



Inquiry Form
TREATMENT FOSTER CARE
HOGARES, INC.

A continuing vision for our children's future

Identify "Primary Parent" as the person who will spend the most time with a child in care.

Date of Inquiry: _____ **Primary Parent:** _____ **Co-Parent Name:** _____
Please print Please print Please print

Street address: _____ **City, State, Zip:** _____

Mailing address if different from above: _____ **County of residence:** _____

Home Telephone: _____ **Work phone, Primary:** _____ **Work Phone, Co-parent:** _____

Cell Phone(s): _____ **Fax:** _____

Email Address: _____ **Is each Parent at least twenty-five years of age?** Yes No

Number of years a resident of the State of New Mexico: _____ **Years married/partnered (if applicable):** _____

Names of children living at home:	Age:	Gender	<u>All</u> children living away from home:	Age:	Gender:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Including parent(s), how many people ages 18 and above live in your home? _____

Have you ever been a foster parent before? Yes No . If yes, please list agency and name of social worker.
Agency: _____ **Social worker:** _____

Have you ever applied to Hogares or to any another agency to become a foster parent/Treatment Foster Care parent or an adoptive parent? Yes No . If yes, please list agency(ies): _____

How did you find out about Hogares Treatment Foster Care? _____

Were you informed that Hogares would do a criminal background check on each adult in the home? Yes No

Please describe in detail why do you want to become a treatment foster parent with Hogares? _____

What qualities in you would lead to good foster parenting? Please answer this question completely and thoughtfully.

- Are you interested in continuing forward with the application process and fingerprinting? Yes No Undecided
- Are you interested in attending the next hour-long open house information session?. . . . Yes No Undecided
- Are you interested in attending the next 40-hour training seminar?. Yes No Undecided

Below this line, for staff only:

Inquiry _____ Fingerprint: # _____ Date _____
 Application _____ Bio Children 18 & over # _____