

Foster Family Profile

Name(s) _____

Address _____

Do you have family in town? _____ Are they supportive? _____

Do you have a small group group that supports you? _____

Names of your children

Have you found The Attic on FB? _____

Name	Age	Name	Age

Special snacks, treats, or activities your children enjoy?

Allergies:

Favorite Family Meal

Please describe a day of the week that is challenging due to transportation, activities, or school/homework.

List you and your spouse's favorites.

Restaurant	Dessert
Relaxing or Fun Activity	Drink or Coffee

