

MAPP Registration Form

Complete this form in full and return to the agency at least 1 week prior to the start of the class. We look forward to having you in class!

Interested in: Check (√) all that apply:

Adoption

Foster care

Respite

NAME(S) _____

MAILING ADDRESS _____

CITY _____ ZIP _____ COUNTY _____

HOME PHONE _____

CELL _____ EMAIL ADDRESS: _____

CELL _____ EMAIL ADDRESS: _____

HOUSEHOLD MEMBERS

List yourself & everyone residing in your home, including; college students, parents, boy/girlfriends, fiancé (e), etc.

Name	Date of Birth (mo-day-year)	Social Security # (18 & older)	Relationship to you
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Do you plan to be licensed by Lee County DSS? YES NO

If not, agency name: _____

Select your marital status (for married couples, both husband and wife must attend MAPP training)
 Also, you must be married for at least a year prior to the start of the process.)

Married

Single

Divorced

Separated

Widowed

Do you have a high school diploma? _____ Does your significant other? _____

If no, Explain: _____

What is your work schedule? _____

Single parents cannot work 2nd or 3rd shifts. If you are unemployed or drawing assistance please note that. If you are enrolled in school, please list or attach your class schedule. _____

Do you baby-sit, provide after school care or have a home daycare? () YES () NO
If so, for how many children total (including your own)? _____

Has an adult in your household had a DWI in the past five years? () YES () NO

Do any household members have a history involving substance abuse (drugs or alcohol) or violence/domestic violence even if it did not result in an arrest or conviction? () YES () NO

Does any adult in your household have a history of sexual abuse and/or child abuse even if it did not result in an arrest or conviction, either as a perpetrator or a victim? () YES () NO

Has any adult in your household been a respondent in a proceeding concerning a minor who was allegedly abused, dependent, neglected, abandoned or delinquent? () YES () NO

Have you ever been rejected as a prospective parent or been the subject of an undesirable home study? () YES () NO

If you answered YES to any of the five questions above, please explain in the area below or on additional pages if necessary: _____

Have either husband or wife served as a foster parent elsewhere? () YES () NO

If yes, list the location _____
Dates of Licensure _____

Does your place of residence have a pond, pool or open water source? () YES () NO

How did you hear about our program? _____

Mail this form in the enclosed self-addressed envelope to:

Lee County Department of Social Services
ATTN: Jacqueline Morin
PO Box 1066
Sanford, NC 27331

Telephone Number: (919) 718-4690, Extension 5235

Email: jmorin@leecountync.gov