



Ashtabula County Children Services

3914 C Court, Ashtabula, Ohio 44004 440-998-1811

Foster Parenting Inquiry Form

Please provide the following information for **each adult** living in the home:

_____ NAME: FIRST MIDDLE INITIAL LAST	_____ MAIDEN NAME / ANY OTHER FORMER NAMES	_____ DATE OF BIRTH	YES___ NO___ CRIMINAL HISTORY?
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YES___ NO___ **Has anyone living in the home ever been involved with our agency or any other child welfare agency due to abuse or neglect of a child?**

YES___ NO___ **Are you interested in foster care?**

YES___ NO___ **Are you interested in adoption?**

YES___ NO___ **Both?**

What ages of children are you willing to consider? _____

Submitter's Full Name _____

Submitter's Email Address _____

Submitter's Phone Number _____

Thank you for inquiring about becoming a foster or adoptive parent!

Please save then email this form to **mandy.weaver@jfs.ohio.gov**

You will be contacted by a case worker via email or phone once we have reviewed your inquiry form. You will then be registered to begin the next training class session.