**DEPARTMENT FOR COMMUNITY BASED SERVICES**

**Foster/Adoptive Parent Intake Form**

**CABINET FOR HEALTH AND FAMILY SERVICES**

**INTAKE**

**FAP-TRIS**

---

**First Name:** ____________________________  
**Middle:** ____________________________  
**Last Name:** ____________________________

**Sex**  
- Male  
- Female

**Hispanic Origin**  
- 01 Yes  
- 02 No  
- 03 Unable to determine

**Mailing Address:** ____________________________  
**City:** ____________________________  
**State:** ____________________________  
**Zip:** ____________________________

**Type of Inquiry:** (Check one)  
- 01 Foster  
- 02 Foster/Adoptive  
- 03 Adoptive

**What prompted the inquiry?** (check only one)

**01 TELEVISION**  
- 01 Adoptathon
- 02 News Special/Human Interest Feature
- 03 PSA (Public Service Announcement)
- 04 Wednesday's Child
- 05 Thursday's Child
- 06 Carrie's Kids

**02 PRINTED MATERIAL**  
- 01 Promotional Materials
- 02 Brochure
- 03 Phone Book
- 04 Billboards/Buses

**03 WORD OF MOUTH**  
- 01 DCBS Foster/Adoptive Parent  
  Provide name: ____________________________
- 02 DCBS Staff
- 03 Friend/Relative/Co-Worker/Community Member
- 04 PCC Agency/Community Partner

---

**Submitted By:**

**SSN:** ____________________________

**Name:** ____________________________

**Region:** ____________________________

**Date of Inquiry:** ____________________________

**Date Information Sent:** ____________________________

**Should this be tracked as:**

- **(800)232-KIDS Call?**  
  - Yes  
  - No
- **SNAP Inquiry?**  
  - Yes  
  - No
- **Family to Family Inquiry?**  
  - Yes  
  - No
- **AdoptUsKids?**  
  - Yes  
  - No
- **Project MATCH?**  
  - Yes  
  - No
- **Network**  
  - Yes  
  - No

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**This form must be completed and submitted online to the TRIS Office at http://tris.eku.edu**

Revised 09/10
FOSTER/ADOPTIVE PARENT INFORMATIONAL FORM

Parent 1

SSN: ____________________________
First Name: ______________________
Middle: _________________________
Last Name: _______________________
Email: __________________________
DOB: ____________________________

Parent 2

SSN: ____________________________
First Name: ______________________
Middle: _________________________
Last Name: _______________________
Email: __________________________
DOB: ____________________________

Home Address: __________________________
Mailing Address: __________________________
City: __________________ State: __________ Zip: __________
County: __________ Region: __________ Home Phone: __________

To Be Completed By DCBS Staff Only

Date of Informational Meeting: __________________________
Submitted By: Name: __________________________
SSN: __________________________
Region: __________________________
Email: __________________________

This form must be completed and submitted online to the TRIS Office
http://tris.eku.edu
Phone: (859)622-2332   FAX: (859)622-6392

Rev. 10/09
Choose the **one** category which actually **prompted** the withdrawal, even though more than one may have had an influence.

- 01 Age
- 02 DCBS Initiated
- 03 Financial Concerns
- 04 Inconvenient (location, time, and day(s) of meeting(s))
- 05 Marital/Medical Family Issues
- 06 Marriage Requirement
- 07 Moved
- 08 Police Background Check
- 09 Pregnancy of Parent
- 10 Too Much Paperwork
- 11 Too Much Time
- 12 Type of Children Available
- 13 No Longer Interested

---

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http://tris.eku.edu
Phone: (859)622-2332  FAX: (859)622-6392
SSN: ____________________________    Hispanic Origin: ____________________________

First Name: ________________________ 01 - Yes
Middle: ____________________________ 02 - No
Last Name: _________________________ 03 - Unable to Determine

Sex: ____________________________

DOB (mm/dd/yy): ________________________

Mailing Address: ________________________

City: ____________________________

County: ____________________________

Home Phone: ________________________

Email: ____________________________

Home Address: ________________________

State: _______    Zip: ________________________

Region: ____________________________

Inquiry Date: ________________________

Informational Date: ________________________

Approval Date: ________________________

Pre-Subsidy Date: ________________________

Post-Subsidy Date: ________________________

Type of Home: ________________________

01 - Basic
02 - Advanced Basic
03 - Medically Fragile
04 - Care Plus
05 - Emergency Shelter
06 - Relative

Type of Parent: ________________________

01 - Foster
02 - Foster/Adoptive
03 - Adoptive
04 - Adoption Subsidy
05 - Foster/Adoption Subsidy
06 - Foster/Adoptive/Adoption Subsidy
07 - Adoptive/Adoption Subsidy

R&C Worker:

SSN: ____________________________    TWIST Number: ____________________________
Name: ____________________________    Vendor Number: ____________________________

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http://tris.eku.edu
Phone: (859)622-2332    FAX: (859)622-6392
## PERSONAL INFORMATION SECTION

Only fill in fields which have changed.

<table>
<thead>
<tr>
<th>Field</th>
<th>Parent 1</th>
<th>Parent 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
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<tr>
<td>Middle</td>
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<tr>
<td>Last Name</td>
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<tr>
<td>Email</td>
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<tr>
<td>Hours Employed per Week</td>
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<tr>
<td>Total Years of Education</td>
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<tr>
<td>Mailing Address</td>
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<td>Region</td>
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<tr>
<td>Home Phone</td>
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<tr>
<td>Pre-Subsidy</td>
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<tr>
<td>Post-Subsidy</td>
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</table>

### Type of Parent

- [ ] 01 Foster
- [ ] 02 Foster/Adoptive
- [ ] 03 Adoptive
- [ ] 04 Adoption Subsidy
- [ ] 05 Foster/Adoption Subsidy
- [ ] 06 Foster/Adoptive/Adoption Subsidy
- [ ] 07 Adoptive/Adoption Subsidy

### Type of Home

<table>
<thead>
<tr>
<th>Type of Home</th>
<th>Approval Date</th>
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<tbody>
<tr>
<td>01 Basic</td>
<td>01</td>
</tr>
<tr>
<td>02 Advanced Basic</td>
<td>02</td>
</tr>
<tr>
<td>03 Medically Fragile</td>
<td>03</td>
</tr>
<tr>
<td>04 Care Plus</td>
<td>04</td>
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<td>05 Emergency Shelter</td>
<td>05</td>
</tr>
<tr>
<td>06 Relative</td>
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</tbody>
</table>

This form must be completed and submitted online to the TRIS Office

http://tris.eku.edu

Phone: (859)622-2332    FAX: (859)622-6392
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
FOSTER/ADOPTIVE PARENT TRAINING DOCUMENTATION

Submitted by: _____________________________ Phone/Email: _____________________________

<table>
<thead>
<tr>
<th>TITLE OF TRAINING:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>START DATE:</th>
<th>END DATE:</th>
<th>SCHEDULED HOURS:</th>
</tr>
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<tbody>
<tr>
<td>(mm/dd/yy)</td>
<td>(mm/dd/yy)</td>
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CHECK ONLY ONE BOX IN EACH COLUMN

<table>
<thead>
<tr>
<th>TYPE OF TRAINING</th>
<th>TYPE OF DELIVERY</th>
<th>SITE</th>
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</thead>
<tbody>
<tr>
<td>01 Central Office</td>
<td>01 Group</td>
<td>01 FP County</td>
</tr>
<tr>
<td>02 Region Office</td>
<td>02 One on One</td>
<td>02 FP Region</td>
</tr>
<tr>
<td>03 Recruitment &amp; Certification</td>
<td>03 Individual</td>
<td>Specify:</td>
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<tr>
<td>09 Other(employment, community, etc.)</td>
<td></td>
<td>03 Out of Region</td>
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<td></td>
<td></td>
<td>04 Out of State</td>
</tr>
</tbody>
</table>

Check the box that most accurately describes the training category.  CHECK ONLY ONE BOX!

01 PROTECTING AND NURTURING
- 01 Maintaining a safe, healthy home environment for foster children
- 02 Discipline and behavior management
- 03 Caring for children who have been neglected; emotionally, physically or sexually abused

02 MEETING THE NEEDS OF FOSTER CHILDREN
- 01 Developmental
- 02 Emotional
- 03 Health and Medical
- 04 Educational

03 PROMOTING PERMANENCY OUTCOMES
- 01 Reunification
- 02 Adoption
- 03 Independent Living
- 04 Permanent Substitute Care
- 05 Supporting Primary Relationships

04 WORKING AS A PROFESSIONAL TEAM MEMBER
- 01 Partnership with the Department
- 02 Advocacy
- 03 Court
- 04 SOPs and Procedures
- 05 General

05 PRESERVICE
- 01 Preparation

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER:</th>
<th>HOURS EARNED:</th>
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<tr>
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<th>LAST:</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>01  The Lakes</td>
<td>02  Two Rivers</td>
<td>03  Salt River Trail</td>
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<td></td>
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<td></td>
<td>04  Jefferson</td>
<td>05  Northern Bluegrass</td>
<td>06  Southern Bluegrass</td>
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<td>07  Northeastern</td>
<td>08  Eastern Mountain</td>
<td>09  Cumberland</td>
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This form must be completed and submitted online to the TRIS Office within five working days of the training.
Phone: (859)622-2332 http://tris.eku.edu
**Foster/Adoptive Parent Training Documentation**

### Continuation Form

**Social Security Number:**

<table>
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<tr>
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<th>Middle</th>
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**Hours Earned:**

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