

Natchez Children's Home Services

MS FOSTER FAMILY SERVICES INQUIRY FORM

For Agency Use Only: **Date Of Initial Contact :** _____ **Follow Up Contact:** _____

SECTION A:

Name: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Employer: _____

Age: _____ Are you Married/Divorce? (If yes complete Section B) Yes ____ No ____

Length of Marriage _____

Are you a Mississippi Resident? Yes ____ No ____ If no, where? _____

Length of Residency: _____ Do you own your own vehicle? _____

SECTION B:

Spouse's Name: _____ Employer: _____

Age: _____ Work Phone: _____ EXT. ____ Cell Phone _____

Mississippi Resident? Yes ____ No ____ If no, where? _____

Length of Residency : _____

SECTION C:

Do you have children? Yes ____ No ____ Number of children _____

Ages of children: _____

Desired ages and/or gender of foster children: _____

Please email to eidt@ntzchs.org, fax to (601) 442-7722 or mail to NCHS, ATTN: Jacqueline Biggs-Eidt, LCSW,
POB 2028 Natchez, MS 39121

For Agency Use Only: **Date Information Mailed:** _____