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 63rd 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:

☐ General Foster Care ☐ Foster-to-Adopt
☐ Sibling Sets ☐ Advanced Training
☐ Adolescent/Teenager Foster Care ☐ Special Needs Infants
☐ Respite Foster Care
☐ 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: ______________________________

Updated: 12/9/2015