

**REFERRAL FORM – FOSTER CARE**

TO: Infant Caregiver Project  
FAX: 302-831-6423

**Telephone Contacts**  
Kristin Bernard, 302-831-6328

FROM: \_\_\_\_\_  
Foster Home Coordinator

AGENCY: \_\_\_\_\_

**Child Information**

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

Date of Birth: \_\_\_\_\_ Placement Date: \_\_\_\_\_

Agency Caseworker: \_\_\_\_\_

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

**Foster Parent Information**

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

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

Phone: \_\_\_\_\_  
Home Work/Cell

**Birth Parent Information**

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

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

Phone: \_\_\_\_\_  
Home Work/Cell