



## Foster Care Inquiry – Intake Form

<b>Applicant's Name:</b>	<b>Partner/Spouse's Name:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Email:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>DOB:</b>	<b>DOB:</b>
<b>Home Address:</b>	
<b>Mailing Address incl. postal code, if different from home address:</b>	
<b>Date of Marriage or Common Law:</b>	
<b>Children: Names and Ages:</b>	
1.	
2.	
3.	
4.	
5.	
<b>Other Adults in your home: Names and Ages:</b>	
<b>Foster for what age and gender of child(ren):</b>	
<b>Availability:</b>	
<b>Previous Foster and/or Fostering Experience:</b>	
<b>Additional Information (please use back of the page as needed):</b>	
<b>Date of Inquiry:</b>	
<b>* for internal office use only – will be completed by CFSCM *</b>	
Intake taken by:	<input type="checkbox"/> E-mail Application <input type="checkbox"/> Mail Application
Area of Service: <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	