DIVISION OF FAMILY AND CHILDREN SERVICES

PRIOR CAREGIVER SERVICE REPORT

Primary Caregiver Name: _____

Secondary Caregiver: _____

The Prior Service Report is a self-report form for prospective caregivers to share all prior foster and adoptive history and any work experience that involved the care of children. Please complete the form thoroughly and sign and date the attestation

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CURRENT FOSTER OR ADOPTIVE SERVICE

Do you have a current application with any other foster or adoptive agency or county Department?

☐ No ☐ Yes (Which agency or county?)_____

_____

Are you currently a foster or adoptive parent? ☐ No ☐ Yes (For whom?) _____

_____

Do you currently have foster or pre-finalization adoptive placements? ☐ N/A ☐ No ☐ Yes

Have you ever been involuntarily closed by a foster or adoptive agency or county department?

☐ No ☐ Yes (If yes, with whom and when?) _____

_____

Have you ever applied but been denied approval to foster or adopt?

☐ No ☐ Yes (With whom?) _____

_____

PRIOR FOSTER OR ADOPTIVE SERVICE

Do you have any previous foster or adoptive parent service history in or out of state? ☐ No ☐ Yes
If yes, List all information below. Attach an additional page if necessary.

Agency / County Department	Location	Start – End Date
Reason for Closure	Contact Person / Contact Information	

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Agency / County Department	Location	Start – End Date
Reason for Closure	Contact Person / Contact Information	

EMPLOYMENT EXPERIENCE INVOLVING CARE OF CHILDREN OR THE ELDERLY

Does either caregiver have any current or previous employment involving the care of children or the elderly?

☐ No ☐ Yes; If yes, list all service information below. Attach an additional page if necessary.

Applies to Which Caregiver?	Employer Name/ Location	Start – End Date
Reason for Termination	Contact Person / Contact Information	

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Reason for Termination	Contact Person / Contact Information	

Applies to Which Caregiver?	Employer Name/ Location	Start – End Date
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Applies to Which Caregiver?	Employer Name/ Location	Start – End Date
Reason for Termination	Contact Person / Contact Information	

CAREGIVER ATTESTATION STATEMENT

I attest that the information provided in this report is true and accurate. I understand that purposely providing false or misleading information will impact whether or not I may be approved as a foster or adoptive parent.

Completed By Name: _____ Date: _____

Signature: _____