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 Inform	<u>nation</u>								
Date									
First Name:				Addres	ss:				
Last Name:				Addres	ss Line 2:				
Phone:				City:					
Email:				Postal Code:					
Method of Con	<u>tact</u>								
Preferred method:		Home Phone		Cell Phone	Email		Any		
Family Status									
		Single		Married	Comr	non-Law			
Age Range									
		19-29	30-3	39	40-49	50	+		
What motivated	d you to inqu	ire about fostering	? Ple	ase select a	ll that appl	<u>y.</u>			
Family/Friends		MCFD Website		Google/Internet		Recruitm	ent material/F	Poster	
Newspaper/Magazine		Radio		FosterNow.ca		Advertisement			
Friendship Centre		TV/News story	vs story		а	Other			
Do you self-iden	tify as Indigen	nous (First Nations, I	Métis (or Inuit)?	Y	es	No		
Does anyone in	your home se	lf-identify as Indigen	ous?		Υ	es	No		
Do you have a pr	reference to fo	ster for the Ministry o	f Child	lren and Fami	ly Developn	nent or a De	elegated Abori	ginal Agency?	
Ministry of C	Children and F	amily Development		Delegated A	Aboriginal A	gency	No Pre	ference	
If you would pre	fer to foster fo	r a Delegated Abori	ginal /	Agency, do y	ou have a p	oreference	which agency	receives your	intake?
Yes, plea	ase forward m	y intake form to						No Preferenc	е





Parenting Experies	<u>nce</u>			
Do you have parenting experience?		Yes	No	
Biological	Adopted	Step	Foster	Other:
Are you currently pa	arenting?	Yes	No	
Information on child	ren in the home (ex. a	ige, gender):		
Info on those older	than 19 in the home (e	ex. relationship)	:	
				rs or older, consent for a records review to /ill you and others in your home over the
	this review? (This is			or a Prior Contact check. View the PCC
Yes	No			
Will you and others	in your home over 18	years of age co	onsent to a Crimin	nal Records Check?
Yes	No			
Why do you want to	become a foster care	egiver?		
	provide temporary care This is the primary goa		working with their	family to support the goal of returning the
Yes	No			
	givers in your home wil made available to you	-	participating in ar	nd completing the mandatory caregiver
Yes	No			
For Internal Use: Comp		Informatio	n Session date and time	e given: Yes No





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