

ADOPTION/FOSTER CARE INQUIRY FORM

Date received:

Received By:

The following person(s) has/have requested foster care and/or adoption information:

Name:

Address:

City, State, Zip:

County: Phone/Email:

Referral Source:

Other Agency (please specify):

Foster/Adoptive Parent

Recruitment Event (please specify):

Newspaper Article Newspaper Advertisement Radio

Other Advertisement (please specify):

Internet (i.e., Facebook, general search, website, etc.; please specify)

The following questions are voluntary; the data collected helps us improve our recruitment of foster and adoptive families.

Race: Caucasian
 African American
 Asian/Pacific Islander
 Other
 Hispanic/Non-Hispanic (H or N)

Education: High School
 Some College
 College
 Postgraduate
 Other

Religion: Catholic
 Jewish
 Protestant
 Muslim
 Other

Age: 21-30
 31-40
 41-50
 51-60
 61+

Income: \$20,000 - \$29,000
 \$30,000 - \$49,000
 \$50,000 - \$74,999
 \$75,000 - \$100,000
 \$100,000+

Number of children currently in your home:

Inquiry type: Adoption Foster Care Both

Comments:

Date Sent:

Sent by: