

**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: _____

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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