CAFA Intake Form

DATE: ____/_____/_____

Adoptive Parent Info		
Name:	Phone:	E-mail:
DOB:	Gender:	Race:
Name:	Phone:	E-mail:
DOB:	Gender:	Race:
Address:		

Child Info			
Name:	DOB:	Race:	Gender:
Name:	DOB:	Race:	Gender:
Name:	DOB:	Race:	Gender:
Name:	DOB:	Race:	Gender:
Name:	DOB:	Race:	Gender:
Name:	DOB:	Race:	Gender:
Name:	DOB:	Race:	Gender:
Name:	DOB:	Race:	Gender:

How did your family adopt:	Foster Care	Private	Kinship	International	Other
	○	○	○	○	○

How many family members are Hispanic:
How many family members identify LGBTQ:
How did you hear about CAFA:

**Please note: You may decline to answer demographics.*