

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.: _____

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 Phone No.: _____ Work No.: _____

Physical Address: _____ City: _____
 Mailing Address: _____ City: _____
 Zip Code: _____ Email Address: _____ County: _____
 Relationship Status: _____ Date of Marriage/Committed Relationship: _____

	Applicant One	Applicant Two
First Name		
Maiden Name/Other Name 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

Children 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, etc.)	Date of Vaccination

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: _____

Please scan and e-mail completed form to:

preed@conniemaxwell.com