

Foster Parent Applicant Intake Form

Open the saved file in Adobe Reader or a similar program. Click inside a field box to type in your information. Once finished, click the submit button at the bottom and select the email client you use (default on your computer or a web service) and then send. A red box is a required field.

Contact Information

Date: _____

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 of contact: Home Phone Cell Phone Email Any

Family Status

Single Married Common-Law

Age Range

19-29 30-39 40-49 50+

Ethnicity/Cultural Diversity

Indigenous First Nations Metis Inuit Other: _____

What motivated you to inquire about fostering?

Select all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Community | <input type="checkbox"/> Newspaper/Magazine |
| <input type="checkbox"/> MCFD Website | <input type="checkbox"/> Google/Internet | <input type="checkbox"/> Recruitment Material (Poster) |
| <input type="checkbox"/> FosterNow.ca | <input type="checkbox"/> TV/News Story | <input type="checkbox"/> Advertisement/Campaign |
| <input type="checkbox"/> Friendship Centre | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |

It is a requirement that foster caregivers and anyone in your home 18 years or older, consent for a records review to see if there has been any prior involvement with a child welfare agency. Will you and others in your home over the age of 18 consent to this review? (This is referred to as a Records review or a Prior Contact check. View the *PCC Questions and Answers Document*)

Yes No

Will you and others in your home over 18 years of age consent to a Criminal Records Check?

Yes No

Why do you want to become a foster parent?

Are you prepared to provide temporary care to a child while working with their family to support the goal of returning the child to the family? This is the primary goal of foster care.

Yes No

Are the primary caregivers in your home willing to commit to participating in and completing the mandatory caregiver training that will be made available to you?

Yes No

For Internal Use:

Completed by: _____

Information Session date and time given: Yes No

Once the form is completed, please save the file and email to "office@bcfosterparents.ca"

Questions meet "Initial Screening" requirements as outlined in Chapter 8: Resource Work Policies – 8.1 Recruitment, Screening, Assessment and Approval.



BC Federation of Foster Parent Associations
208-20641 Logan Avenue, Langley, BC V3A 7R3
1-800-663-9999 | www.bcfosterparents.ca | office@bcfosterparents.ca

