

**INITIAL INQUIRY**

\_\_\_ Foster Care      \_\_\_ Child specific adoption

\_\_\_ Adoption      \_\_\_ ICPC

**Inquire #1** Name \_\_\_\_\_ Maiden name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ H/NONH \_\_\_\_\_

Employer/income/shift \_\_\_\_\_

**Inquirer #2** Name \_\_\_\_\_ Maiden name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ H/NONH \_\_\_\_\_

Employer/income/shift \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email address(es) \_\_\_\_\_

Marital status \_\_\_\_\_ # of years married or divorced \_\_\_\_\_

# of previous marriages: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Former Names \_\_\_\_\_

**Other household members:**

Adults: Name/SS#/DOB/Gender

Children: Name/SS#/DOB/Gender

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INITIAL INQUIRY**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Children out of the home: Names, DOB, where located

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have working transportation? Yes/No \_\_\_\_\_

Car/Van/Public \_\_\_\_\_

**Home:**

Number of bedrooms \_\_\_\_\_ # of available beds \_\_\_\_\_ Cribs \_\_\_\_\_

Do you have weapons on your property? Yes/No \_\_\_\_\_ How are they stored? \_\_\_\_\_

Pets: Yes/No \_\_\_\_\_ What kind? \_\_\_\_\_

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**Current/Past functioning:**

- 1) Current or past history with mental health providers? Yes/No \_\_\_\_\_ Where? \_\_\_\_\_
- 2) History of arrest or criminal involvement? Yes/No \_\_\_\_\_ Where/When? \_\_\_\_\_
- 3) Current or past drug or alcohol problem? Yes/No \_\_\_\_\_ Was treatment sought? \_\_\_\_\_
- 4) Prior CSB involvement? Yes/No \_\_\_\_\_ Where/When? \_\_\_\_\_

Reason for wanted to foster/adopt? \_\_\_\_\_

How did you hear about Mahoning County Children Services? \_\_\_\_\_

**Child Characteristics:**

Age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Sibling groups? Yes/No \_\_\_\_\_ Teens: Yes/No \_\_\_\_\_ Teen moms: Yes/No \_\_\_\_\_

Additional information? \_\_\_\_\_

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**MCCSB USE ONLY**

\_\_\_\_ Accepted      \_\_\_\_ Rejected      \_\_\_\_ On hold

Reason: \_\_\_\_\_

Date info packet sent: \_\_\_\_\_

Date invited to pre-service: \_\_\_\_\_

Response: \_\_\_\_\_