



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 (circle one): Fostering Adoption Both

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)