

INITIAL INQUIRY

DATE of Intake _____ Date Entered- SharePoint _____ Date Sent to Licensing _____

Date Closed Inquiry _____

Resource and Recruitment Staff _____
(Print Name)

Licensing Staff _____
(Print name)

Other _____
(Print name)

- Inquiry willing to accept 12-17 yrs. (Targeted Population)

Preliminary Questions:

Thoroughly answer all preliminary questions and page 2:

Race Key	Ethnicity Key:
NA = Native American/Alaskan (Indian or Eskimo) AS = Asian BL = Black/African American PI = Native Hawaiian/Pacific Islander WH = White UK = Unknown DI = Declined to Identify CV = Could not be Verified	Enter the primary Ethnicity NH = Not Hispanic (NONE) HD = Hispanic Spanish Descent HO = Hispanic Other HS = Hispanic South American HC = Hispanic Cuban UK = Unknown HM = Hispanic Mexican HA = Hispanic Central American DI = Declined to Identify HP = Hispanic Puerto Rican HN = Hispanic Dominican CV = Could not be Verified

Check One: Traditional Relative Child Specific ICPC

Please Print - Name(s) of Potential Applicant(s) – Last Name, (Maiden Name), First Name, Middle Initial	Race/ Ethnicity (see key above)	Gender	Date of Birth	SSN/ITIN# Last 4 Digits (optional)	Email Address:
A.					
B.					
Home Address	City	County	Region	ZIP Code	
Primary Phone Numbers					
Home	A. Cell	B. Cell			

1. What is your Marital Status? Single Married Civil Union Divorced Widowed Legally Separated (Reference 402.12)

2. Applicant A: Are you employed outside of the home? Yes No

What is your source of income? Explain _____

Employer _____ Position _____ Full Time Part Time Hours _____ Years _____

Applicant B: Are you employed outside of the home? Yes No

What is your source of income? Explain _____

Employer _____ Position _____ Full Time Part Time Hours _____ Years _____

3. Are you currently licensed as a Child Care Facility? Yes No If yes, what is your licensing number? _____
4. Do you or your spouse work for DCFS or through a personal service contract or subcontract with the Department? Yes No (If yes, refer to POS and 402.4(b))
5. Do you rent or own your home? Rent Own Any living situation restrictions concerning the expansion of your family? Yes No If yes, explain _____
6. Do you plan to move from this home within six months? Yes No Within twelve months? Yes No
7. Number of bedrooms available for fostering? _____
8. Do you have a swimming pool? Yes No (If yes, refer to 402.8(d)). Your pool must be in compliance with the rule in order to become a foster parent.
9. Do you own any firearms? Yes No (If Yes please refer to 402.8(I))
10. Are you a smoker? Yes No
11. Have you or any household member(s) been convicted of a crime other than a minor traffic violation (in accordance with Rules 385)? Yes No If Yes, explain _____
12. Are you willing to provide the birthdates and social security numbers of all members in your household, and other family members as deemed necessary, upon applying for a license. Yes No Define your family composition _____
13. How many children under the age of 18 currently reside in your home, including children that visit frequently as part of a parent-child visitation? _____
14. Are you trying to become a foster parent for a particular child that is involved with another POS agency? Yes No If Yes which agency? _____
15. Are you interested in becoming a foster parent for a child located in another state? Yes No
16. Are both applicants willing and able to meet the pre-service training requirement? Yes No (Refer to 402.12(k))
17. Are you able to provide names and full addresses for character references who know how you care for children? Yes No If No, explain _____
18. **Language:** Speaks language(s) other than English? No Yes If yes indicate Language: _____
Proficiency: Bilingual _____ Fluent (read, write & speak) _____ Conversational (speak) _____
19. Are you interested in adopting only? Yes No
20. Would you be able to support the religious beliefs of children who do not share the same religious faith as you? Yes No (Refer to 402.18)
21. Do you practice any faith/religion? Yes No If so, what faith? (optional) _____
22. Are you open to providing care for 12 – 17-year-old youth? Yes No If No, indicate what age range is best? _____ If No, worker's open discussion is needed.

Applicant's Last Name _____

Discussed the Following: Application Packet Background Checks Fingerprinting Medicals/Health /TB tests Pets (If any, please describe):

What brought you to contact DCFS about foster parenting? Social media Foster Home recruitment event Television Another Foster Parent
 Other: _____

Motivation for Fostering: Please explain _____
 Preference? Special Needs Sibling Groups Gender- M/F/Neither High end Mental Health Medically Complex
 Developmentally Delayed Traditional LGBTQ youth Pregnant/Parenting Youth

If counseled out after completion of preliminary questions- go directly to page 4

Name(s) of Other Adults (18 and Older) Living in the Home & Relationship	Race/Ethnicity (see key above)	Gender	Date of Birth	SSN/ITIN# Last 4 Digits (optional)	Name(s) of other adults (18 and Older) Living in the Home & Relationship	(Race/Ethnicity (see key above)	Gender	Date of Birth	SSN/ITIN# Last 4 Digits (optional)
1.					4.				
2.					5.				
3.					6.				

Please Print – Last Name, First Name, Middle Initial, Date of Birth and Gender, of Any Child under 18 Living in the Home:

Name/Relationship	Date of Birth	Gender	Name/Relationship	Date of Birth	Gender
1.			4.		
2.			5.		
3.			6.		

Quality of Care Concerns Applicant

Has the inquirer or any person living in the household:	In the Last 5 Years	Over 5 Years
1. Have you ever been licensed? Y <input type="checkbox"/> N <input type="checkbox"/> If NO proceed to preliminary questions.		
2. Had an ‘indicated’ report of abuse or neglect	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes 1) inform inquirer of the criteria or criterion that identifies the individual as a Quality of Care Concerns Applicant 2) explain the application process 3) send the inquirer a Preliminary Application
3. Surrendered a license for cause	Y <input type="checkbox"/> N <input type="checkbox"/>	
4. Had an expired or surrendered license while either an abuse or neglect investigation or licensing investigation was pending or an involuntary hold was placed on the home.	Y <input type="checkbox"/> N <input type="checkbox"/>	
5. Been the subject of allegations of abuse or neglect	Y <input type="checkbox"/> N <input type="checkbox"/>	
6. Had a license revoked or refused to renew	Y <input type="checkbox"/> N <input type="checkbox"/>	
7. Been the subject of licensing violation related to child health, safety and well-being that led to an involuntary hold.	Y <input type="checkbox"/> N <input type="checkbox"/>	
8. Been involved in one or more substantiated licensing complaints which were not corrected and resulted in enforcement action.	Y <input type="checkbox"/> N <input type="checkbox"/>	

Applicant’s Last Name _____

***Use back for Additional Notes, PRIDE Referral Information, Final Status and/or Justification if Counseled Out.**

Additional Notes:

<p>Information Resulted in:</p> <p><input type="checkbox"/> Returned Call: _____ Date/Time</p> <p><input type="checkbox"/> Appointment Scheduled: _____ Date/Time</p> <p><input type="checkbox"/> Referred to Private Agency: _____ Date/Time</p> <p><input type="checkbox"/> Caller will Call Back if Interested _____ Date/Time</p> <p><input type="checkbox"/> Counseled Out: _____ Date/Time</p> <p><input type="checkbox"/> Refer to Adoption: _____ Date/Time</p>	<p>Completed by Licensing:</p> <p>Licensing Application Received: Y or N (If yes, the date application) Date _____</p> <p>SACWIS Check Applicant A – Date: _____ Finding: _____</p> <p>SACWIS Check Applicant B – Date: _____ Finding: _____</p> <p>Referred to PRIDE – Date: _____ Location: _____</p> <p>Final Status of Application: _____</p>
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	<p>Assigned to:</p> <p>_____</p> <p>Foster Care Licensing Representative</p> <p>_____</p> <p>Foster Care Licensing Supervisor</p> <p>_____</p> <p>Date</p>
<p>_____</p> <p>Person Completing / Source of Inquiry</p> <p>_____</p> <p>Date</p>	

Applicant's Last Name _____