

**CFYF Therapeutic Family Homes
Therapeutic Foster Parent Inquiry Form**

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Job Title: _____ Length of employment: _____

May we contact you at work? Yes No

1. Have you ever been convicted of a felony? Yes No
2. Has a federal or state office told you that you are guilty of child abuse or neglect? Yes No
3. Are you currently under investigation for child abuse or neglect?
Yes No

If you responded yes to any of the three questions numbered above, please explain below, use additional paper if needed. _____

4. Have you ever applied to be a foster parent before? Yes No

5. If yes, where? _____

6. We check the references of potential foster parents. Do you agree to authorize us to check with previous employers and other agencies for which you have been a foster parent? Yes No

7. Have you ever worked for The Centers? Yes No

8. How did you learn about The Centers? _____

9. Why do you want to be a Therapeutic Foster Parent? _____

10. Are you married? No Yes If yes, how long? _____

11. When it comes to parenting, what are your strengths and weaknesses?

12. Do you have a room/bed for the child? Yes No

13. If yes, is this space ready right now? Yes No

14. What types of things do you think young people today need the most help with? _____

15. Please tell us about your children.

Child	Sex	Age	Interests

16. What responsibilities do your children have at home? _____

17. How do you discipline your children when they misbehave or fail to do chores? _____

18. Regarding your children: Of what are you the most proud? _____

19. Have you discussed your interest in taking an emotionally disturbed child into your home with your children? What are your children's feelings?

Please return completed form to:

Centers for Youth and Families
Therapeutic Family Homes Program
6601 W. 12th Street
P.O. Box 251970
Little Rock, AR 72225-1970