# Foster/Adopt Parent Inquiry

**Community Based Care**

**Purpose:** Use this form to record the discussion with a person who is inquiring about becoming a foster or adoptive parent.

|  |  |  |  |
| --- | --- | --- | --- |
| FOSTER/ADOPT PARENT INQUIRY INFORMATION | | | |
| Date | | | |
| Name | | | |
| Street Address | Apt. No. | City | |
| County | State | Zip Code | Phone Number |
| DFPS Caseworker | Phone Number | Additional Information | |
| Comments | | | |