

FOSTER CARE APPLICANT INQUIRY FORM

Thank-you for your interest in becoming a Family Alternative Foster Parent! Please complete this form and return to our office:

Family Alternatives
1089 SE 10th Avenue
Minneapolis, MN 55414.

Date: _____

Applicant Name(s)	Place and hours of employment	Over age 21? (please initial)

Address: _____

Phone numbers: _____ Home
 _____ Work
 _____ Cell

Email address: _____

Information on others living in home:

Name	Date of Birth	Relationship to applicant(s)

Are you currently, or have you ever been licensed or applied to be licensed as a foster care provider? Yes ____ No ____

If yes, when and with whom:

If yes, dates of licensure:

Please define the age range, gender, and needs of children you feel qualified to care for in your home:

Minnesota Rules require foster parents to have “at least the equivalent of two years of full time experience caring for or working with the issues presented by the children they will care for, whether they are the license holders’ own children or other children”. Please describe your experience, and any special skills or education that relate to foster parenting:

Please describe the overall space in your home, and the bedrooms available for youth/children in foster care:

Directions to your home from Minneapolis:

How were you referred to Family Alternatives? (brochure, professional, foster parent – if parent please provide name, other):

Office use:

Date received _____ Date visited _____

Assessors assigned _____ Date assigned _____