



Adolescent Oasis, Inc
POTENTIAL FOSTER
PARENT/ADOPTION INQUIRY

INQUIRY DATE : _____ PICKED UP APPLICATION: _____

PLEASE FILL OUT ENTIRELY

NAME _____ ADDRESS _____

HOME# _____ CELL# _____ E-MAIL _____

DOB _____ 21 or older? Y/N__ OHIO RESIDENT? Y/N__ HOW LONG? _____

MARITAL STATUS _____ EFFECTIVE DATE _____ RACE _____

OF CHILDREN _____ AGES _____ OTHER DEPENDENTS _____

SEX: M ___ F ___ EMPLOYED ? Y/N _____ OWN A CAR ? Y/N _____

DO YOU HAVE A CRIMINAL RECORD? N ___ (EXPLAIN) _____

WOULD YOU AND HOUSEHOLD MEMBERS BE WILLING TO HAVE PHYSICALS
AND BACKGROUND CHECKS (MEMBERS OVER 18 YRS OLD) DONE? Y/N _____

HISPANIC/LATINO? Y/N ___ USCITIZEN? Y/N ___ LANGUAGE _____

RELIGION _____

HIGHEST LEVEL OF EDUCATION _____

REFERRED BY: _____

ASSESSOR'S CONTACT DATE: _____