



Racine County Foster Care Inquiry Form

Date: _____

Name: _____

Address: _____

City _____ Zip Code _____

Contact Information:

Home Phone _____ Cell Phone _____

Email: _____

Nature of Inquiry (check all that apply):

___ General Foster Care ___ Respite Care ___ Emergency Shelter Care

___ Child Specific Foster Care ___ Foster Care Donations/Projects ___ Long-Term Care ___ Short-Term Care ___ Volunteer Opportunities

___ Other (please specify) _____

How did you hear about us (check all that apply):

___ Foster Care Presentation (Which presentation – date/where _____)

___ “Bring Them Home” Movement Presentation or Advertising

___ Foster Care Provider (Name _____)

___ Friend/Co-Worker (Name _____)

___ Newspaper Ad (Which newspaper/specific ad/date _____)

___ Social Media (which form of media/post _____)

___ Other (list reference type) _____

