



Foster Parent Screening Tool

Caregiver 1: _____ Date of Birth _____

Prior Names (including Maiden) _____

Phone: _____ EMAIL: _____

Caregiver 2: _____ Date of Birth _____

Prior Names (including Maiden) _____

Phone: _____ EMAIL: _____

Please list all addresses for the past 5 years:

Current Address _____ City _____ Zip code: _____

Years at this Address _____

Previous Address _____ City _____ Zip code: _____

Years at this Address _____

How many bedrooms and bathrooms are in the home? _____

Do you have any immediate plans to move? _____

Is your residence currently in foreclosure? _____

Please list household pets. Are you able to provide proof of current rabies vaccinations? _____

Do you have a pool or live on a body of water? _____

List ALL members of your household (Anyone who lives in your home-do not include caregivers) and frequent visitors:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Have you, anyone in your household, or a frequent visitor ever been arrested? Yes: _____ No: _____

Name	At Time of Offense	City of Arrest	Date	Offense	Outcome

Have you or anyone in your household ever been involved in an investigation for abuse or neglect in the State of Florida or any other State? *This means even if the report is unfounded! Yes: _____ No: _____ If yes, please explain: _____

****Please note that we will be doing an extensive background screen so you must be honest in these answers!**

Total NET income (including all sources): Monthly _____
Check **all** income sources to your home: Employment ___ Social Security ___ Retirement ___ Child Support _____
Unemployment _____ Disability (amount & details of disability) _____
What are your total monthly expenses? (Please include an estimate for incidentals): _____
Do you currently receive any of the following: Food Stamps _____ WIC _____ Section 8 _____ TANF _____
Do you have an in-home daycare? _____

Have you ever applied to any other agency or State to be an adoptive or foster parent(s)? Yes: ___ No: ___
If yes, what agency: _____ Where: _____
Are you mainly interested in foster care or adoption? _____
What is your motivation to foster? _____
What age group and/or gender are you interested in fostering? _____
How many children are you interested in fostering? _____
How did you hear about us? _____
What agency are you choosing to be licensed with? _____
Does either prospective parent have a need for special accommodations? _____

I attest that the information given on this screening questionnaire is correct to the best of my knowledge. I also understand that it is unlawful for any person to make a willful or intentional misstatement on any license application or other document required to be filed in connection with an application for a license. I understand that if any information is false I can be disqualified as an applicant.

Signature Date

Signature Date