

# Foster Caregiver Applicant Intake Form

Open the saved file in Adobe Reader or a similar program. Click inside a field box to type in your information. A red box is a required field. Once the form is completed, please save the file and email to **office@bcfosterparents.ca**

## Contact Information

Date	<input type="text"/>		
First Name:	<input type="text"/>	Address:	<input type="text"/>
Last Name:	<input type="text"/>	Address Line 2:	<input type="text"/>
Phone:	<input type="text"/>	City:	<input type="text"/>
Email:	<input type="text"/>	Postal Code:	<input type="text"/>

## Method of Contact

Preferred method:                      Home Phone                      Cell Phone                      Email                      Any

## Family Status

Single                      Married                      Common-Law

## Age Range

19-29                      30-39                      40-49                      50+

## What motivated you to inquire about fostering? Please select all that apply.

Family/Friends	MCFD Website	Google/Internet	FosterNow.ca
Newspaper/Magazine	Radio	MCFD Website	Poster/Ad
Friendship Centre	TV/News story	Social Media	Other _____

Are you Indigenous, First Nations, Métis or Inuit?                      Yes                      No

Are you Indigenous, First Nations, Métis or Inuit?                      Yes                      No

Do you have a preference to foster for the Ministry of Children and Family Development or a Delegated Aboriginal Agency?

Ministry of Children and Family Development                      Delegated Aboriginal Agency                      No Preference

If you would prefer to foster for a Delegated Aboriginal Agency, do you have a preference which agency receives your intake?

Yes, please forward my intake form to \_\_\_\_\_                      No Preference

