Genesis Youth Crisis Center, Inc. Foster Care and Adoption Services

INQUIRY WORKSHEET

Name:	Applicant 1 —	Age:
	Applicant 2	
Address	•	Age.
Address	(Street)	(Apt.)
	(City)	(County) (Zip)
	(Telephone Numbers)	(E-mail)
How did	lyou hear about our progr	am? ————
The follow		rmine if the family may meet the minimum non-negotiab
Are the a	pplicants married or have a stal	ole relationship & for how long?
Do both	applicants have a minimum	of a high school diploma or GED? ——————
Does the	family have a stable monthly	y income and employment?
Does eithe	er applicant have any medical co	nditions that may prevent them from fostering or adopting?
yes, piea	se explain:	
Does eith	er applicant have a criminal rec	cord?iplease explain:
	er applicant have any allegations colors	filed against them for abuse or neglect of a child or adult?
How many	children are currently living with	h the applicants? Ages? ————————————————————————————————————
	ing questions will help the Homefi ding of the type of children the pro	inder determine interest of potential family and assess the gram serves:
What type	e of child and age range would	d you prefer? ————————————————————————————————————
How many o	children would you prefer to	provide care to at a time?
RESULTS	OFINQUIRY: Request P	RIDE packet Date mailed:
		Meetingon:
		ements, but was invited to call back should circumstances
	Tot meet non-negotiable require	
Complete	d by:	Date:
DateofFo	llow-Up Call: ————	Results:
Datehome	evisit completed:	Results: