

**CHRISTIAN CHILDREN'S HOME OF OHIO
FOSTER/ADOPTION INQUIRY**

Date of Inquiry:

Date packet mailed:

Marital Status:

Names of Prospective Parent(s):

(If married, list **BOTH** names)

Address:

Street

City

State

ZIP

Home Phone Number:

Other Phone Number:

(indicate cell/work, etc.)

County of Residence:

Email Address:

Area of Interest:

Characteristics of Child(ren) Desired (if known): Age Range:

Gender:

How many children would you be interested in:

Would you be open to a sibling group:

If yes, up to how many siblings:

Other pertinent information you would like us to know about you:

Referral Sources: (How did you hear about us?)

Other Website:

Other:

Current Foster Parent, Name:

Current Adoptive Parent, Name:

Referred by: County, Name:

or Other Agency, Name:

Other Comments:

CCHO EVENT:

CCHO Representative:

CCHO Rep. Name:

Date:

Speaking at Church

Church Name:

Foster/Adoption Fair

CCHO Informational Meeting

Place:

Date:

Other: