

Instructions: Please complete when a family or individual contacts your agency regarding licensing to provide foster care or to explore adoption options. Complete this form if your agency is the **first** contact (a new form is **not** needed if you are following up on an inquiry referred by another agency). The contact may be considered new if there has been no interaction with your agency in the previous six months. *This form will be submitted quarterly to the CFS Field Service Specialist (licensing) by the worker originating the form – you do not need to submit the form if you have received it from another authorized licensing agency or the UND foster parent recruitment retention specialist.*

| | |
|---|--|
| Date of Inquiry: | Inquiry Completed By (worker name): |
| Inquiry Received By: (worker agency, if applicable) | <input type="checkbox"/> DHS email <input type="checkbox"/> UND website <input type="checkbox"/> Toll Free Number <input type="checkbox"/> Adopt US Kids <input type="checkbox"/> Social Media <input type="checkbox"/> Community Event: _____ <input type="checkbox"/> Agency: _____ <input type="checkbox"/> Other: _____ |
| How did the family hear about fostering or adoption options? (check all that apply) | <input type="checkbox"/> DHS email <input type="checkbox"/> UND website <input type="checkbox"/> Toll Free Number <input type="checkbox"/> Adopt US Kids <input type="checkbox"/> Social Media <input type="checkbox"/> Friends/Family: _____ <input type="checkbox"/> Community Event: _____ <input type="checkbox"/> Agency: _____ <input type="checkbox"/> Other: _____ |
| Inquiring About: | <input type="checkbox"/> Foster Parent Licensure <input type="checkbox"/> Adoption |
| Parent #1 – Name | |
| Street Address | |
| City, State, Zip | |
| Phone Number | |
| Email | |
| Parent #2 – Name | |
| Phone number | |
| Email | |
| Native American or Tribal Status | |

| | |
|--|---|
| Inquiry Tracking: (choose one) | <input type="checkbox"/> Licensing agent worker will forward this inquiry to CFS Field Service Specialist quarterly <input type="checkbox"/> UND FPRRS will track this inquiry |
|--|---|

REFERRAL INFORMATION

Instructions: This section is required if you are referring the individual/family making an inquiry to another authorized licensing agency, adoption agency, or UND Foster Parent Recruitment/Retention Specialist.
You will report the inquiry quarterly to the CFS Field Service Specialist (licensing) even if you complete a referral.

| | |
|---|--|
| Family Interested in licensing with an agency; referral made to: (check all that apply) | <input type="checkbox"/> Local Zone <input type="checkbox"/> Nexus-PATH <input type="checkbox"/> Regular <input type="checkbox"/> Therapeutic <input type="checkbox"/> Youthworks <input type="checkbox"/> Tribe <input type="checkbox"/> Unaccompanied Refugee Minor Program <input type="checkbox"/> AASK <input type="checkbox"/> Other adoption agency: _____ <input type="checkbox"/> UND Foster Parent Recruitment Retention Specialist |
| Referral Made to Person(s): | Referral Date: |