



CHILD WELFARE AND ATTENDANCE

260 S. WILLOW AVE • RIALTO • CA • 92376 • PHONE (909) 873-4336 • FAX (909) 873-4337

FOSTER YOUTH QUESTIONNAIRE

Name of Student:

Date of Birth:

School Assigned:

Grade:

Age:

Name of last school attended:

City and County:

Other children living in the home related to this foster student:

Name and date of birth:

Name and date of birth:

Name and date of birth:

Name and date of birth:

Name and date of birth:

Name and date of birth:

Name and date of birth:

Name and date of birth:

Placement of Student (Please check one)

Foster Family Home

KinGap (court order placement with a relative)

Group Home

Foster parent(s) or Foster Agency Name:

Phone Number:

County Social Worker's name and phone number:

FFA worker's name and phone number:

Relative's name and phone number:

[Redacted area containing multiple lines of blacked-out text]

Mental Health provider's name and phone number:

FFA Worker's name and phone number:

[Redacted area containing blacked-out text]

Today's date: