



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:

Table with 4 columns: NAME, GENDER, DATE OF BIRTH, OCCUPATION or GRADE IN SCHOOL. Contains 5 empty rows for data entry.

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: Michelle Galligan. We will contact you soon. If you need further information, contact Michelle at galliganm@cfsnh.org, 603-518-4294.