Stark County Jobs and Family Services
Children Services Inquiry Form - Page 1

Date	Recorder	Called Before?
		☐ Yes ☐ No When:

Attempted Fostering Before? ☐ Yes ☐ No **Agency:**

Parent 1

Name	Aliases	Maiden

Marriages	Date of Marriages	SSN	DOB	Race NONE

Parent 2

Name	Aliases	Maiden

Marriages	Date of Marriages	SSN	DOB	Race NONE

Info

Address	School	County

Email	Years Lived Together	Seperations in Year ☐Y ☐N

Home Phone	Other Phone	

Interest/Motiviations

Interested in	Ages	Race NO PREFERENCE	Sex NO PREFERENCE	Kinship ☐

Childs Name	Workers Name	Placement Date

Experience

Motivations

Additional Info

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Info to Review

- Types of Children in care (abused and neglected, typically have multiple behavoir/emotional challenges)
- Nature of foster-to-adopt program(uncertainties, no guarantess relatives can come forward)
- Information regarding types of children available for placement can be viewed at www.startkjfs.org
- Expectations to assist with transportation and to be involved with counseling, vistations and sibling relationships
- General requirements (including BCI and FBI checks, training hours, medicals, interviews, etc)
- Financial assistance (medical card, daily board rate, clothing vouchers and mileage)
- A foster home shall provide a smoke free enviroment for foster children

Reviewed:

Intentions

☐ Calling for info

☐ Ready to Proceed

☐ Needs more time

☐ Closed Reason for closure

☐ Family did not respond

☐ Licensed and approved

Interest/Motiviations

Adults

Name	DOB	SSN	Perm Member	Provides Care

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Household Cont.

Children

Name	DOB	Delays, Medical Issues, Etc

Number of Rooms	Enough Room	Work Schedule

	Name	Comment
Criminal History		
DUI/DWI/OVI		
Physical/Mental Health Concerns		
Drug/Alcohol Concerns		
Counseling		
Child Abuse, Sexual Abuse, or Neglect		

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Assignment Info		
Date info sent	Assigned to	Date Assigned NONE