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**Care Community Foster Family Info**

In order to ensure your family is supported correctly and in the way you need, please fill out this brief questionnaire. If you have any questions, please contact your Campus Lead!

\* Required

 **1 Please list your full name. \***First & Last

 **2 How many people currently live in your home? \***

 **3 If applicable, do both parents work away from the home? If no, please list which parent stays home.**

 **4 What are the ages of the child(ren) living in your home? (if applicable)**

 **5 Are there any special needs of any of the child(ren) that babysitters should be made aware of? If so, please explain. \***

 **6 Do you have a preferred location for babysitting? \***

*Mark only one.*

 Your home

 Babysitter's home

 Either is fine

 Other:

 **7 Would it be helpful to receive meals on occasion in this season of life?** *Mark only one.*

 Yes

 No, not right now

 **8 For the purpose of someone bringing you a meal, does anyone in your family have any allergies, dietary restrictions, or food sensitivities? If so, please explain. \***

 **9 Please list some of your family's favorite foods. \***

 **10 Please select the best day(s) for your family to receive meals. \*** *Check all that apply.*

 Sunday

 Monday

 Tuesday

 Wednesday

 Thursday

 Friday

 Saturday

 No Meals Needed

 **11 Are you currently in a community group? If so, will you need help with childcare? If yes, please list any specifics about this including the day of the week it is held. \***

 **12 For the purpose of having one kid-free night out per month, please list the best day of every month for this. \***

example: the 2nd Friday of every month

**13 Please list any other upcoming dates (and details) in the next few months that you'll need respite, childcare, transportation, meal, etc.**