



PROSPECTIVE FOSTER PARENT INQUIRY FORM

Date: _____ Phone: _____

Name: _____ Email: _____

Address: _____ County: _____

City, State, zip code: _____ Occupation: _____

Family Profile:

Married Date _____ Divorced Widowed 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 Age Preference: _____

Ethnicity Preference: None African American Biracial Caucasian
 Hispanic Asian, Native American, Other Ethnicity

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 _____

Send Inquiry Form to: a.arkwright@bloomouryouth.org Thank you!