

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: