

FOSTER CARE APPLICANT INQUIRY FORM

Thank-you for your interest in becoming a Family Alternatives foster parent! Please complete this form and return to our office.

Date: _____

Applicants (must include all those in a parenting role)

	Applicant 1	Applicant 2
Name		
Phone Number		
Email Address		
Place/hours of employment		

Address: _____

Others living in the home

Name	Date of Birth	Relationship to applicant(s)

Have you ever applied for foster care licensure? ___Yes ___No
 Are you currently licensed as a foster care provider? ___Yes ___No
 Have you ever been licensed as a foster care provider? ___Yes ___No
 If yes to any of the above, please explain.

Minnesota Rules require that foster parents have, “at least the equivalent of two years of full time experience caring for or working with the issues presented by the children they will care for”. Please describe your experience, skills and/or education related to foster parenting.

Family Alternatives values working cooperatively with the families of our children/youth in foster care when possible. What are your feelings about this expectation?

Please describe how you are prepared to actively support a child’s developing identity, sense of belonging or membership in a cultural group. This would include race, ethnicity, culture, faith/spirituality, sexual orientation, gender identity, socio-economic factors and traditions or practices.

How were you referred to Family Alternatives?

Office use:

Date received _____

Date contacted _____