Caregiver Prior Agency Reference Form

Primary Caregiver Name: _____

Secondary Caregiver Name: _____

The Prior Agency Reference Form 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.

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: _____

Agency / County Department: _____ Location: _____ Start – End Date: _____

Reason for Closure: _____ Contact Person / Contact Information: _____

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 Departure: _____ Contact Person / Contact Information: _____

Applies to Which Caregiver?: _____ Employer Name/Location: _____ Start – End Date: _____

Reason for Departure: _____ Contact Person / Contact Information: _____

Applies to Which Caregiver?: _____ Employer Name/Location: _____ Start – End Date: _____

Reason for Departure: _____ 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: _____