



Inquiry & Information Update Form

Please print or type. Main program communication will be by email.

Thank you for sharing with us so we can strengthen & develop our programs.

Caregiver Name: _____ **Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: (_____) _____ **Email:** _____

Name of County or Agency License: _____ **Contact Person:** _____

Phone: (_____) _____ **Email:** _____

Children Information

Child Name: _____ **Current Age:** _____ **Gender:** Male Female

Birthday: ____/____/____ **Grade:** _____ **Ethnic:** _____

Shirt Size: _____ **Pant Size:** _____ **Shoe Size:** _____ **Coat Size:** _____

Social Worker Name: _____ **Agency:** _____

Phone: (_____) _____ **Email:** _____

Placement Type: Foster Home Group Home Kinship AB12/Emancipated Other _____

Child Name: _____ **Current Age:** _____ **Gender:** Male Female

Birthday: ____/____/____ **Grade:** _____ **Ethnic:** _____

Shirt Size: _____ **Pant Size:** _____ **Shoe Size:** _____ **Coat Size:** _____

Social Worker Name: _____ **Agency:** _____

Phone: (_____) _____ **Email:** _____

Placement Type: Foster Home Group Home Kinship AB12/Emancipated Other _____

Child Name: _____ **Current Age:** _____ **Gender:** Male Female

Birthday: ____/____/____ **Grade:** _____ **Ethnic:** _____

Shirt Size: _____ **Pant Size:** _____ **Shoe Size:** _____ **Coat Size:** _____

Social Worker Name: _____ **Agency:** _____

Phone: (_____) _____ **Email:** _____

Placement Type: Foster Home Group Home Kinship AB12/Emancipated Other _____

Child Name: _____ **Current Age:** _____ **Gender:** Male Female

Birthday: ____/____/____ **Grade:** _____ **Ethnic:** _____

Shirt Size: _____ **Pant Size:** _____ **Shoe Size:** _____ **Coat Size:** _____

Social Worker Name: _____ **Agency:** _____

Phone: (_____) _____ **Email:** _____

Placement Type: Foster Home Group Home Kinship AB12/Emancipated Other _____

INTERNAL USE ONLY: REC _____ DB _____ Approved/Deny _____ Initial _____

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Notes: _____
