

CUYAHOGA COUNTY PRIDE CAREGIVER NETWORK

INTEREST FORM

I am interested in learning more about becoming part of the Pride Caregiver Network.

NAME _____

Gender _____ Pronouns _____

Street Address _____

City, State, zip _____

Email address _____

Phone number _____

I am interested in becoming a licensed caregiver (foster parent) Yes No

I am already licensed – Please list Licensing Agency

Do you currently have placement of a youth with diverse Sexual Orientation or Gender Identity and Expression (SOGIE)? YES NO

Have you taken Reaching Higher or any other basic LGBT 101 class? _____

What is the best way to communicate with you? (Text) (Email) (Phone Call)

What is the best time to call you? _____

Why are you interested in the Pride Caregiver Network? _____

PLEASE SCAN AND EMAIL THIS FORM TO KATHLEEN SULLIVAN, AFFIRM.ME. TEAM LEAD AT Kathleen.Sullivan@jfs.ohio.gov or call her at 216-635-3801.