

Foster Care Home Study Evaluation Form

Applicant Information

Applicant Name

Date of Birth

Co-Applicant Name

Co-Applicant Date of Birth

Home Address

City

State

ZIP Code

Phone Number

Email Address

Household Members

List all individuals living in the household (Name, DOB, Relationship):

Home Description

Type of Residence

Number of Bedrooms

Number of Bathrooms

General Description of Home and Neighborhood

Motivation for Fostering

Why do you want to foster a child?

Parenting Experience

Please describe your previous parenting or child care experience.

Support System

Please describe your current support system (family, friends, community, etc.).

Employment and Financial Status

Applicant Occupation & Employer

Co-Applicant Occupation & Employer

Describe your financial stability

Health Information

Are there any significant health issues for household members?

References

Reference 1 (Name, Relationship, Phone/Email)

Reference 2 (Name, Relationship, Phone/Email)

Reference 3 (Name, Relationship, Phone/Email)

Evaluator's Summary

Summary of findings and recommendations: