

## Foster Parent Inquiry Form

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

### Section A:

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Age: \_\_\_\_\_ Are you married? (if yes complete Section B)  Yes  No

Length of Marriage: \_\_\_\_\_

Are you a Mississippi Resident?  Yes  No Length of Residency: \_\_\_\_\_

### Section B:

Spouse's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Age: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mississippi Resident?  Yes  No Length of Residency: \_\_\_\_\_

### Section C:

Do you currently have children?  Yes  No Ages of children: \_\_\_\_\_

Desired ages and/or gender of foster children: \_\_\_\_\_

How did you learn of Gardner-Simmons? \_\_\_\_\_

\_\_\_\_\_

Please send form to:  
Gardner-Simmons Home for Girls, Inc.  
Foster Home Program  
PO Box 935  
Tupelo, MS 38802  
(662) 844-4433