

## Niagara County Department of Social Services

### Foster Parent Inquiry Form

Home Name: \_\_\_\_\_ Date of Initial Inquiry: \_\_\_\_\_

Orientation Letter: \_\_\_\_\_ Orientation Date: \_\_\_\_\_ Orientation Type: \_\_\_\_\_

Applicant 1: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant 2: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Household Members:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Been foster parents/applied to be foster/adoptive parents before? \_\_\_\_\_

Where? \_\_\_\_\_ Results? \_\_\_\_\_

Interested in:      Fostering      Adoption only      Fostering and Adopting      Kinship

Sex and Ages: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Individual taking inquiry: \_\_\_\_\_

Notes: