

**CHANGE NOTICE: 03-2013**

March 4, 2013

**IX. GUIDE TO COMPLETING FOSTER CARE LICENSING FORMS**

The following is a list of all the forms that may be used for a foster home licensing process. These forms can be found online at:

<http://info.dhhs.state.nc.us/olm/forms/forms.aspx?dc=dss>

1. [DSS-5015](#) Foster Care Facility Action Request
2. [DSS-5016](#) Foster Home License Application (**request the Microsoft® Word version from the Licensing Authority**)
3. [DSS-1515](#) Foster Home Fire Inspection Report
4. [DSS-5150](#) Foster Home Environmental Conditions Report
5. [DSS-5017](#) Medical History Form
6. [DSS-5156](#) Medical Evaluation (with completed TB test results included)
7. [DSS 5268](#) Responsible Individual List (RIL) Information Request
8. [DSS-5157](#) Foster Home Relicense Application (**request the Microsoft® Word version from the Licensing Authority**)
9. [DSS-5158](#) Foster Home Transfer Request Application (**request the Microsoft® Word version from the Licensing Authority**)
10. [DSS-5159](#) Foster Home Change Request Application (**request the Microsoft® Word version from the Licensing Authority**)
11. [DSS-5160](#) Foster Home Termination Application (**request the Microsoft® Word version from the Licensing Authority**)
12. [DSS-5280](#) Notice Foster Home Mandatory Criminal History Check
13. [DSS-5199](#) Foster Home Request for Waiver
14. [DSS-5279](#) Request for Revocation of a Foster Home License
15. [DSS-5281](#) Critical Incident Reporting Form
16. [DSS-5282](#) Notification of CPS Involvement

You must send a cover letter (memo) with each licensing request.

**I. INSTRUCTIONS FOR FORM COMPLETION**

**A. [DSS-5015](#) - FOSTER CARE FACILITY ACTION REQUEST**

The form most used for licensing is the Foster Care Facility Action Request (DSS-5015). It must be attached to any set of forms for the Licensing Authority to process your licensing request.

The DSS-5015 connects with the Foster Care Licensing System and generates a license as well as foster care payments for children in the custody of a county departments of social services

Here are some special notes about Form DSS-5015

- The DSS-5015 is required for these licensing actions: new applications, relicenses, transfers, changes, terminations, revocations, and waivers;

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- Documents sent to the Licensing Authority without a DSS-5015 will automatically be sent back to you
- The DSS-5015 may be filled in by hand for a new license. Whenever you submit this form, you will receive a “turnaround” DSS-5015 in return. A “turnaround” DSS-5015 is the document printed by the Licensing Authority and sent to the Supervising Agency with every licensing action. The turnaround contains pre-printed information. Use this form for your next licensing action;
- For any actions other than a new action, mark changes in INK on the turnaround (pre-printed DSS-5015).

Instructions for License Action Request (DSS-5015)

- **Field 1:** Your agency’s case number, if you have case numbers for each family. If not, leave blank
- **Field 2:** The county code where the potential foster home is located (please refer to the County Code list found in Appendix A of the Services Information System (SIS) manual located at: <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS.pdf>)

**NOTE:** On the upper right hand side of the form spaces are provided to indicate the type of licensing action requests. These options are:

- New License
- Change
- Relicense
- Terminate/Revoke
- Waiver Requested
- Relicense/Change
- **Field 3:** Your agency’s category: county DSS, public, or private
- **Field 4:** Your agency’s name as it appears on your agency’s current license or county department of social services
- **Field 5:** Physical address of foster home (a Post Office Box address is not acceptable)
- **Field 6:** Phone number of foster parent applicant
- **Field 7:** First name, middle initial, and then last name of applicant (no nicknames)
- **Field 8:** Applicant’s Social Security Number
- **Field 9:** Applicant’s birth date

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- **Field 10:** Race code (please refer to the Race/Ethnicity Code list found in Appendix A of the Services Information System (SIS) manual located at: <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS.pdf>)
- **Field 11:** Sex of the applicant
- **Field 12:** Complete the top blanks for last grade completed up to grade 12, OR complete the bottom blanks with post high school years of education
- **Field 13:** Training: must have at least 30 hours for new applications for family foster homes, at least 40 hours for new therapeutic foster homes, and at least 20 hours for relicensing
- **Fields 14-20:** For additional foster parent applicant in the home, complete Fields 7-13 as instructed above for this person
- **Field 21:** Maximum number of foster children that the applicant would be licensed for or accept
- **Field 22:** Sex of foster children the applicant is willing to accept
- **Field 23:** Age of foster children the applicant is willing to accept
- **Field 24:** Maintenance Rate: Leave blank
- **Field 26:** Family income
- **Field 27:** Type of foster care to be provided: select either #1 Foster Care or #5 Therapeutic Foster Care
- **Field 28:** Type of facility: select only #1 Family Foster Home
- **Field 29:** Other household members 18 years of age and older: must have fingerprint clearance for each person listed
- **Fields 30-40:** Licensing Authority use only
- **Field 41:** Leave blank
- **Field 42:** Leave blank

**B. [DSS-5016](#) - FOSTER HOME LICENSE APPLICATION**

The DSS-5016 is the form that serves as a source of information for the licensing authority to determine whether to approve a license. It also is a contract between the supervising agency, the foster parent and the Licensing Authority. By signing the DSS-

5016, the foster parents and the supervising agency legally declare all information to be true. Their signatures on the documents are their legal acknowledgement to abide by the licensing rules as set forth in law and regulation. The DSS-5016 becomes a legal contract between the state, which issues the license, the supervising agency that oversees the foster home and the foster parents who care for children.

The DSS-5016 contains much of the information necessary to determine whether an applicant is an appropriate candidate for a foster care license. It also covers a lot of important information on fostering that needs to be reviewed in detail with applicants. Be sure to complete each field on the form as instructed below. The DSS-5016 is an interactive document available in Microsoft® Word. You will need to use this format rather than the PDF document on the Division of Social Services forms website. Contact the Licensing Authority via e-mail to request a copy. You will receive the form as an attachment that can be downloaded onto any computer that accepts Microsoft® Word documents. Please use this form since the Licensing Office does not accept handwritten applications for relicensure.

The interactive DSS-5016 is straightforward, providing spaces for “yes,” “no,” and “N/A” options for much of the material. For items that require detailed entries, type on the form in the provided spaces. The space will expand to accept as much detail as you wish. The Mutual Home Assessment provides a structure for completing the 12 skills. Use the space provided in this format. It helps to move the packet through the licensing process more quickly. The best format lists the strengths and needs, then lists the behavior or experience that support your observation. For example, “One of the strengths of an agency licensing worker is attention to detail because the social worker must fill in many forms accurately to get a family licensed as a foster home.”

Take time to proof read the completed DSS-5016. Do not leave an item unanswered. Applications with blank items will be returned to the supervising agency. Make sure it has all its attachments. Review the document from the point of view of someone who has never met the applicants.

Instructions for Completing the DSS-5016:

**SECTION I. Name, Criminal History, & Background check information**

- A. **Name & Education Level:** Provide middle names and all married names of applicants. Please note that you do not need to request waivers for applicants who do not have a high school diploma or a GED. If applicants do not have a high school diploma or GED they must have the ability to read and write as evidenced by administering medications as prescribed by a licensed medical provider, maintain medication administration logs, and maintain progress notes.
  
- B. **Others in Household:** Provide first, middle and last names of any other people in the household besides the applicants’ children. Also, enter date of birth, gender and relationship to the applicants for each person. For people visiting in the home, make sure they plan to depart within two weeks and have

their own residence. Remember that any adult in the home must have a criminal records check including being fingerprinted before the application may be approved.

- C. North Carolina Criminal History & Background Check Information:** You must list all court findings as they appear in the court documents. This means that specific traffic findings with specific charges and dates must be listed. Do not state “minor traffic offenses,” “nothing serious,” etc. In the explanation of findings section, provide documentation as to why the applicant has criminal charges and what has changed to prevent the recurrence of these criminal charges. Background checks must be dated within 180 days of receiving the packet at the Licensing Office.
- D. North Carolina Child Abuse Neglect History:** Discuss with the applicants any Child Protective Services reports that were investigated on the applicants and any adult household members. If there have been past investigations, discuss what was involved from the applicants’ perspective and list approximate dates the investigations occurred. Licensing social workers must submit a completed [DSS-5268](#) showing that the Responsible Individuals List (RIL) has been checked and that the appropriate signatures have been obtained. Private agencies must submit the request to the Division of Social Services (FAX: 919-715-6714 to the attention of “RIL”.) The form with signatures of Division of Social Services staff is submitted with the application packet. Public agency licensing social workers are able to access the RIL from their agency and should also complete the section of the DSS-5268 marked for NCDSS office use only. The actual results of the search should be maintained in their agency files. Their signature and date indicates that those results are in their records. The DSS-5268 should be submitted in the application packet.
- E. Applicant/Adult Household member have not lived in NC for the past 5 years:** Supervising agencies are required to check any child abuse and neglect registry in each state that the prospective foster parent(s) and any other adult(s) living in the home have resided in the preceding five years. These clearance letters/documents are to be sent to the Licensing Office and placed after the signature page of the DSS-5016. This is a federal requirement and there are no exceptions. If a state agency refuses to provide a clearance letter, the foster home cannot be licensed.
- F. Have any of the applicants been previously licensed as foster parent?** If the family has been previously licensed as foster parents, contact the previous supervising agency for a report on the family and the agency’s recommendations concerning the family’s ability to provide foster care services. Write a brief summary of what was learned from the previous agency.

- G. **Do applicants have an in-Home Day (Child) Care?** Any applicant babysitting in their home on a regular basis meets the definition of an in-home daycare for licensing purposes. If the applicant uses a calendar to schedule babysitting duties, the applicant is providing regular babysitting services.

## SECTION II. Foster Home Qualifications

- A. **Applicants Own Children in Home:** List the full names of all children living in the applicant's home and their relationship to these children (some may be adults now). Include date of birth, gender and education level.
- B. **Foster Children Presently in Home:** List all foster children in the home. A child may have been placed in the home by order of the court. Such placements do not require the home to be licensed. The home may be seeking licensure so that the custodian may receive federal funds for the child's cost of care. In addition, a child related to the applicants may be in the home and licensure is sought for financial reasons. Also, list any children placed by an agency in another state. For each foster child in the home, list first name, middle name, date of birth, education level and the date the child was placed in the home.
- C. **Applicant's Own Children Not in Home:** List the first, middle, last name, before marriage, of all of the children the applicant has parented (step, relative, non-related, etc.) who are no longer in the home. List dates of birth and current addresses.

## SECTION III. Standards for Licensure

Read all the questions and check the boxes accordingly. Frequently, the Licensing Authority receives DSS-5016s where the licensing worker has checked "YES" to all the questions. Please note that some answers should be "NO" or "N/A." For example, if the agency does not utilize Physical Restraints (Item C), the answer should be "N/A."

- A. **Client Rights and Care of Children:** Make sure that the applicants understand they are agreeing to ensure each of the 23 client rights for each child placed in their home. If the applicant shows any doubt or hesitation about any of the 23 rights, resolve any confusion immediately.
- B. **Medication:** This section of the DSS-5016 is a good review of medications procedures. Go over each item with the applicants before checking the appropriate box.
- C. **Physical Restraints:** Be sure to go over each of the 4 sections in detail and check the appropriate box for each one.
- D. **Physical Restraints. (Part II Use of chemicals):** Pay particular attention to this item. This question has to be answered for every application regardless of whether or not the agency utilizes physical restraints. The answer should

always be YES. Foster parents must agree not to use drugs to restrain children.

#### **SECTION IV. Conflict of Interest**

This is another instance where some licensing workers automatically check “YES” and the answers could be “NO.” If the answer is “YES”, your agency must request a waiver.

#### **SECTION V. Day Care Center Operation**

If the applicants do not operate a day care center or do not plan to operate a day care center, check “NO” and “N/A” for B1, B2, and B3. If the applicants operate a day care center or plan to operate a day care center check, “YES.” If the applicants operate a day care center or plan to operate a day care center the answers to the three questions B1, B2, and B3 should be “YES.”

#### **SECTION VI. Relationship with the Agency:**

Review each of these items with the applicants and stress their importance. Encourage them to call you when they feel an estrangement with any agency professional.

#### **SECTION VII. Physical & Environmental Safety**

- A. **Fire & Building Safety:** Errors on the Foster Home Fire Inspection Report ([DSS-1515](#)) will cause delays in completing the licensing and relicensing process. The only person who may correct this form is the fire inspector who did the initial inspection. Review the finished form for errors and omissions. It takes time to do a fire inspection. Many fire inspectors consider these inspections as a ‘courtesy’ and will take a long time to redo an inspection. Consider doing a pre-inspection to make sure the home is ready for an inspection. Provide training to foster parents about the importance of each item on the form and the correct answer for each item. Make sure foster parents review the form with the fire inspector before he or she leaves their home. The foster parents should understand that any recommendations made by the fire inspector must be followed in order for the license to receive approval. This includes recommendations regarding telephones to assure that they work properly and consistently in emergencies. If at all possible the foster home licensing worker should also be present when the fire inspector completes his or her inspection.
- B. **Health Regulations:** This item documents that the licensing social worker has had a discussion with the applicants about the safety of water in the home.
- C. **Environmental Regulations:** This item documents that the signed DSS-5150 Foster Home Environmental Conditions Report has been completed and attached to the application.
- D. **Pets:** If this item is checked “YES,” provide a detailed explanation of how you know that the animal is safe with children. Include comments about

vaccinations, behavior, statements from family and personal observation of the animal around children.

**E. Exterior Setting and Safety:**

1. It is the responsibility of the licensing social worker to observe the conditions around the home and in the community to make sure there are no hazards or unsafe areas.
2. If there is a pool it must be fenced. If there is a body of water such as a pond or stream, describe the distance away from the home, whether it is visible from the applicant's home, and whether there are any barriers in between the home and the water. Supervision alone is not enough to meet safety requirements. You must consider more than the chronological age of a child when assessing safety factors. What is the maturity level of the child? Are there developmental delays?

**F. Room Arrangements and Environment**

1. A description of the home and the setting in which the home is located must be completed. Be as specific and descriptive as you can while keeping the description brief.
2. This item records the licensing social worker's personal observation.
3. Sleeping Arrangements Chart. The application must show enough space and beds for the number of foster children requested in the capacity. Each foster child must have his or her own bed. Futons and day beds cannot be used. Bedrooms cannot be used for dual purposes. List the names of all household members, except prospective foster children, in the bedroom and type of bed where they sleep. For foster children use the initials FC immediately before the type of bed (e.g., FC/twin, FC/crib, FC/queen) in the appropriate bedroom (1, 2, 3, 4, 5) to designate the bedroom and type of bed where the prospective foster child will sleep.
4. This item records the licensing social worker's personal observation.
5. This item records the licensing social worker's personal observation.

**SECTION VIII. Training Requirements**

- A. **Pre-Service Training:** List the date the pre-service training was completed. If it has been more than two years since the applicants completed pre-service training, they must repeat the training or the supervising agency must review the pre-service requirements and provide documentation that they continue to understand and are able to operationalize the requirements. The requirements are: general orientation to foster care and adoption process; communication skills; understanding the dynamics of foster care and adoption process; separation and loss; attachment and trust; child and adolescent development; behavior management; working with birth families

and maintaining connections; Lifebook preparation; planned moves and the impact of disruptions; the impact of placement on foster and adoptive families; teamwork to achieve permanence; cultural sensitivity; confidentiality; and health and safety.

**B–H. Additional training requirements:** Lists the additional training requirements for family foster care and therapeutic foster care. Please read carefully, and review with applicants to ensure they understand all the training requirements and are willing to participate in the ongoing training requirements in order for them to maintain a foster care license.

### **SECTION IX. Other**

This section documents that the listed items have been signed and given to the applicants.

### **SECTION X. Criteria for the foster family & mutual home assessment**

**A. Physical and Mental Health of Applicants:** Review the applicant's and household member's forms [DSS-5156](#) and [DSS-5017](#) for any physical or mental health conditions noted by the physician or applicant. For physical health conditions answer the 7 questions listed in A1. Answer these questions based on your conversations with the applicants about their health as well as your observations. For mental health conditions answer the 7 questions listed in A2. Answer these questions based on your conversations with the applicants about their health as well as your observations. Attach any notes from the MD, psychologist, therapist or counselor as needed. Questions 3-6 needs to be answered based on the results of background check findings and the information resulting from the licensing social workers thorough social history.

### **B. Mutual Home Assessment**

There are 5 parts to the Mutual Home Assessment.

#### **Part I. Documentation of Family History**

A thorough explanation is needed for the 13 items listed under Family History in the appropriate blocks ("Information about Parents and Siblings" to "Day Care Plans"). In the "Marriages and Other Significant Relationships" section, provide detailed information (i.e., more than simply saying "previously married"). Include significant relationships, especially when children are born from these relationships. In the "Parenting Experiences" section, provide more information about whom and how they parented. If they are not parents, describe any important relationships with relative children or other children in youth groups (e.g., Big Brothers & Big Sisters) or church involvement.

You may substitute an adoption pre-placement assessment for the Family History. If selected, indicate this on the DSS-5016 and do not fill in the

spaces for the family history. The adoption pre-placement assessment must meet all the rule requirements in [10A NCAC 70H .0405](#).

The adoption pre-placement assessment requires addressing 28 items as follows:

1. the applicants' reasons for wanting to adopt;
2. the strengths and needs of each member of the household;
3. the attitudes and feelings of the family, extended family, and other individuals involved with the family toward accepting adoptive children, and parenting children not born to them;
4. the attitudes of the applicants toward the birth parents and in regard to the reasons the child is in need of adoption;
5. the applicants' attitudes toward child behavior and discipline;
6. the applicants' plan for discussing adoption with the child;
7. the emotional stability and maturity of applicants;
8. the applicants' ability to cope with problems, stress, frustrations, crises, and loss;
9. the applicants' ability to give and receive affection;
10. the applicants' child-caring skills and willingness to acquire additional skills needed for the child's development;
11. the applicants' ability to provide for the child's physical and emotional needs;
12. whether the applicant has ever been convicted of a crime other than a minor traffic violation;
13. the strengths and needs of birth children or previously adopted children;
14. the applicant's physical and mental health, including any addiction to alcohol or drugs;
15. financial information provided by the applicant, including property and income;
16. the applicants' personal character references;
17. the applicant's religious orientation, if any;

18. the location and physical environment of the home;
19. the plan for child care if parents work;
20. recommendations for adoption in regard to the number, age, sex, characteristics, and special needs of children who could be best served by the family;
21. any previous request for an assessment or involvement in an adoptive placement and the outcome of the assessment or placement;
22. whether the individual has ever been a respondent in a domestic violence proceeding or a proceeding concerning a minor who was allegedly abused, neglected, dependent, undisciplined or delinquent, and the outcome of the proceeding or whether the individual has been found to have abused or neglected a child or has been a respondent in a juvenile court proceeding that resulted in the removal of a child or has had child protective services involvement that resulted in the removal of a child;
23. documentation of the results of the search of the Responsible Individual's List as defined in [10A NCAC 70A .0102](#) for all adult members of the household that indicates they have not had child protective services involvement resulting in a substantiation of child abuse or serious neglect;
24. whether the applicant has located a parent interested in placing a child for adoption with the applicant, and a brief, non identifying description of the parent and the child;
25. the applicants' age, date of birth, nationality, race or ethnicity;
26. the applicant's marital and family status and history, including the presence of any children born to or adopted by the applicant, and any other children in the household;
27. the applicant's educational and employment history and any special skills; and
28. any additional fact or circumstance that may be relevant to a determination of the applicant's suitability to be an adoptive parent, including the quality of the home environment and the level of functioning of any children in the household.

**Part II. Documentation of 12 Skills of Foster Parenting:**

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The DSS-5016 provides expandable space for entries on each of the twelve skills. Make an entry on strengths and at least one entry on needs. Every person has strengths and every person has needs.

The assessment of the 12 skills must include specific behavioral language. Here is an example of a skill "Helping children placed in the home maintain and develop relationships that will keep them connected to their pasts." A strength-based statement may read:

*"Mrs. Smith knows how to maintain attachments and family and cultural identity".*

Then follow with specific examples to support that conclusion.

*"For example, Mrs. Smith supports her sister's efforts to keep her adopted niece and nephew connected to their culture of origin by celebrating Vietnamese New Year with them and by preparing Vietnamese food".*

A needs-based statement may read,

*"Mrs. Smith realizes that she is not knowledgeable about all cultures of peoples in North Carolina. She is receptive to researching traditions and cultural values of the foster children who come into foster care."*

An example of the skill "communicates effectively and develops successful partnerships" may read like this. The strength-based statement may be,

*"Mrs. Smith communicates effectively and develops successful partnership in her church. For example, Mrs. Smith is a deacon in her church and teaches Sunday school. She also uses her skill at work where she is a store manager who leads team meetings and supervises five employees. This worker observed Mrs. Smith practice this skill as an active member of the pre-service group. She asked appropriate questions at the right time and listened to others."*

A needs-based statement may read like this.

*"Mrs. Smith has a need to improve her listening skills. Her tendency to jump to conclusions interferes with her listening. She wants to be a better listener and likes training sessions that teach this skill."*

Support your conclusions by describing the applicant's specific behaviors or the words that she used.

*"Mrs. Smith, who lost her grandmother five years ago; says she recovered from the loss through prayer, increased involvement in her church, and by spending additional time in her garden."*

Avoid affective/cognitive language such as “understands,” “knows,” “feels,” and “appreciates” in the examples you give to support your conclusions.

Remember that applicants can demonstrate the 12 skills in ways that do not involve children, such as in their job, volunteer work, or hobbies.

**Part III. Assessment of applicant’s willingness to participate in Shared parenting requirements**

Provide more information than simply stating the applicant understands and is willing to participate in shared parenting. The applicant uses the first of the twelve parenting skills in addressing the issue of Shared Parenting. The applicant should articulate her/his strengths and needs about working with a child’s biological parents. Be wary of an applicant who cannot name any needs with this task. Shared Parenting is hard emotionally and demands a lot of time. Make sure the applicant is comfortable with this statement.

**Part IV. Assessment of applicant’s Financial Ability to provide foster care**

Give the TOTAL monthly income of applicants and the anticipated TOTAL monthly expenses. There is no need to itemize the income or expenses, just give a grand total. The Licensing Authority asks agencies to pay close attention to the suitability of applicants who are in arrears for child support payments. The income needs to be more than the expenses. Applicants need to be able to absorb the extra financial strain that can come from providing foster care. Unemployment compensation, worker’s compensation, other injury related payments, college scholarships, stipends and loans, G.I. Bill, TANF (Work First) benefits, and etc. are not counted in establishing the household’s income. Any financial resource that is temporary cannot be counted as monthly income. Other forms of income such as social security payments, pensions, railroad retirement payments, annuity payments, or any other ongoing income may be counted.

**Part V. Dates and Locations of (Home Visit, Office Visit, etc.) of contacts with each applicant and family members.**

For single applicants the face-to-face interview in the home of the applicant and the face-to-face interview in the agency’s office on separate dates meet the requirements of the rule. For two-parent homes, two separate face-to-face interviews with each applicant on different dates as well as two face-to-face joint discussions with both parents have to be arranged. The joint discussions with both parents can occur on the same dates as the separate face-to-face discussions with each parent. For example the licensing social worker may meet separately with one parent at 1:00 PM, separately with another parent at 2:00 PM and then meet jointly with both parents at 3:00 PM. Separate face-to-face interviews with each member of the household 10 years of age and older must be held. Licensing social workers can use their professional judgment in deciding when and where interviews will take place with these individuals.

You will need to list the dates of visits and where the visits were held. You must also list the individuals present at the interviews. Provide the names of the individuals and whether they are an applicant, household member, child or licensing social worker.

#### Part XI. Recommendation for Licensure

If your agency is not recommending the applicant, do not send an application to the Licensing office.

Signatures indicate the information on the Foster Home License Application has been reviewed, that each person is in agreement with licensure requirements, and that all information is true and accurate. On the signature page, make sure applicant(s), licensing social worker, and director or designee have signed and dated the application. Signatures indicate the information on the application has been reviewed, that each person is in agreement with licensure requirements, and that all information is true and accurate. Signatures of each applicant on the application, the licensing social worker, and the executive director or his or her designee are required. Remember to complete the printed name below each signature area for legibility purposes. If any signatures are missing, the Foster Home License Application will be considered incomplete and will be returned to the supervising agency. Include contact information (phone number and e-mail address), for the licensing social worker.

A Complete New Application Package Contains the Following:

- Cover Letter (Memo)
- [DSS-5015](#) Foster Care Facility Action Request
- [DSS-5016](#) Foster Home License Application
- [DSS-1515](#) Foster Home Fire Inspection Report
- [DSS-5150](#) Foster Home Environmental Conditions Report
- [DSS-5017](#) Medical History Form
- [DSS-5156](#) Medical Evaluation (with completed TB test results included)
- [DSS-5268](#) Responsible Individual List (RIL) Information Request
- Child Abuse/Neglect Clearance Letters if any household members have resided in states other than North Carolina for the past five years
- Fingerprint Clearance Letters for each applicant and household members 18 years of age and older

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- Letter of support from Agency Director if any household members have criminal convictions
- Letter of support from Agency Director if any adult household members have child protective service histories as a perpetrator
- [DSS-5199](#) Foster Home Request for Waiver, if applicable

Assemble and mail packet in the Order Above. DO NOT STAPLE, please use paper clips and/or binder clips.

**C. [DSS-5157](#) Foster Home Relicense Application**

The DSS-5157 is used for relicensing foster homes every two years. This form is an interactive document available in Microsoft® Word. You may use this format rather than the PDF document on the Division of Social Services forms website. Contact the Licensing Authority via e-mail to request a copy. You will receive the form as an attachment that can be downloaded onto any computer that accepts Microsoft® Word documents. Please use this form since the Licensing Office does not accept handwritten applications for relicensure. Most items require checking “YES” or “NO” followed by a place to enter a date.

Instructions for Completing the DSS-5157:

1. **Background Checks:** provides space to record the results of criminal records checks on each person 18 [years of age and older who resides](#) in the home. List each incident found on each of the following registries:
  - Local Court Record checked by Agency Staff
  - NC Department of Corrections Offender Information
  - NC Sex Offender and Public Protection Registry
  - NC Health Care Personnel Registry

Record all findings, even those listed on the initial Foster Home License Application ([DSS-5016](#)). Provide an explanation only for those incidents that have occurred since the DSS-5016 was submitted. Do not list the explanations on the initial DSS-5016. Make sure every block is filed in. If there were no findings on a specific registry, note on the respective space for findings. New fingerprint checks are not required.

2. **North Carolina Child Abuse Neglect History:** provides space to record the results of child abuse or neglect reports on any adult in the family. If there is no history of child abuse or neglect, check the “NO” box. For substantiation, check the “N/A” box. Under “Explanation of finding,” enter “None.”
3. **Complete if new adult members have NOT resided in NC for the last 5 years:** if there are new adult members who have not lived in North Carolina continuously for the last five years AND have not been reported on a previous DSS-5157. This item is to document the child abuse and neglect search in other states and criminal

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records in other states. This item requires attaching either a letter from other states stating that there is no record of abuse or neglect or a letter from the supervising agency explaining reports in other states. Record previous addresses, dates of residence and date the other states registry was checked.

4–10. Provide spaces to check either “YES,” “NO,” or “N/A.” Do not leave any of these items unchecked.

11. **Total number of children in the home:** provides spaces for entry of the numbers of different category of children. The purpose of this item is to show that capacity rules are met. Note there is no space for the actual number of foster children in the home. The number required for foster children is the number of children for which the home is licensed. Even if the home currently is not being used to care for a foster child, the number for Item 11 is the number listed on the license.

12. **Required forms attached?** Provides space to indicate that the required forms for relicensure are attached; these forms are:

- [DSS-5156](#) Request for Medical Information
- [DSS-5017](#) Medical History Form
- [DSS-1515](#) Foster Home Fire Inspection Report
- [DSS-5150](#) Foster Home Environmental Conditions Report

Make sure each of these forms is signed by the required authority and is filled out completely.

13-14. **Physical and Mental Health:** provides spaces to give updates on physical and mental health issues of all household members since the last licensure period.

15. **Pets:** provides space to list any pets added to the family since initial licensure. The purpose of this rule is to safeguard against a child being injured by a foster family’s pet. Keep this objective in mind as you answer these required questions. If a pet has been added, in the space provided, comment on each of the following items:

- How many pets
- What kinds of pets
- Breed(s)
- Sizes(s)
- Rabies vaccination
- Length of time in the home
- Reproductive ability (spayed, neutered, etc)
- Incidences of aggression toward humans
- Reaction to strangers
- Results of any evaluation by a pet trainer (if not evaluated, state why)
- Documentation from veterinarian regarding any risks to children

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16. Change in employment; provides space to update employment and financial situation since last licensure period.
- 17-18. Provide space to answer “YES” or “No” about securing signatures on a new discipline agreement and parent/agency agreement. The Supervising Agency keeps signed copies of these two documents on file. They must be dated within six months of the date of the renewal of the license.
- 19–20. Waivers: If a waiver has been granted previously, indicate in item 16. If the waiver is to be extended or if a new waiver is requested, indicate and attach the form [DSS-5199](#) Foster Home Request for Waiver form.

Signatures indicate the information on the Foster Home Relicense Application has been reviewed, that each person is in agreement with licensure requirements, and that all information is true and accurate. On the signature page, make sure foster parent(s), licensing social worker, and director or designee have signed and dated the application. Signatures indicate the information on the application has been reviewed, that each person is in agreement with licensure requirements, and that all information is true and accurate. Signatures of each foster parent on the application, the licensing social worker, and the executive director or his or her designee are required. Remember to complete the printed name below each signature area for legibility purposes. If any signatures are missing, the application will be considered incomplete and will be returned to the supervising agency. Include contact information (phone number and e-mail address), for the licensing social worker.

A Complete Relicense Package Contains the Following:

- Cover Letter (Memo)
- [DSS-5015](#) Foster Care Facility Action Request
- [DSS-5157](#) Foster Home Relicense Application
- [DSS-1515](#) Foster Home Fire Inspection Report
- [DSS-5150](#) Foster Home Environmental Conditions Report
- [DSS-5017](#) Medical History Form
- [DSS-5156](#) Medical Evaluation (TB test not required for relicensure, unless individual is a new household member)
- [DSS-5268](#) Responsible Individual List (RIL) Information Request must be done for relicensure if the license has lapsed for more than 30 days.

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- Child Abuse/Neglect Clearance Letters if any new household members who have resided in states other than North Carolina for the past five years
- Fingerprint Clearance Letters if a new household member moves into the home or a child turns 18
- Letter of support from Agency Director if any adult household members have child protective service histories as a perpetrator
- [DSS-5199](#) Foster Home Request for Waiver, if applicable

**D. [DSS-5158](#) Foster Home Transfer Request Application**

The DSS-5158 is used for transferring foster home licenses from one supervising agency to another supervising agency. This form is an interactive document available in Microsoft® Word. You may use this format rather than the PDF document on the Division of Social Services forms website. Contact the Licensing Authority via e-mail to request a copy. You will receive the form as an attachment that can be downloaded onto any computer that accepts Microsoft® Word documents. Please use this form since the Licensing Office does not accept handwritten applications for relicensure.

Answer all questions on the form. If there are foster children in the home the parents, guardians or custodians and the Child and Family Team must agree to the child in placement transferring with the family. If the parents, guardians, custodians or Child and Family Team do not agree to the transfer, the child can be placed in another foster home supervised by the current agency and the foster home license can be transferred to the receiving agency.

Signatures indicate the information on the Foster Home Transfer Application has been reviewed, and that each person is in agreement with the transfer, and that all information is true and accurate. On the signature page, make sure foster parent(s), licensing social worker, and director or designee of both the receiving and current supervising agencies have signed and dated the application. Signatures of each foster parent on the application, the licensing social worker, and the executive director or his or her designee of both the receiving and current supervising agencies are required. Remember to complete the printed name below each signature area for legibility purposes. If any signatures are missing, the application will be considered incomplete and will be returned to the receiving supervising agency. Include contact information (phone number and e-mail address) of the licensing social worker.

Things to Remember:

- The signatures of the foster parents, social worker and Executive Director/Designee of both the current and receiving supervising agencies are required.
- The receiving supervising agency shall gather all required information and send as one single packet to the Licensing Authority.

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- The transfer will usually become effective the first day of the month following the receipt of the correct packet.
- The current agency is responsible for providing services to the foster children, their families and foster parents until the Licensing Authority approves the transfer.
- The current agency is responsible for payments to the foster parents until the Licensing Authority approves the transfer.
- No additional foster children shall be placed in the home until the transfer is approved.
- If a change is being requested at the time of transfer, a Change Request Application must also be submitted.

A Complete Transfer Package Contains the Following:

- Cover Letter (Memo) from the Receiving Agency
- [DSS-5015](#) Foster Care Facility Action Request from the **current** agency
- [DSS-5015](#) Foster Care Facility Action Request from the **receiving** agency
- [DSS-5158](#) Foster Home Transfer Request Application

**E. [DSS-5159](#) Foster Home Change Request Application**

The DSS-5159 is used for making changes in the foster home license during a licensure period. This form is an interactive document available in Microsoft® Word. You may use this format rather than the PDF document on the Division of Social Services forms website. Contact the Licensing Authority via e-mail to request a copy. You will receive the form as an attachment that can be downloaded onto any computer that accepts Microsoft® Word documents.

This form is used to update a current license by requesting changes in capacity, gender, age range, household composition, physical structure or location of the home. This form is also used to change a family foster home to a therapeutic foster home and a therapeutic foster home to a family foster home.

Instructions for completing the DSS-5159:

Complete the first part of the form, listing the name of the home and home facility number found on the DSS-5015.

1. Change Capacity: provides for changing the capacity of the home. Enter the requested capacity in the space provided.

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2. Number of Children in the Home: provides spaces for the number of all children in the foster home.
3. Document Sleeping Arrangements: provides for updating the sleeping arrangements. Use the spaces provided to list the type of bed and the person who uses the bed.
4. Change Child Age Range from: provides a way to change the age range of children the home accepts. This item may need to be changed for financial reimbursement purposes.
5. Change in Address: covers changes in the home and its environments. It has six components. Make sure the sleeping arrangement chart in Item 3 is accurate. Briefly describe the floor plan and layout of the new home. Check "YES" or "NO" for certifying that children in care have a private place for dressing and undressing. Check "YES" or "NO" for the question pertaining to access to water. If the answer is "NO," use the space provided to explain how the child will be kept safe from such hazards. Item 5 also provides spaces to indicate that the required DSS-1515 Foster Home Fire Inspection Report and the required DSS-5150 Foster Home Environmental Conditions Report have been completed on the new home and that the signed documents are included in the packet. Make sure that these two forms are complete and signed by the appropriate authorities.
6. When adding to the household, complete the following: provides space to document a new household member (adults, adopted children, relative children, and biological children) to be added to the household if they are not foster children. There is space to write the person's name, social security number and relationship to the licensed foster parent(s). This new member must meet all the initial requirements required of any adult member of the household. Make sure that all the required documents are completed and attached to the DSS 5159.
7. Foster Home License Status Change: provides a space to indicate that the foster home wishes to change from therapeutic foster care status to family foster care status or vice versa. A change from family foster care to therapeutic foster care requires the foster parent(s) to complete an additional ten hours of training before being classified as a therapeutic foster home. There is a space to enter the date that the supervising agency certifies that this training has been completed.
8. Remove Foster Parent from license: provides space to document that a foster parent has left the home. Enter the name of the foster parent, document the reason the foster parent left the home and secure the foster parent's signature on the signature page.
9. Remove Adult Household Member from license: provides space to document that an adult has left the household. Enter the name of the adult household member and the reason for leaving the home. The signature of the adult is not required.

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10. Other: provides space to indicate a change in information has been made on the DSS-5015 Foster Care Facility Licensing Action Request Form. Provide a reason for the change. Make sure you make the change on the DSS-5015.

Instructions for Requesting a Waiver for Capacity

- Complete Items 1, 2, and 3 on Form DSS-5159
- Complete Form DSS-5199 (Foster Home Request for Waiver)
- Under Rationale for supporting this waiver request indicate:
  - (1) that the increase in capacity will allow siblings to remain together;
  - (2) indicate that the social worker has verified that the out-of-home family services agreement and/or person-centered-plan for each sibling specifies that the siblings should be placed together;
  - (3) describe the skill, stamina and ability the foster parents have to care for the children and discuss any special needs or strengths of children in the home.

The signature of the Social Worker is the only signature required for a change unless a waiver is requested. If a waiver is requested the signatures of the foster parents, social worker and agency director or designee must be obtained.

1. A Complete Change Package Contains the Following:

- Cover Letter (Memo)
- DSS-5015 Foster Care Facility Action Request
- DSS-5159 Foster Home Change Request Application
- DSS-1515 Foster Home Fire Inspection Report (if change in address)
- DSS-5150 Foster Home Environmental Conditions Report (if change in address)
- DSS-5017 Medical History Form (if new household member)
- DSS-5156 Medical Evaluation (with completed TB test results included) (if new household member)
- DSS-5268 Responsible Individual List (RIL) Information Request (if new household member)
- DSS-5199 Foster Home Request for Waiver (if requesting waiver for capacity)

- Child Abuse/Neglect Clearance Letters if new household members have resided in states other than North Carolina for the past five years
- Fingerprint Clearance Letters for each new household member who is 18 years of age and older
- Letter of support from Agency Director if new household members have criminal convictions
- Letter of support from Agency Director if new adult household members have child protective service histories as a perpetrator

**F. DSS-5160 Foster Home Termination Application**

The DSS-5160 is used to terminate a foster home license. This form is an interactive document available in Microsoft® Word. You may use this format rather than the PDF document on the Division of Social Services forms website. Contact the Licensing Authority via e-mail to request a copy. You will receive the form as an attachment that can be downloaded onto any computer that accepts Microsoft® Word documents.

Instructions for completing the DSS-5160:

1. Terminate this license effective: is the requested termination date. Depending on the circumstances the Licensing Authority may not be able to honor this request.
2. Reason for the termination: is the reason the termination is being requested.
3. If foster parent(s) is not available for signature: addresses if the foster parent is NOT available to sign. If the foster parent does not sign the DSS-5160, use this section to document attempts to secure the signature. Use the space provided to record efforts to secure the signature. For example, the text may read:

*Asked Ms. Foster to sign a DSS-5160 on May 2, 2011. She refused. I sent Ms. Foster a letter on May 15, 2011 requesting signature on DSS-5160. No reply. On May 20, 2011 I called Ms. Foster requesting her to sign a DSS-5160. She hung up on me.*

The signatures of the Foster Parent(s) and Social Worker are the only signatures required for a termination.

A Complete Termination Package Contains the Following:

- Cover Letter (Memo)
- DSS-5015 Foster Care Facility Action Request
- DSS-5160 Foster Home Termination Application

Use the DSS-5160 when the license is being terminated, not when it is being revoked. A revocation does not require the foster parent's signature. A termination presumes that ending of the license is a mutual agreement between the foster parent and the supervising agency and not a failure to comply with licensing requirements. If the license is being revoked, use the DSS form 5279 Request for a Revocation of a Foster Home License.

**G. [DSS-1515](#) Foster Home Fire Inspection Report**

The licensing social worker does not fill out the Foster Home Fire Inspection Report (DSS-1515). The local fire inspector or his /her designee must do this. Developing a good working relationship with the fire safety inspector makes the licensing process easier on the foster parents, on the fire inspector and on the licensing social worker. The fire inspector's written approval of all items on the DSS-1515 is required for licensure. An error on this form often results in lengthy delays because the fire inspector has to make a second trip to the home. Make sure you and the foster parents are familiar with the items on the DSS-1515.

The DSS-1515 is an interactive form providing fields for typed information. Complete the top part and then print the form twice for the fire inspector to complete. Ask the inspector to sign the form twice, providing a signed copy for licensure packet and a signed copy for the foster parent. Although the licensing social worker does not have to be present for the fire inspector to go through the home, it is advisable that they are present. By being present, the licensing social worker can note any items out of compliance and set a date for the infraction to be corrected and the fire inspector to return.

Instructions for completing the DSS-1515:

- Fill in the name of the foster home. Usually the name(s) of the foster parents are sufficient. For example, "The Mr. and Mrs. Smith Foster Home."
- The foster parent present at the inspection is the person in charge of the home.
- The address is the physical address of the foster home.
- The phone number is the number of the telephone used by the foster home.
- If the home uses extension cords, they must have the Underwriters laboratory seal on the cord. The cord may be used only for a specific device. Be careful using surge protectors. Some people use surge protectors as an extension from the wall socket and overload these devices. If in doubt, take a picture and show it to the fire inspector before the inspection. If the home does not use extension cords at all, there is space to mark "Not Applicable" (N/A).

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- Unless the home is heated with electricity and does not have a fireplace, the home must have an operating CO<sub>2</sub> detector. It is usually a square box like device plugged into a wall socket or hardwired into the home. If the home has a heat pump, make sure it is not connected to a furnace for dual heating. More furnaces use natural gas. In such circumstances, a CO<sub>2</sub> detector is required.
- Make sure the fire extinguisher is mounted on the wall or attached in a conspicuous place. It is not acceptable to have the device loose on a counter or stored in a drawer.
- Check the evacuation plan and the list of emergency numbers. Are they legible? Are they protected from getting wet and smearing? These documents are to be displayed on a permanent basis.
- Ask the foster parents how they plan to ensure that they have phone service even in periods of electrical failure. The intent of this rule is for the home to be able to contact emergency services any time of day or night. Some types of phones including cell phones have inconsistent service in some locations. This can cause incorrect information to be relayed to emergency service units. All recommendations made by fire inspectors must be followed in relation to the type of phone used.
- For Item 6, determine the age of the house and advise the fire inspector.
- Inform the foster parents not to store anything in hallways, stairwells or on outside steps. Not even pieces of paper may be kept on the stairs.
- Make sure no designated egress doors have key operated inside deadbolts. This is a hard and fast rule. Although latches on the inside of some doors may be a security concern, key operated inside deadbolt locks are dangerous in a fire.
- List primary heat source and any secondary heat source. The primary heat source usually is the one that covers the entire house. A secondary heat source may be a fireplace or space heaters. If the family uses such items in the winter, advise the fire inspector.
- In some instances the inspector may leave Item 11 blank. If corrections are listed, try to set a time for the additional visit.
- The fire inspector must sign the form. The foster parent present must sign the form. If these two signatures are not on the form, the entire licensing packet will be returned.

- Confirm with your local fire department whether foster families should schedule inspections directly with them, or whether you should coordinate them for all foster families from your agency.
- Be sure the form is signed and dated by the fire inspector.
- If any items on the DSS-1515 are marked “No” the home cannot be licensed until these items are corrected. In order to approve the home all items on the DSS-1515 have to be answered “Yes” or “N/A.” Even when the item is marked “Yes,” any suggestions for corrections made by the fire inspector must be addressed in order for the Licensing Authority to approve the license.

**H. [DSS-5150](#) Foster Home Environmental Conditions Report**

The supervising agency licensing social worker completes and signs the DSS-5150 Foster Home Environmental Conditions Report. The DSS-5150 documents home conditions necessary for the safe care of children. It consists of twelve requirements for the home. The DSS-5150 is available on line.

The form is interactive providing text spaces that can expand when additional descriptions may be need. It may be filled out on line and then printed for official signatures. The licensing social worker and the foster parents sign the form. Licensing packets with an unsigned DSS-5150 will be returned unprocessed.

Instructions for Completing the DSS-5150:

- Explosives must be stored under lock and key; the detonators must be secured in a separate location. Firearms must be stored under lock and key with the ammunition secured separately. The keys to such storage must not be easily obtainable for children. Securing a firearm in the glove box or trunk of an automobile is not acceptable. If the applicant is in a line of work where immediate access to a loaded firearm is necessary, the home is not appropriate for the care of children.
- The yard must be safe. Examine the yard for excess brush, for uncontained trash or dilapidated equipment or vehicles.
- Look for evidence of rodents or insects. Rodents leave small pellet droppings. Ants often build mounds on the ground outside close to windows. Ask about pest control measures. Homes that tolerate rodents and insects inside the house are not safe for children.
- If a window or door opens to the outside, it must have a screen on it. Homes with windows designed not to open do not have to have screens. The screens must be in good repair. Look for tears or small holes in screens that may allow insects to enter.

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- Make sure the kitchen appliances actually operate. Look inside the oven. Would you eat something cooked in the oven?
- Check the kitchen. Are there place settings for each person in the family, including the number of foster children? Are there enough plates, cups, saucers, and glasses for the family? Is there a table sufficient for the family to all sit down together for a meal? Are there enough chairs to do this?
- Check each piece of furniture, especially any items covered with slipcovers. Look for tears in fabric and upholstery. Check chairs and tables to make sure they do not wiggle and are secure.
- Check the storage of dangerous chemicals, paints, and cleaning supplies. Are they child accessible? Are they locked up so a curious child could not get to them?
- Make sure the cooling system can handle very hot weather and make sure the heating system can handle very cold winters.
- Check the toilet, hand sink, and bath/shower to make sure each one works. Make sure the sink and the bath/shower has hot water. If the bathroom does not have a window that opens, make sure the room is equipped with an exhaust fan. This is necessary for health and safety. Exhaust fans control moisture to prevent mildew and mold.
- The discussion about water quality should include asking about any history of problems with water quality or sanitation. Ask about water testing that has been done. Check to be sure that the home has running water and clean toilet and bathing facilities.
- The discussion about building code issues is to make sure the building complies with code in force when the house was built. Just because the house is 50 years old does not mean it is in disrepair. You can access the NC Building Code at (<http://www.ncdoi.com>). Ask about and look for any problems with systems such as heating, plumbing, septic, or electric.
- Ask about and look for any structural problems with the home, such as a leaking roof or crumbling foundation. Ask about and look for any problems with systems such as heating, plumbing, septic, or electric. Inspect the yard, looking for potential dangers (such as dense brush, excessive or uncovered trash, etc.). Children need to be able to go outside and play safely.
- Use the recommendations and comments section to describe the most outstanding aspect of house and its grounds. Be specific and help the

Licensing Authority understand that there are no child safety issues with this home.

- A thorough environmental assessment includes the yard as well as the interior and exterior structure of the foster home. Check yard for hazards. Any water source must be behind a fence. A pool must be fenced. A fence must block access from the yard to a river, stream, lake, ocean, sound, or other body of water. Their needs to be a safe, fenced play area provided if a dangerous object or hazard couldn't be fenced.

**I. [DSS-5017](#) Medical History Form**

The DSS-5017 Medical History Form is a self-reporting form. Each adult in the home completes this form for himself or herself. Parents complete a form for each child. Alternatively, licensing social workers can interview the applicant to complete this form, which would provide additional opportunity for assessment and relationship building. Anyone who becomes a member of the household after licensure must complete this form. Foster parents should share this form with their medical provider who will complete the Medical Evaluation ([DSS-5156](#)). The family medical provider should know about the items listed on the DSS-5017. If the applicant/foster parent does not want his/her medical provider to know something about their health, inquire further. Any physical or mental health issues identified by the applicants and household members must be explained and discussed on Items X.A.(1) and X.A.(2) of the [DSS-5016](#). At relicensure any physical or mental health issues identified by the foster parents or household members must be explained and discussed on Items 13 and 14 of the [DSS-5157](#).

**J. [DSS-5156](#) Medical Evaluation (with completed TB test results included)**

The DSS-5156 must be completed on everyone in the home within 12 months of the initial licensing date and within 12 months of each relicensure period. Be sure that the agency name is completed at the top of the form. The foster parent applicant and other adult members of the household must sign and date the form, and write in the medical provider's name.

All household members 18 years **of age and** older must have a TB test within 12 months of the initial licensing except for the birth children of the foster parents. However, if one of the foster parents tests positive for TB, the birth children must be tested also. If an applicant or household member knows they will test positive and has been x-rayed to show they do not have the disease, ask that person to get a statement from a medical provider explaining this. With sufficient medical documentation, this adult may not have to be tested. TB tests are only required one time unless the medical provider determines that subsequent tests are necessary. A place for documenting the TB test is included on this form. However, a separate document from a licensed medical provider is also acceptable. A licensed medical provider (e.g., a doctor of medicine, physician assistant, or nurse practitioner) must sign and date the 5156.

If anyone 18 years **of age** or older moves into the home after a license has been issued, that new household member must have a DSS-5156 completed by a medical provider

and be tested for TB. Any physical or mental health issues identified by the medical provider must be explained and discussed on Item X, A, 1 and 2 of the DSS-5016. At relicensure any physical or mental health issues identified by the medical provider must be explained and discussed on Items 13 and 14 of the [DSS-5157](#).

**K. [DSS-5268](#) Responsible Individual List (RIL) Information Request**

The DSS-5268 is used for supervising agencies to request information from the Responsible Individual List (RIL). This form must be completed on each foster parent applicant and all adult household members. Make sure the applicants and adult household members sign the form. Private agencies must Fax the form to 919-715-6714 and to the attention of "RIL" in order to obtain results. County departments of social services have direct access to the RIL and will need to establish internal processes to review the RIL. County departments of social services must complete the section of the DSS-5268 marked for NCDSS office use only. For additional information, please refer to [Chapter VIII, Section 1427](#).

**L. [DSS-5280](#) Notice Foster Home Mandatory Criminal History Check**

The DSS-5280 provides information to applicants about the criminal history check procedures and the applicant's rights if unsatisfied with the results and subsequent licensing actions. Have the applicant sign the form at the bottom and give the applicant a copy of the form. Keep the signed copy in the agency's file on the family.

**M. [DSS-5199](#) Foster Home Request for Waiver**

The DSS-5199 is used to document a request to waive a foster home licensing rule ([10A NCAC 70E](#)). Administrative rules related to waivers are found in [10A NCAC 70L .0102](#). Waivers cannot be granted for any rule based on a standard adopted by the Building Code Council and subject to the general supervision and enforcement of the Commissioner of Insurance; any rule governing fire safety; or any rule based upon a standard adopted by the Commission for Public Health. All of the sections of the form must be completed. Denials of waiver requests by the Licensing Authority are not subject to appeal rights.

**N. [DSS-5279](#) Request for Revocation of a Foster Home License**

The DSS-5279 is used to document a request to revoke a foster home license. Before completing this form you may want to contact the Licensing Authority and discuss the revocation issues with a Program Consultant. The consultant will provide assistance in completing the form. The final decision to proceed with the revocation of a foster home license is made by the Licensing Authority.

**O. [DSS-5281](#) Critical Incident Reporting Form**

The DSS-5281 is used to report critical incidents to the Licensing Authority.

**P. [DSS-5282](#) Notification of CPS Involvement**

The DSS-5282 is used to notify the North Carolina Division of Social Services, Licensing Authority, the Division of Child Development and Early Education and the Division of Health Service Regulation of child protective services issues related to the facilities they

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regulate. The Division of Social Services has regulatory authority over family foster homes, therapeutic foster homes, and maternity homes, and Level I group homes.

A list of maternity homes licensed by the Division of Social Services is available at: (<http://www.ncdhhs.gov/dss/licensing/docs/licensedmaternityhomes.pdf>).

A list of group homes licensed by the Division of Social Services is available at: (<http://www.ncdhhs.gov/dss/licensing/docs/rccfacilities.pdf>).

Things to remember when submitting documents and forms to the Licensing Authority:

- Cover Letter: Always send with each packet.
- A [DSS-5015](#) must be submitted with each licensure request.
- Documents and Forms: Make sure all fields and sections are complete.
- All documents must be dated within 180 days of receipt of the packet by the Licensing Authority. There is one exception to the 180-day rule. Medical Evaluations ([DSS-5156](#)) must be dated within 12 months of receipt of the Medical Evaluation by the Licensing Authority.
- If there is a criminal history and/or a CPS history, a letter of advocacy signed by the Director or Agency Head will be needed. It should state the agency's position regarding licensure of the individual, how they have overcome any negative history, and their ability to provide safe, nurturing care for children in foster care.
- All forms and documents must be dated.
- Remember to get required signatures.