

# KENNEDY KRIEGER INSTITUTE THERAPEUTIC FOSTER CARE PROGRAM PRE-SERVICE INQUIRY FORM

Name of Family:			
Address:		Home Phone:	
City:	State:	ZIP:	
How did you find out about TFC and Kennedy Krieger Institute?			
Type of Home: <input type="checkbox"/> Row/Town Home <input type="checkbox"/> Detached <input type="checkbox"/> Ranch <input type="checkbox"/> Wheelchair Accessible			<input type="checkbox"/> Rent <input type="checkbox"/> Own
Number of Bedrooms:	Number of Pets:	Type of Pet(s):	
Years at Current Address:	If Fewer Than 5 Years Previous Address:	Are there any smokers in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION I: APPLICANT INFORMATION

Applicant One			Applicant Two		
Last Name:	First Name:	Middle Name:	Last Name:	First Name:	Middle Name:
Former Name:			Former Name:		
Date of Birth:			Date of Birth:		
Birthplace:			Birthplace:		
Citizenship:			Citizenship:		
Gender:			Gender:		
Race:			Race:		
Religion:			Religion:		
Occupation:			Occupation:		
Current Employer:			Current Employer:		
Employer Address:			Employer Address:		
Work Phone:			Work Phone:		
Work Email:			Work Email:		
Date of Hire:			Date of Hire:		
Schedule: <input type="checkbox"/> Day <input type="checkbox"/> Eve. <input type="checkbox"/> Night <input type="checkbox"/> Other Hrs. Per Week ____			Schedule: <input type="checkbox"/> Day <input type="checkbox"/> Eve. <input type="checkbox"/> Night <input type="checkbox"/> Other Hrs. Per Week ____		
Annual Gross Income:			Annual Gross Income:		
Language(s):			Language(s):		
Education/School:			Education/School:		
Highest Grade Completed:	Date:		Highest Grade Completed:	Date:	

## SECTION II: CONTACT INFORMATION

Applicant One		Applicant Two	
Personal Email:		Personal Email:	
Cell:		Cell:	
Emergency Contact:		Emergency Contact:	
Preferred Method of Contact:		Preferred Method of Contact:	

**SECTION III: MARITAL/DOMESTIC PARTNER INFORMATION**

Date of Current Marriage:

Past Marriage(s) or Domestic Partnership(s) of Applicant One:

Date Begun:

Date Ended:

Past Marriage(s) or Domestic Partnership(s) of Applicant Two:

Date Begun:

Date Ended:

**SECTION IV: SONS AND DAUGHTERS OF APPLICANTS**

Name	Date of Birth	Age	Location

**SECTION V: OTHERS RESIDING OR FREQUENTLY IN THE HOME**

Name	Age	Relationship	Current Situation

**SECTION VI: EXTENDED FAMILY MEMBERS OF APPLICANT ONE***Include birth parents, adoptive parents, stepparents, siblings and other important extended family members, living or deceased*

Name	Relationship	Age	Occupation	Location & Living Situation

**SECTION VII: EXTENDED FAMILY MEMBERS OF APPLICANT TWO***Include birth parents, adoptive parents, stepparents, siblings and other important extended family members, living or deceased*

Name	Relationship	Age	Occupation	Location & Living Situation

**SECTION VIII: PRIOR CHILD CARE AND FOSTER CARE/ADOPTION EXPERIENCE**

Applicant One	Yes	No	Applicant Two	Yes	No
Have you ever applied to and/or attended pre-service training to become a foster, respite or adoptive parent?			Have you ever applied to and/or attended pre-service training to become a foster, respite or adoptive parent?		
Have you ever participated in a foster, respite or adoptive home study?			Have you ever participated in a foster, respite or adoptive home study?		
Have you ever been licensed as a foster, respite or adoptive parent?			Have you ever been licensed as a foster, respite or adoptive parent?		
Have you ever been licensed as a child care provider?			Have you ever been licensed as a child care provider?		
If yes, do you currently hold a child care provider license?			If yes, do you currently hold a child care provider license?		
Have you ever been employed or volunteered, in any capacity not indicated above, to work with children?			Have you ever been employed or volunteered, in any capacity not indicated above, to work with children?		

## SECTION IX: BACKGROUND INFORMATION

Applicant One	Yes	No	Applicant Two	Yes	No
Have you or any members of your family or household ever been arrested or convicted of a crime other than minor traffic violations?			Have you or any members of your family or household ever been arrested or convicted of a crime other than minor traffic violations?		
If yes, please explain:			If yes, please explain:		
Have you or any members of your family or household ever had any allegations of child abuse (physical or sexual) or child neglect made against you/them?			Have you or any members of your family or household ever had any allegations of child abuse (physical or sexual) or child neglect made against you/them?		
If yes, please explain:			If yes, please explain:		
Do you or any members of your family or household have a history of mental illness or substance abuse?			Do you or any members of your family or household have a history of mental illness or substance abuse?		
If yes, please explain:			If yes, please explain:		
Do you or any members of your family or household have a chronic medical condition for which you/they have been or currently are receiving treatment?			Do you or any members of your family or household have a chronic medical condition for which you/they have been or currently are receiving treatment?		
If yes, please explain:			If yes, please explain:		
Have you or any member of your family or household ever had contact with or received services from Social Services?			Have you or any member of your family or household ever had contact with or received services from Social Services?		
If yes, please explain:			If yes, please explain:		
Have you or any member of your family or household ever had a psychological evaluation or received counseling services?			Have you or any member of your family or household ever had a psychological evaluation or received counseling services?		
If yes, please explain:			If yes, please explain:		

## SECTION X: FOSTER CARE, ADOPTION & RESPITE

I am/we are interested in (check all that apply):  Therapeutic Foster Care  Adoption  Respite Care

Adopting or providing respite for a specific child or children:

## SECTION XI: TYPE OF CHILD YOU MAY CONSIDER

Age of child or age range: \_\_\_\_\_ Are you considering adopting or fostering siblings?  Yes  No  Unsure  
 Gender of child:  Boy  Girl  Either  Both If yes, how many?

## ACKNOWLEDGEMENTS

I/We, the undersigned, submit this inquiry form with the following acknowledgements: I/We give full permission to Kennedy Krieger Institute/Therapeutic Foster Care Program to communicate and exchange information about me/us, in written or verbal form, with identified references, other child welfare agencies, foster care or adoption agencies, physicians, mental health professionals, government agencies, and other sources.

I/We affirm that the information provided above is truthful and accurate.

\_\_\_\_\_  
Signature Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Applicant #2

\_\_\_\_\_  
Date

**Incomplete forms will be returned. Keep a copy for your files. If you have any questions, please call 443.923.3811.**