parent?  Yes  No If yes, by whom? \_\_\_\_\_

Is applicant currently approved to adopt?  Yes  No If yes, by whom? \_\_\_\_\_

Referral Source: \_\_\_\_\_

**SERVICE REQUESTED:**

**Application:**  Foster Care  Foster Care/Adoption  Adoption  
 Specialized Foster Home  ICPC

Preference in Child(ren): \_\_\_\_\_  
Number of Children Age Range Sex

Applying for a Specific Child:  Yes  No If yes, name of child: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Person Completing Form Date