

1 AGENCY CASE NO.

NORTH CAROLINA DIVISION OF SOCIAL SERVICES FOSTER CARE FACILITY ACTION REQUEST

2 CO. NO

- NEW LICENSE
- CHANGE
- RELICENSE
- TERMINATE/REVOKE
- WAIVER REQUESTED
- RELICENSE/CHANGE

4 NAME OF SUPERVISING AGENCY

3 AGENCY TYPE

1	COUNTY DSS
2	PUBLIC AGENCY
3	PRIVATE AGENCY

5 FACILITY ADDRESS

6 AREA CODE

HOME PHONE NUMBER

CITY

STATE

ZIP CODE

7 FOSTER PARENT NAME OR FACILITY NAME

8 SOC. SEC. NUMBER

9 DATE OF BIRTH

10 RACE

11 SEX

12 EDUCATION

13 TRAINING

1	MALE
2	FEMALE

GRADE COMPLETED
OR
POST SECONDARY
YEARS

HOURS	TYPE
_____ _____	1 ORIENTATION
_____ _____	2 SKILLS DEVELOPMENT
_____ _____	3 SPECIFIC CHILD

14 FOSTER PARENT NAME

15 SOC. SEC. NUMBER

16 DATE OF BIRTH

17 RACE

18 SEX

19 EDUCATION

20 TRAINING

1	MALE
2	FEMALE

GRADE COMPLETED
OR
POST SECONDARY
YEARS

HOURS	TYPE
_____ _____	1 ORIENTATION
_____ _____	2 SKILLS DEVELOPMENT
_____ _____	3 SPECIFIC CHILD

21 CAPACITY

22 SEX

AGE

24 RATE

1	MALE
2	FEMALE
3	BOTH

23 FROM _____ TO _____

26 FAMILY INCOME

27 TYPE CARE PROVIDED

1	UNDER 10,000
2	10-19,999
3	20-29,999
4	30-39,999
5	40-49,999
6	50,000

1	FOSTER CARE
2	KINSHIP/RELATIVE FOSTER CARE
3	SPECIALIZED FOSTER CARE
4	EMERGENCY SHELTER CARE
5	THERAPEUTIC FOSTER CARE
6	SPECIAL PROGRAM

29 OTHER HH MEMBERS 18 OR OLDER

LASTNAME

FIRST

MI

1 _____

2 _____

3 _____

4 _____

28 TYPE OF FACILITY

1	FAMILY FOSTER HOME
2	GROUP HOME
3	INSTITUTION

4	MATERNITY HOME
5	RES. TREATMENT
6	THER. CAMP

41 MEDICAID ID #

43 NPI NUMBER

42 PROFIT INDICATOR

PROFIT

NON-PROFIT

30 FACILITY I.D.

31 SUPERVISING AGENCY

STATE OFFICE USE ONLY

LICENSE ACTION

32 FROM

33 TO

34 OTHER LICENSING ACTIONS

38 OTHER

39 PROCESSING INFORMATION

1	CHANGE
2	TERMINATION
3	RELICENSE
4	NEW

35 EFFECTIVE DATE

36 LICENSE TYPE

37 REASONS FOR PROVISIONAL

40 WAIVER GRANTED

1	FULL
2	PROVISIONAL

1	SANITATION STANDARD
2	OTHER-EXPLAIN IN #38
