

## Pre-Certification Questionnaire

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Rooms Available for Foster Care: \_\_\_\_\_ Marketing Tool: \_\_\_\_\_

1. How many children 0-17 reside in your home? \_\_\_\_\_
2. How many adults (18 years and older) reside in your home? \_\_\_\_\_
3. Have you and/or any adult in your home been previously live scanned? \_\_\_\_Yes \_\_\_\_No
4. Do you, or any adult who resides in your home, have a criminal record? \_\_\_\_Yes \_\_\_\_No  
If yes, please  
explain \_\_\_\_\_
5. Do you, or any adult who resides in your home, have pending traffic violations? If yes, please  
explain: \_\_\_\_\_
6. Does your home have an attached or detached additional space with family or tenants living  
there? \_\_\_\_Yes \_\_\_\_No If yes, please explain: \_\_\_\_\_
7. Do you operate a day care facility or any other state approved organization? \_\_\_\_Yes \_\_\_\_No  
If yes, please explain: \_\_\_\_\_
8. Have you previously been a foster parent? \_\_\_\_Yes \_\_\_\_No  
If yes, please state the name(s) of the agency and date (s) of decertification, and did you leave  
on good standing? \_\_\_\_\_
9. Do you have a vehicle (owned or leased) to transport children? \_\_\_\_Yes \_\_\_\_No, Excluding the  
driver, how many passengers does your vehicle seat? \_\_\_\_\_
10. Do you have a pool? \_\_\_\_If so, you may only have children in your home that are 10 and over  
if the pool is not fenced.
11. Do you have pets? \_\_\_\_What kind? \_\_\_\_\_Big or Small \_\_\_\_\_
12. Do you plan on moving within the next 3 months? \_\_\_\_Yes \_\_\_\_No

**FINANCIAL STATEMENT**  
**(estimated monthly income and expenses)**

- 1) **Total Monthly Income** \$ \_\_\_\_\_
- 2) **Monthly Expenses:**
- Total Household Expenses (groceries, cleaning supplies, sundries): \$ \_\_\_\_\_
- Rent or mortgage payment: \$ \_\_\_\_\_
- Utilities (electricity, water, gas, telephone): \$ \_\_\_\_\_
- Total monthly loan payments (auto, credit cards, loans): \$ \_\_\_\_\_
- Property and personal insurance: \$ \_\_\_\_\_
- Child Support: \$ \_\_\_\_\_
- Total Monthly Expenses** \$ \_\_\_\_\_

**Please attach a copy of your tax return from the previous year.**