**PUBLIC INQUIRY OF FOSTER/ADOPTIVE PARENT REQUIREMENTS**

Date: ________________________

Inquiry Type: Phone _______ Walk-In _________ Email ___________

Event ______________ Name of Event _______________________

How did applicant learn about Agency: Radio _____ Newspaper _____ Billboard _____

Television _____ Brochure _____ Website _____

Foster Parent _____ Social Worker _____

Other _____ Word of Mouth _____

Please advise why you would like to be a foster parent: ____________________________________________________________

Do you have transportation and valid driver’s license? ________

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
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Email Address________________________________________________

Marital Status:

☐ Single ☐ Married Length of Marriage:_______

☐ Divorced ☐ Widowed ☐ Separated How long:_________

Household/Family Composition

<table>
<thead>
<tr>
<th>Prospective Foster/Adoptive Father</th>
<th>Prospective Foster/Adoptive Mother</th>
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<tbody>
<tr>
<td>Name: ___________________________</td>
<td>Name: ___________________________</td>
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<td>DOB: ___________________________</td>
<td>DOB: ___________________________</td>
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<td>Highest Level of Education ________</td>
<td>Highest Level of Education ________</td>
</tr>
<tr>
<td>Criminal History? _______________</td>
<td>Criminal History? _______________</td>
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<tr>
<td>CPS History? ____________________</td>
<td>CPS History? ____________________</td>
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Children/ Others in the Home

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>School/Grade/Occp.</th>
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<tbody>
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</table>
Are you interested in being a therapeutic placement? Yes ____ No____

Number of available bedrooms for children: ____________

Source of income:
Husband
Work Shift: 1ˢᵗ ____ 2ⁿᵈ ____ 3ʳᵈ ____

Wife
Work Shift: 1ˢᵗ ____ 2ⁿᵈ ____ 3ʳᵈ ____

Annual Income (Combined) ________________________________

Have you ever applied for a child from any other agency? Yes____ No____
If yes: When________________ From Whom:________________________

Interested in: Foster only_______ Adoption only_________ Both___________

Race of children: Any______ Black________ White_______
             Hispanic______ Biracial____________

Sex of desired child/children: Male_______ Female_________ Either_______

Number of Children willing to parent: 1______ 2_______ 3 or more_______

Age range: 0-1________ 2-5________ 6-11________ 12+_______ Any_______

Target Population:
Will work with medically fragile________
Will accept sibling groups _____________

Are you accepting of alternative lifestyles? Yes__________ No__________

School Zone: Elementary_____________________________
Middle School __________________________ High School_____________________

Family meets minimal qualifications (No information has been verified)_____
Does not meet minimal qualifications (No information has been verified)_____

REASONS FOR DISQUALIFICATION:

INFORMATION TAKEN BY: ____________________________________________
BROCHURES MAILED OUT ON: ___________________________