

PERMANENCY SOLUTIONS PROGRAM Foster Care Inquiry Information

Please complete this form and return it to us at the address below. Once we have received this, we will contact you to schedule a convenient time to visit with your family and answer any questions you have. If you wish, at this visit, we will give you the preliminary paperwork to start the homestudy and foster care licensing process.

Date: ____/____/____

Name: _____ Email: _____

Name: _____ Email: _____

Mailing address: _____

Residence (if different): _____

Telephone numbers: (day) _____ (eve) _____ (cell) _____

(day) _____ (eve) _____ (cell) _____

Best time to call: _____

How did you hear about us? _____

Are you interested in fostering adopting both not sure?

Why do you want to foster or adopt? _____

Do you have specific questions for us right now? _____

HOUSEHOLD INFORMATION

Please complete the following information on all individuals living in your home:

Name	Gender	Date of Birth	Occupation or Grade in School

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!

Please MAIL it to Child and Family Services, 103 N. State St., Concord, NH, 03301, attn: Fran Churchill. We will contact you soon. If you need further information, contact Fran Churchill, churchillf@cfsnh.org, 800-640-6486 x4399.