

1-855-MICHKIDS
(1-855-642-4543)

Due by
9:00am on
March 15, 2021

31 Days of Foster Care Wishes

Official Nomination Form

**Nominating Person’s Information**

Nominating person’s name:

Nominating person’s email address:

Nominating person’s phone:

Nominating person’s relationship to family:

**Family Information**

Family’s name:

Family’s physical address:

Family’s county of residence:

Family’s phone number:

Family’s email address:

Number of years as a licensed foster parent:

First name and ages of children currently fostering:

Total number of children the family has fostered since becoming licensed:

First name and ages of bio and adopted children currently in the home:

**Foster Care Agency Information**

Foster Care Agency Name:

Foster Care Worker Name:

**Describe why the family should be selected.**

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**Please share a story or anecdote that illustrates the qualities this family exemplifies.**

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**Describe the family’s wish and how it would benefit them.**

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