



Facility Number: 507207123

Phone: 209-408-8048
209-408-0326
209-336-6409 (fax)

**Foster Family Agency
POTENTIAL PARENT QUESTIONNAIRE**

Date: _____

Potential Parent Name: _____

Street Address: _____

City: _____, State: _____ Zip Code: _____

Home Phone number: _____ Cell Phone number: _____

E-mail: _____

How did you hear about LCCO-FFA? _____

Who Referred you: _____

IMPORTANT: PLEASE ANSWER THE FOLLOWING QUESTION WITH CARE
HAVE YOU EVER RECEIVED ANY DISCIPLINARY CENSURE/TYPE "A" OR "B" CITATION FROM ANY STATE AGENCY IN CALIFORNIA OR ANY OTHER STATE? YES NO

IF YES, DESCRIBE THE INCIDENT OR CIRCUMSTANCES THAT LED TO THE ABOVE SITUATION.

121 East Orangeburg Avenue (Suite 14), Modesto, California, 95350, USA
E-mail: lccoffa@lifecarecoalition.org

■ Foster Family Agency ■ Medical Mission ■ Community Development ■ Education
www.lifecarecoalition.org



Facility Number: 507207123

Phone: 209-408-8048
209-408-0326
209-336-6409 (fax)

Foster Family Agency POTENTIAL PARENT QUESTIONNAIRE

Have you ever been convicted of any Crime? No Yes If yes, explain _____

Have you ever been convicted of child abuse? No Yes If yes, explain _____

Have you ever been convicted of domestic violence? No Yes If yes, explain _____

Are you able to carry out the duties required for Foster Care? Yes No If no, explain _____

Are there any health concerns we should be made aware of? No Yes If yes, explain _____

Do you have a clean DMV record, with no accident in the past two years? Yes No

Are you able to provide proof of income upon request? Yes No If no, explain _____

Are you able to pay your household bills as required? Yes No If No, explain _____

Do you currently have any past due bills? Yes No

Are you able to provide proof of auto and home/renters insurance upon request? Yes No

If no, explain _____



Facility Number: 507207123

Phone: 209-408-8048
209-408-0326
209-336-6409 (fax)

Foster Family Agency POTENTIAL PARENT QUESTIONNAIRE

Are you willing to provide transportation for any children placed in your home to court and/or visitation? Yes No If no, explain _____

Will you be able to attend all LCCO-FFA agency's monthly training on the 5th or the 20th of every month as well as any additional training you may need? Yes No If No, explain _____

Have you been associated with any other Foster Family Agency? No Yes If yes, name _____

Please check all that apply:

- Transfer with children
- Will Accept Teen Placement
- Transfer without children
- New Potential Foster Parent

Status: Married Single (Never Married) Divorced In a relationship

How involved will your Spouse/Partner be? _____

Do you have any biological children living in the home? No Yes If yes, Name and Ages: _____

(*Please note Any other resident or children ages 18 or over will be required to submit a LiveScan if living in the home. Any frequent adult visitors to the home or any adult staying in the home for more than 30days will be required to submit a LiveScan.)

Number of children desired for placement? _____

121 East Orangeburg Avenue (Suite 14), Modesto, California, 95350, USA
E-mail: lccoffa@lifecarecoalition.org

■ Foster Family Agency ■ Medical Mission ■ Community Development ■ Education

www.lifecarecoalition.org



Facility Number: 507207123

Phone: 209-408-8048
 209-408-0326
 209-336-6409 (fax)

**Foster Family Agency
 POTENTIAL PARENT QUESTIONNAIRE**

Desired age range? _____ Desired Gender: Male Female Both

Do you understand that by becoming a Resource Parents, you are agreeing to open your home up for random visit by LCCO-FFA Social worker, county social workers and Community Care Licensing officers? Yes No Initial: _____

Do you understand the absolute importance of confidentiality? Yes No Initial: _____

Office Use Only	Action to be Taken-Please check all that apply:
_____ Send Information Packet	Date Sent: _____ Initial: _____
_____ Send Current Training Schedule/Schedule Orientation Training	Date Sent: _____ Initial: _____ Date Scheduled: _____ Initial: _____
_____ Send Application Packet	Date sent: _____ Initial: _____ Date Received: _____ Initial: _____
_____ Send Rollover Packet	Date sent: _____ Initial: _____ Date Received: _____ Initial: _____
I _____ WORKED WITH THIS PARENTS <small>Staff's name</small>	Signature _____
AND HAVE COLLECTED ALL DOCUMENTS AS OF _____ <small>Date</small>	

121 East Orangeburg Avenue (Suite 14), Modesto, California, 95350, USA
 E-mail: lccoffa@lifecarecoalition.org

■ Foster Family Agency ■ Medical Mission ■ Community Development ■ Education
www.lifecarecoalition.org