



Prospective Foster Parent Demographic Information

Initial Inquiry Date: _____ Marriage Date: _____

Perspective Foster Mother: _____

Perspective Foster Father: _____

Address: _____

Phone Number: Home: _____ Cell: _____ Work: _____

Email Address: _____ Best time to call: _____

Current # of Children in the Home: _____ Current # of Adults in the Home: _____

of Bed Spaces/Rooms available for a Foster Child(ren): _____ Own Home/Rent: _____

Preferred Age Range: _____ Preferred Gender: _____ Preferred Race: _____

Have you provided foster care previously? Yes No

If "Yes" please state where and when: _____

How did you hear about Choices for Life? _____

*****Office Use Only*****

Agency Contact Date: _____ Type: _____ Staff Initials: _____

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Agency Contact Date: _____ Type: _____ Staff Initials: _____

Scheduled Training Dates:

Orientation: _____ Special Needs: _____ CPI: _____ CPR: _____ IMPACT: _____

Screen Out: no further action needed

Reason: _____