



INITIAL INQUIRY REGARDING FOSTER FAMILY HOME LICENSURE

State Form 53204 (R2 / 4-11)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: *The licensing staff must complete this form at the time of potential parent inquiry and document the information in the Child Welfare Information System.*

INITIAL CONTACT

Date (month, day, year)				County		Resource identification number	
Name of Applicant A (last, first, middle)						Date of birth (month, day, year)	
Name of Applicant B (last, first, middle)						Date of birth (month, day, year)	
Address (number and street, city, state, and ZIP code)							
Telephone number ()		Cellular or work telephone number ()		E-mail address			Total number in household
Reason for interest in fostering -----							
Previous fostering experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, beginning date (month, day, year)			If yes, ending date (month, day, year)	
If yes, name of agency							
If yes, please explain -----							
Source of referral <input type="checkbox"/> TV / Radio <input type="checkbox"/> Ad / Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Foster parent <input type="checkbox"/> Other _____							
Information packet sent on (month, day, year):							

FOLLOW-UP CONTACT – ORIENTATION MEETING

Attended information meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date attended (month, day, year)		Date referred to pre-service training (month, day, year)	
Comments on reasons for not continuing -----					

Signature of licensing staff			Date (month, day, year)		
Printed name of licensing staff					