

**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 Select County ...
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: _____ Select County ... Relationship to Child: _____

Signature of Person Completing Form Date