

## 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) HS = Hispanic South American HM = Hispanic Mexican HP = Hispanic Puerto Rican HD = Hispanic Spanish Descent HC = Hispanic Cuban HA = Hispanic Central American HN = Hispanic Dominican HO = Hispanic Other UK = Unknown DI = Declined to Identify 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"/>	<b>If yes, inform inquirer of statute language that prevents them from applying at this time</b>
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"/>	<b>If yes</b> 1) inform inquirer of the criteria or criterion that Identifies the individual as a Quality of Care Concern Applicant 2) explain the application process 3) send the inquirer a Preliminary Application
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:

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**Information Resulted in:**

- ☐ Returned Call:\_\_\_\_\_   
Date/Time
- ☐ Appointment Scheduled:\_\_\_\_\_   
Date/Time
- ☐ Referred to Private Agency:\_\_\_\_\_   
Date/Time
- ☐ Caller will Call Back if Interested\_\_\_\_\_   
Date/Time
- ☐ Counseled Out:\_\_\_\_\_   
Date/Time
- ☐ Refer to Adoption:\_\_\_\_\_   
Date/Time

**Completed by Licensing:**

Licensing Application Received: Y or N (If yes, the date application) Date\_\_\_\_\_

SACWIS Check Applicant A – Date:\_\_\_\_\_ Finding:\_\_\_\_\_

SACWIS Check Applicant B – Date:\_\_\_\_\_ Finding:\_\_\_\_\_

Referred to PRIDE – Date:\_\_\_\_\_ Location:\_\_\_\_\_

Final Status of Application:\_\_\_\_\_

**Assigned to:**

\_\_\_\_\_  
Foster Care Licensing Representative

\_\_\_\_\_  
**Person Completing / Source of Inquiry**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Foster Care Licensing Supervisor**

\_\_\_\_\_  
**Date**

Applicant's Last Name\_\_\_\_\_