



PROSPECTIVE FOSTER PARENT INQUIRY FORM

Date: _____ Phone: _____
Name: _____ Email: _____
Address: _____ County: _____
City, State, zip code: _____ Occupation: _____

Family Profile:

Married Date _____ Divorced Single
of children in the home _____ If so, Gender(s) and Age(s) _____
Does anyone residing in your home have any criminal history (misdemeanor or felony)? _____
Does anyone residing in your home have any Child Protective Services (CPS) history? _____
Any CPS History OUTSIDE of Georgia? _____
Does anyone residing in your home have any Child Welfare Policy violations? _____
Does anyone residing in your home have any Child Welfare Correction Plans? _____

If so, please discuss this with the Recruitment and Retention Specialist.

Have you ever fostered before? Yes No
Name of previous agency _____ Reason for leaving _____
Are you currently IMPACT or NTDC certified? Yes No

Preferences:

Gender Preference: Males Females
Ethnicity Preference: None African American Biracial Caucasian
 Hispanic Asian, Native American, Other Ethnicity
Age Preference: _____

How did you hear about Bloom?

Driving by Office Referral: _____
 The Bloom Closet Publication/Brochure _____
 Facebook Internet Search _____
 Bloom Website Church _____
 Yard Sign Community Event _____

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