

Foster Home Study Questionnaire

Please complete this questionnaire as part of the foster home assessment process. This form is designed to be printed and filled out manually or typed directly into the fields before printing.

1. Applicant Information

Primary Applicant Full Name:

Date of Birth (MM/DD/YYYY):

Occupation:

Co-Applicant Full Name (if applicable):

Date of Birth (MM/DD/YYYY):

Occupation:

2. Contact & Address Information

Street Address:

City, State, Zip Code:

Home Phone:

Cell Phone:

Email Address:

3. Household Members

Please list all other individuals currently residing in the home (children and adults):

Full Name	Age	Relationship to Applicant	School or Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Home and Neighborhood

Type of Home (e.g., House, Apartment, Condo):

Do you own or rent the residence?:

Number of Bedrooms:

Number of Bathrooms:

List any safety features (e.g., fenced yard, smoke detectors, home security):

5. Motivation and Experience

Please provide brief answers to the following questions (use additional paper if needed):

Why do you wish to become a foster parent?

Describe any previous experience you have working with or parenting children:

Describe your local support system (family, friends, community resources):

6. References

Please list three non-relative references who can speak to your character and suitability for fostering:

Reference Name	Relationship	Phone Number	Email Address

7. Signatures and Date

By signing below, the applicant(s) certify that all information provided is true and accurate to the best of their knowledge.

Primary Applicant Signature: Date:

Co-Applicant Signature: Date: