Arkansas Department of Human Services

Division of Children and Family Services

Prospective Provisional Foster Parent
Information and Questionnaire

County: _____ Date: _____ Case Name: _____

Case Number: _____

Investigator/Caseworker: _____

Child(ren) Needing Placement:

NAME	AGE

Prospective Provisional Applicant(s):_____
_____

Prospective Provisional Applicant Relationship to Child(ren): _____

Address: _____

Phone #: (_____) _____-_____ Work #: (_____) _____-_____ Cell #: (_____) _____-_____

List ALL Persons in the Prospective Provisional Foster Home:

NAME	RELATIONSHIP TO PROVISIONAL FOSTER PARENT APPLICANT	DOB	AGE

Do you or any other household member have a criminal history? Yes ☐ No ☐

If yes, when and what were the charge(s)?

_____

Have you or any other household member ever been the subject of a child or adult maltreatment investigation? Yes ☐ No ☐

If yes, what was the outcome/finding?

_____

How many people live in the home? _____

How many bedrooms are in the home? _____

Will you be able to support the child(ren) financially without DCFS assistance? Yes ☐ No ☐

What is your primary source of income? _____

What is your household Income (monthly take home): _____

Do you have any savings for emergencies? Yes ☐ No ☐

If yes, how much? _____

What are your working hours?

_____

Will you be able to take the child to and from school, doctors' appointments, and other activities (this is not only a time consideration; you must also have a valid driver's license, valid auto insurance, access to a reliable vehicle, and possibly car seats / booster seats depending on the age of the child)?
Yes ☐ No ☐

Are you willing to follow all protection protocols including, but not limited to, court orders and case plans? This includes instructions regarding visits with the child's parents. Yes ☐ No ☐

Are you willing to attend foster parent training (it is a 30-hour training that generally occurs over several weeks)? Yes ☐ No ☐

Do you understand that within six months of opening as a provisional foster parent, you must meet all other foster home requirements (e.g., completing training) because, if you do not, the child(ren) could be moved from your home? Yes ☐ No ☐

Do you reside in the same school district of the school that the child attended prior to coming into care?
Yes ☐ No ☐

If no, in what school district do you reside? _____

How do you know the child(ren)?

_____

_____

_____

When was the last time you saw the child(ren)?

_____

Generally speaking, how often do you see the child?

_____

Please describe your interactions and activities with the child(ren) when you spend time together.

_____

_____

_____

Please describe the child(ren) (e.g., personality, interests, hobbies, school performance, friends, etc.).

_____

_____

_____

Other Notes/Comments/Questions. Include information provided by the child (if age appropriate) to DCFS regarding how the child knows the prospective provisional applicant, how the child described his/her feelings about living with the prospective provisional applicant, etc.

_____

_____

_____

_____

_____ _____

Resource Worker Supervisor Signature Date