

CFLC – Foster Family Agency

Foster Parent Information Sheet



Name: _____ Date: _____

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell #: _____

Marital Status: M S D How Long? _____

Husband's DOB: _____ Wife's DOB: _____

Number of Children in Home: _____ Ages & Gender of Children: _____

Other adults living in home: Y or N If so, who? _____

Of Bedrooms: _____ Pool/Spa: Y or N Pets: Y or N

How many/ Describe? _____

Do you have a valid California Driver License? Y or N

Any unpaid parking tickets? Y or N Please Describe: _____

Employment: _____ Spouse: _____

Work #: _____ Spouse work #: _____

Do you attend church? Y or N Which one? _____

How many foster children desired? _____ Age Range Desired: _____

Gender Preferred: Boys Girls No Preference

Referred By: _____

Questions or Comments

When completed, please return to CFCLC Foster Family Agency at the location nearest to you:

Hemet

Fax: 951-654-8586

Indio

Fax: 760-347-2753