



FOSTER CARE AND ADOPTION INQUIRY SHEET

Date: _____

Name: _____

Marital Status: Single Married Divorced (please circle)

Spouse's First Name: _____

Street Address: _____ City: _____

Zip Code: _____ Email Address (optional): _____

Home or Cell Phone Number: _____

Number of Adults in Home: _____

Number of Children in Home: _____

Are you interested in Fostering Adoption Both

Have you reviewed the current orientation schedule? _____

If so, which date would you like to register for? _____

How did you hear about the program? (Please check one)

Friend/Family _____ **TV** _____ **Church** _____ **DCF/Child Specific** _____

Newspaper _____ **Former Foster Parent** _____

Radio Station _____ **Internet** _____ **Speaking Engagement** _____

Referred by a Foster Parent _____ **Heart Gallery** _____

Other _____

****Please note that inquiry sheets can be emailed to Jeannie Ruiz at jruiz@childnetswfl.org or mailed to the address below:**

**Children's Network of SWFL, LLC
Attn: Foster Care Licensing
2232 Altamont Avenue
Fort Myers, FL 33901**

If there are any questions, please call 1-800-89FAMILY (1-800-893-2645)