



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## **INFORMATION FOR FOSTER CARE & ADOPTION**

DATE ATTENDED INFORMATION MEETING: \_\_\_\_\_

HOW/WHERE DID YOU LEARN ABOUT OUR PROGRAMS? \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last and First- Applicant 1) (Last and First - Applicant 2)

ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip code)

PHONE: \_\_\_\_\_  
(Home) (Work/Cell Applicant 1) (Work/Cell Applicant 2)

E-MAIL: \_\_\_\_\_  
(Applicant 1) (Applicant 2)

CULTURAL/ETHNIC BACKGROUND: \_\_\_\_\_

LANGUAGE(S) SPOKEN At Home: \_\_\_\_\_

CHILDREN IN THE HOME: Name & Age: \_\_\_\_\_

OTHER ADULTS IN HOME: Yes ☐ No ☐ PETS IN HOME: Yes ☐ No ☐

INTEREST: ☐ Foster Care ☐ Foster Care & Adoption ☐ Respite Foster Care

**Characteristics of children you are open to discussing:** (CHECK ALL THAT APPLY)

**Children you would consider fostering/adopting:** Age: ☐ 0-12 ☐ 13-18

Sibling Group: ☐ Yes ☐ No Gender: ☐ Male ☐ Female ☐ Both

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Other \_\_\_\_\_

**Background issues you are open to discussing:** ☐ Emotional Disability ☐ Medical Disability

☐ Developmental Delays ☐ Exposure to Alcohol/Drugs in Utero ☐ Learning Disabilities

☐ Sexual Abuse ☐ Human Trafficking ☐ Undocumented Youth

Have you ever applied to or been approved as a foster or adoptive parent? ☐ Yes ☐ No

**Is there any information that was important for you, but was not covered at tonight's meeting?**

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Children, Youth, & Families Division  
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