

APPENDICE O

CatholicCare

**FAC OOHC FORM:
Expression of Interest Foster Care**

Form number: OOHC 11/1
Issued: Jan 2015
Contact: Team Leader
Ph. (02) 8700-3333

Please complete the details below and return to CatholicCare. The information that you share with us will remain confidential and will be used only for the purpose of assessing your application to foster with CatholicCare. CatholicCare welcomes applicants from all backgrounds to meet the different needs of children and young people in care.

Personal Details:

	Applicant 1	Applicant 2
Name		
Date of birth		
Occupation		
Home Phone Number		
Work Hours		
Work Phone Number		
Mobile phone Number		
Ethnicity		
Language spoken at home		
Religion		
Address		
E-mail (please print)		
Date of completion		
Name of Intake Worker		



Children:

Name	Age	Location (family home or other)

Household Members - adults who reside or stay regularly overnight e.g. parent, adult children:

Name	Age	Relationship to you

Please indicate the type(s) of care that you feel you could provide:

Please outline your interest in caring for a children & young people in Out of Home Care:

Have you ever applied to other agencies to foster or adopt children? Please provide details:

Where did you find out about CatholicCare? Please provide details:

Please return your completed form to:

CatholicCare PS Program Manager
 PO Box 3127
 Bankstown Centro NSW 2200
 or email to: fostercareeoi@catholiccare.org

Thank you for taking this step in supporting Children & Young People
 CatholicCare Family, Children & Youth Services

