

**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)      HD = Hispanic Spanish Descent      HO = Hispanic Other HS = Hispanic South American      HC = Hispanic Cuban      UK = Unknown HM = Hispanic Mexican      HA = Hispanic Central American      DI = Declined to Identify HP = Hispanic Puerto Rican      HN = Hispanic Dominican      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:					
Relationship	Date of Birth	Relationship	Date of Birth	Relationship	Date of Birth
1.	/ /	2.	/ /	3.	/ /
4.	/ /	5.	/ /	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"/> <b>If NO proceed to preliminary questions.</b>			
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>	<b>If yes</b> 1) inform inquirer of the criteria or criterion that identifies the individual as a Quality of Care Concerns Applicant 2) explain the application process 3) send the inquirer a Preliminary Application
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 \_\_\_\_\_

