

## Foster Parent Initial Screening

Applicant name: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone cell \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_

Email \_\_\_\_\_

How did you learn of Children's Friend? \_\_\_\_\_

Are you at least 21 years of age? \_\_\_\_\_

Do you have a valid RI driver's license? \_\_\_\_\_ Please copy \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Do you have appropriate space for a foster child? (50 square feet/child) \_\_\_\_\_

Do you have a spare bed for the foster child? \_\_\_\_\_

Are you financially stable without reliance on the foster care board rate? \_\_\_\_\_

Do you have any other source of income? \_\_\_\_\_

\_\_\_\_\_

Are you able to communicate in English? \_\_\_\_\_ Are you bilingual? \_\_\_\_\_

Do you have smoke detectors \_\_\_ fire extinguisher \_\_\_ and a remote boiler switch \_\_\_?

Have you ever applied to become a foster parent with another agency? \_\_\_

Please list \_\_\_\_\_

Please List all household members and their ages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

date

Signature

date