

# APPENDICE M

CatholicCare

## FAC OOHC PROGRAMS FORM: Foster Carer Initial Enquiry

Form number: OOHC 13/1  
Issued: Jan 2015  
Contact: Team Leader  
Ph. (02) 8709-3333

Date: \_\_\_\_\_ Caller's Name: \_\_\_\_\_

Staff member taking enquiry \_\_\_\_\_

How did they hear about CatholicCare? If they saw an advertisement, which publication?  
If word of mouth, by whom?

Discuss their interest in fostering: (Why do they wish to foster at this time; including their particular individual or family circumstances)

---

---

---

---

---

---

---

---

---

---

What is their understanding of Foster Care? (Explain programs and how children come into care)

---

---

---

---

---



What type of care, depending on knowledge at the time, would they like to provide?

---



---

Please detail any questions, comments or concerns raised by the Prospective Carer or Intake Worker:

---



---

**Enquirer Details**

Name(s) and ages, including partner: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Details: E-mail: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

Work/ Study Commitments: \_\_\_\_\_

Children & Household Members: \_\_\_\_\_

Space in Home: \_\_\_\_\_

Any Upcoming Plans: \_\_\_\_\_

Other Information: \_\_\_\_\_

---



---



---

Follow Up or Other: \_\_\_\_\_

---

Information Sent: \_\_\_\_\_

Info Night: \_\_\_\_\_

---



---

---

---

