

New Applicant Screening Questionnaire
Prospective foster Care Providers
For Children with Developmental Disabilities

Name: _____ Date: _____
Address: _____ County: _____
Home phone: _____ Work phone: _____
Cell phone: _____ E-mail: _____

How did you learn about our foster care services?

Have you ever provided foster care before, with whom? Do you currently know anyone who provides foster care?

Who currently lives in your home? Do you have the room/space for a foster child?

Do you have any experience caring for a child or adult with a developmental disability?

What age of child, or disability, do you think would fit into your home?
