

**GEORGIA DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN SERVICES
PRIOR SERVICE REPORT**

Primary Caregiver Name: _____

Secondary Caregiver: _____

The Prior Service Report is a self-report form for prospective caregivers to share all prior foster and adoptive history and any work experience that involved the care of children or the elderly. Please complete the form thoroughly and sign and date the attestation

CURRENT FOSTER OR ADOPTIVE SERVICE

Do you have a current application with any other foster or adoptive agency or county Department?

No Yes (Which agency or county?) _____

Are you currently a foster or adoptive parent? No Yes (For whom?) _____

Do you currently have foster or pre-finalization adoptive placements? N/A No Yes

Have you ever been involuntarily closed by a foster or adoptive agency or county department?

No Yes (If yes, with whom and when?) _____

Have you ever applied but been denied approval to foster or adopt?

No Yes (With whom?) _____

PRIOR FOSTER OR ADOPTIVE SERVICE

Do you have any previous foster or adoptive parent service history in or out of state? No Yes

If yes, List all information below. Attach an additional page if necessary.

Agency / County Department	Location	Start – End Date
Reason for Closure	Contact Person / Contact Information	

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EMPLOYMENT EXPERIENCE INVOLVING CARE OF CHILDREN OR THE ELDERLY

Does either caregiver have any current or previous employment involving the care of children or the elderly?
 No Yes; If yes, list all service information below. Attach an additional page if necessary.

Applies to Which Caregiver?	Employer Name/ Location	Start – End Date
Reason for Termination	Contact Person / Contact Information	

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CAREGIVER ATTESTATION STATEMENT

I attest that the information provided in this report is true and accurate. I understand that purposely providing false or misleading information will impact whether or not I may be approved as a foster or adoptive parent.

Primary Caregiver Signature

Date

Secondary Caregiver Signature

Date