# 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.

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| 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      |