



**New Beginnings, Life Changing Network Inc.**  
"Changing a Youth's Life one family at a time"

## APPLICATION TO FOSTER

### Intake/Inquiry

(Perspective foster parent)

Date: \_\_\_\_\_ NBN staff member \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: (circle) Male/Female

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

e-mail address: \_\_\_\_\_

Marital Status (circle) Married Single Divorced Separated Widow

What is your source of income? (circle) Employed Spouse Income SSI  
Disability TANF Other \_\_\_\_\_

What is your Annual-Household Income? \_\_\_\_\_

How did you hear about NBN? \_\_\_\_\_

Are you currently a foster parent or have ever been a foster parent? Yes or No

If yes, what agency and what time frame \_\_\_\_\_

*(explain they need a recommendation from current agency)*

Are you MAPP/IMPACT trained? Yes/NO

If yes, what agency and date of completion \_\_\_\_\_

How many adults currently live in your home? \_\_\_\_\_

How many children currently live in your home? \_\_\_\_\_

How many available rooms do you have in your home? \_\_\_\_\_

Do you have any problems working with the birth parent as a role model? Yes/No  
If yes, then why \_\_\_\_\_

Type of children do you desire to foster? Age group \_\_\_\_\_ Sex \_\_\_\_\_  
Race: \_\_\_\_\_ behaviors/and or disabilities \_\_\_\_\_

What motivated you to want to be a foster parent? \_\_\_\_\_

Have you or anyone in your household ever been convicted of a crime? Yes/No  
If yes, please explain \_\_\_\_\_

Do you smoke? Yes/No  
If yes, do you agree not to smoke in the presence of the children? \_\_\_\_\_

Have you ever had your children removed from your home due to neglect or abuse? Yes/No  
If yes, explain: \_\_\_\_\_

Are you under medical treatment for any medical or mental health condition? Yes/No  
If yes, explain \_\_\_\_\_

Comments or  
Concerns: \_\_\_\_\_  
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