



# Community Impact Programs, Inc.

## FOSTER PARENT INQUIRY FORM

### POTENTIAL FOSTER PARENT INFORMATION

Name: \_\_\_\_\_ Date of Inquiry: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_ Email Address: \_\_\_\_\_

### INQUIRY DETAILS

Complete the form and mail or bring it to the receptionist at Community Impact Programs, 2108 63<sup>rd</sup> Street, Kenosha, WI 53143. All inquiries will be addressed within 48 hours of receipt.

#### Children currently in your home (list ages):

Male: \_\_\_\_\_ Female: \_\_\_\_\_

#### Are there other adults living in your home?

Yes, name/relationship: \_\_\_\_\_  No

#### Have you ever applied or been licensed for foster care before:

Yes, when: \_\_\_\_\_  No

#### I'm interested in:

- |  |  |
|--|--|
| <input type="checkbox"/> General Foster Care             | <input type="checkbox"/> Foster-to-Adopt       |
| <input type="checkbox"/> Sibling Sets                    | <input type="checkbox"/> Advanced Training     |
| <input type="checkbox"/> Adolescent/Teenager Foster Care | <input type="checkbox"/> Special Needs Infants |
| <input type="checkbox"/> Respite Foster Care             |  |
| <input type="checkbox"/> Other, please comment: _____    |  |

#### How did you hear about foster care:

- Newspaper, which one: \_\_\_\_\_
- Radio ad, which station: \_\_\_\_\_
- Foster Parent, name: \_\_\_\_\_
- Poster or brochure, where seen: \_\_\_\_\_
- Other, please explain: \_\_\_\_\_

#### Is okay for a current foster parent to call you:

Yes, when is a good time? \_\_\_\_\_  No

### FOR CIP USE ONLY

Date Packet Mailed: \_\_\_\_\_ Mailed By: \_\_\_\_\_

Date of Response: \_\_\_\_\_ Worker: \_\_\_\_\_

Comments: \_\_\_\_\_