

Pre-Certification Questionnaire

Date: _____ Time: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Rooms Available for Foster Care: _____ Marketing Tool: _____

1. How many children 0-17 reside in your home? _____
2. How many adults (18 years and older) reside in your home? _____
3. Have you and/or any adult in your home been previously live scanned? ____Yes ____No
4. Do you, or any adult who resides in your home, have a criminal record? ____Yes ____No
If yes, please
explain _____
5. Do you, or any adult who resides in your home, have pending traffic violations? If yes, please
explain: _____
6. Does your home have an attached or detached additional space with family or tenants living
there? ____Yes ____No If yes, please explain: _____
7. Do you operate a day care facility or any other state approved organization? ____Yes ____No
If yes, please explain: _____
8. Have you previously been a foster parent? ____Yes ____No
If yes, please state the name(s) of the agency and date (s) of decertification, and did you leave
on good standing? _____
9. Do you have a vehicle (owned or leased) to transport children? ____Yes ____No, Excluding the
driver, how many passengers does your vehicle seat? _____
10. Do you have a pool? ____If so, you may only have children in your home that are 10 and over
if the pool is not fenced.
11. Do you have pets? ____What kind? _____Big or Small _____
12. Do you plan on moving within the next 3 months? ____Yes ____No

FINANCIAL STATEMENT
(estimated monthly income and expenses)

1) Total Monthly Income	\$ _____
2) Monthly Expenses:	
Total Household Expenses (groceries, cleaning supplies, sundries):	\$ _____
Rent or mortgage payment:	\$ _____
Utilities (electricity, water, gas, telephone):	\$ _____
Total monthly loan payments (auto, credit cards, loans):	\$ _____
Property and personal insurance:	\$ _____
Child Support:	\$ _____
Total Monthly Expenses	\$ _____

Please attach a copy of your tax return from the previous year.