COUNTY OF CHISAGO

Chisago County Government Center
Health & Human Services
313 North Main Street, Room 239
CENTER CITY, MN 55012-9663
651-213-0324

Worker's Name: _____

Study Approval Date: _____

Foster/Adoption Home Study

PERSONAL HISTORY

IDENTIFYING INFORMATION:	Applicant 1	Applicant 2
Full Name:	_____	_____
Home address:	_____	_____
	_____	_____
Phone Number:	_____	_____
	_____	_____
Birthdate:	_____	_____
Birthplace:	_____	_____
Social Security Number:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Work Phone:	_____	_____
Education:	_____	_____
Religion:	_____	_____
Ethnicity:	_____	_____
Marriage Date:	_____	_____
Place of Marriage:	_____	_____
Children in home:	_____	DOB: _____
	_____	_____
	_____	_____

<u>HOME STUDY NARRATIVE</u> for _____
DATE COMPLETED: _____

PERSONAL BACKGROUND:

Parents of Applicants

Mother: _____
D.O.B.: _____
Address: _____
Marital Status: _____
Ethnic background/nationality: _____
Past & present occupations: _____

Father: _____
D.O.B.: _____
Address: _____
Marital Status: _____
Ethnic background/nationality: _____
Past & present occupations: _____

Also include step-parent information on extra sheet if needed.

1. HOW WOULD YOU DESCRIBE YOUR PATENTS' PARENTING STYLE IN GENERAL?

2. HOW DID YOUR PARENTS ENCOURAGE YOU, REWARD YOU, SHOW LOVE, AFFECTION AND SUPPORT FOR YOU?

3. YOUR SIBLING'S NAMES, AGES, MARITAL STATUS, OCCUPATION, WHERE THEY LIVE NOW AND NUMBER OF CHILDREN:

Full Name	Age	Address (City & State)	Marital Status	Number of Children	Occupation	Frequency of contact with you

4. WHERE WERE YOU BORN?

5. WHERE DID YOU LIVE WHILE GROWING UP AND AT WHAT AGES DID YOU MOVE?

6. DESCRIBE SOME OF YOUR EARLY CHILDHOOD MEMORIES (such as family outings, vacations, rituals, traditions, celebrations, church, relatives, friends, neighbors, community events):

7. WHAT WERE SOME OF YOUR HAPPIEST AND SADDEST TIMES GROWING UP? WHAT DID YOU LEARN FROM THESE EVENTS?

8. WHAT METHODS OF DISCIPLINE OR CONSEQUENCES DID YOUR PARENTS USE?

9. WHAT METHODS OF DISCIPLINE DO YOU FEEL WERE MOST EFFECTIVE AND LEAST EFFECTIVE?

10. WHAT WOULD YOU DO DIFFERENTLY THAN YOUR PARENTS?

11. WHAT WOULD YOU KEEP THE SAME?

12. WHAT IMPORTANT LESSONS OR VALUES DID YOU LEARN FROM YOUR PARENTS?

13. WHAT RESPONSIBILITES DID YOU HAVE GROWING UP?

14. DESCRIBE YOUR PARENTS:

15. DESCRIBE YOUR PARENTS' RELATIONSHIP WITH EACH OTHER:

16. DESCRIBE HOW YOUR PARENTS HANDLED CONFLICT AND DISAGREEMENTS:

17. DESCRIBE YOUR PAST AND PRESENT RELATIONSHIP WITH YOUR PARENTS, AND CURRENT LEVEL OF CONTACT WITH THEM:

18. DESCRIBE YOUR PAST AND PRESENT RELATIONSHIP WITH YOUR SIBLINGS:

19. DESCRIBE ANY CLOSE RELATIONSHIPS WITH RELATIVES OR EXTENDED FAMILY MEMBERS WHILE GROWING UP AND CURRENTLY:

20. LIST SCHOOLS ATTENDED (High School, College, Technical) DATES OF GRADUATION OR YEARS OF ATTENDANCE, TYPES OF DEGREES OR AREAS OF STUDY:

College, University or Professional School, Business, Correspondence, Trade, Technical or Vocational School		Dates of Attendance		Degree – Certificate	Major Fields/ Certification
Name	Location	From	To		

21. DESCRIBE YOUR SCHOOL EXPERIENCES, ATTITUDE TOWARDS SCHOOL, LIKES/DISLIKES, ACTIVITIES YOUR PARTICIPATED IN, CHALLENGES AND SUCCESSES:

22. DESCRIBE YOUR TRANSITION FROM CHILDHOOD TO EARLY ADOLESCENCE (family issues, friend issues, significant events or life changes, positives and negatives):

23. DESCRIBE YOUR TRANSITION FROM LATE ADOLESCENCE TO ADULTHOOD (family issues, friend issues, significant events or life changes, positives and negatives):

24. DESCRIBE YOUR DRUG AND/OR ALCOHOL USAGE AND EXPERIMENTATION IN THE PAST AND PRESENT (be specific as to what you have used, how long, how much, how often): *Describe tobacco use.*

25. HAVE YOU OR ANYONE IN YOUR IMMEDIATE OR EXTENDED FAMILY HAD PROBLEMS WITH DRINKING OR DRUG USAGE, BEEN IN TREATMENT FOR CHEMICAL DEPENDENCYE, OR BEEN INVOLVED WITH LAW ENFORCEMENT DUE TO ALCOHOL OR DRUGS? If yes, discuss how it was resolved and how it has affected you personally:

26. HAVE YOU OR ANYONE IN YOUR IMMEDIATE OR EXTENDED FAMILY BEEN ENGLECTED, EMOTIONALLY, PHYSICALLY OR SEXUALLY ABUSED? If yes, include any contacts with Child Protective Services, Law Enforcement, Court, and Mental Health Agencies. Discuss how it was resolved and how it has affected you personally:

27. HAVE YOU OR ANYONE IN YOUR IMMEDIATE OR EXTENDED FAMILY EVER BEEN REPORTED, ACCUSED OR INVESTIGATED FOR ABUSE OR NEGLECT OF AN ADULT OR CHILD? If yes, please describe what happened:

28. HAVE YOU OR ANYONE IN YOUR IMMEDIATE OR EXTENDED FAMILY EVER HAD PARENTAL RIGHTS TERMINATED VOLUNTARILY OR INVOLUNTARILY? If yes, please describe what happened?

29. HAVE YOU OR ANYONE IN YOUR IMMEDIATE OR EXTENDED FAMILY HAD PREVIOUS CONTACT WITH OR RECEIVED SERVICES THROUGH OUR AGENCY OR ANY OTHER COUNTY SOCIAL SERVICES AGENCY? If yes, please describe:

30. HAVE YOUR EVER BEEN ARRESTED OR CONVICTED OF A CRIME? If yes, please describe:

31. HAVE YOU OR ANYONE IN YOUR IMMEDIATE OR EXTENDED FAMILY BEEN DIAGNOSED, TREATED OR GIVEN PRESCRIPTIONS FOR MENTAL HEALTH ISSUES, OR HAD UNTREATED MENTAL HEALTH ISSUES YOU ARE AWARE OF? If yes, discuss how it was resolved and how it affected you personally:

32. HAVE YOU OR ANYONE IN YOUR IMMEDIATE OR EXTENDED FAMILY EVER SEEN A COUNSELOR OR THERAPIST? If yes, please discuss who, why, when, for how long, who the counselor/therapist was, if sessions were successfully completed or if they are ongoing:

33. DESCRIBE ANY HEALTH DIFFERENCES, HOSPITALIZATIONS AND LIST ALL CURRENT MEDICATIONS YOU ARE TAKING:

34. DESCRIBE ANY OTHER EVENTS OR CIRCUMSTANCES IN YOUR LIFE THAT HAVE INFLUENCED YOU SIGNIFICANTLY:

35. DESCRIBE YOURSELF (physical description, personality, temper, sense of humor, hobbies, interests, strengths, weaknesses):

36. WORK EXPERIENCE: Employment History – List job titles starting with your first job after high school until now. State dates of employment at each job and reason for leaving. (In chronological order)

37. LIST YOUR CURRENT OCCUPATION, NAME OF EMPLOYER, AND WORK SCHEDULE:

38. WHAT DO YOU LIKE THE MOST AND LIKE THE LEAST ABOUT YOUR CURRENT OCCUPATION?

39. LIST ANY VOLUNTEER WORK, CLUBS OR ORGANIZATIONS YOU ARE INVOLVED IN:

40. LIST MILITARY SERVICES, IF ANY (branch of service, years served, type and date of discharge):

41. DESCRIBE YOUR PLANS AND GOALS FOR THE FUTURE (educational, career, relationships, hobbies):

42. TO DATE, WHAT DO YOU CONSIDER TO BE YOUR GREATEST ACCOMPLISHMENT?

RELATIONSHIP BETWEEN APPLICANT #1 AND #2
(or for single applicant, relationship to significant other)
Complete if applicable.

1. DESCRIBE YOUR CURRENT MARRIAGE/RELATIONSHIP (when and how did you meet, what attracted you to each other, how long did you date each other, date and place of marriage, characteristics of the relationship and weaknesses):

2. DESCRIBE HOW THE FOSTER/ADOPTION PLAN WILL IMPACT YOUR RELATIONSHIP:

3. DESCRIBE HOW YOUR SPOUSE/SIGNIFICANT OTHER FEELS ABOUT THE FOSTER/ADOPTION PLAN:

4. DESCRIBE YOUR SPOUSE/SIGNIFICANT OTHER'S PERSONALITY, STRENGTHS AND

WEAKNESSES.

5. DESCRIBE HOW YOUR SPOUSE/SIGNIFICANT OTHER EXPRESSES THEIR FEELINGS AND EMOTIONS.

6. DESCRIBE THE KINDS OF THINGS YOU LIKE TO DO TOGETHER AS A COUPLE AND THE THINGS YOU LIKE TO DO ON YOUR OWN:

7. DESCRIBE WHAT DIFFERENCES AND SIMILARIES THERE ARE BETWEEN YOU:

8. DESCRIBE THE PROCESS YOU USE TO MAKE DECISIONS AS A COUPLE:

9. HOW ARE DECISIONS ARRIVED AT WHEN THERE ARE SIGNIFICANT DIFFERENCES OF OPINION? HOW DO YOU RESOLVE CONFLICT AND DISAGREEMENT?

10. DESCRIBE ANY CHRONIC AREAS OF CONFLICT OR DISAGREEMENTS IN YOUR CURRENT RELATIONSHIP AND HOW THEY ARE HANDLED (In-laws, activities, financial, religious, child rearing, friends):

11. HAVE YOU EVER CONSIDERED DIVORCE IN YOUR CURRENT MARRIAGE? If yes, please explain:

12. HOW DO YOU COMMUNICATE ABOUT INTIMACY ISSEUS SUCH AS RELATIONSHIP NEEDS:

13. DESCRIBE ANY INFERTILITY ISSUES YOU'VE EXPERIENCED (including grief and loss issues if applicable):

14. IF PREVIOUSLY MARRIED, LIST NAME OF PREVIOUS SPOUSE, DATE OF MARRIAGE AND DIVORCE, AND REASON THE RELATIONSHIP ENDED:

15. IF PREVIOUSLY MARRIED, OR IN A SIGNIFICANT RELATIONSHIP PRIOR TO CURRENT MARRIAGE OR RELATIONSHIP, PLEASE DESCRIBE THE IMPACT OF ANY ISSUES ASSOCIATED WITH THAT RELATIONSHIP ON YOURSELF AND ON YOUR CURRENT RELATIONSHIP. (Do you still have ongoing contact, were children involved, describe any child support and visitation arrangements, how have you changed since then, how is your current relationship different from the previous one):

16. DESCRIBE YOUR HOME, PROPERTY, NEIGHBORHOOD, AND HOW LONG YOU'VE LIVED THERE: (Type of home, square footage, age, type of heat, number of bedrooms, number of bedrooms in basement, list out buildings, swamp, lakeshore, pasture, fencing, play equipment, acreage, whether city, suburban, small town, or rural, school district, homeowner's and car owner's insurance companies)

17. IF YOU HAVE WEAPONS IN THE HOME, WHAT ARE YOUR PLANS TO PROTECT A FOSTER/ADOPTIVE CHILD FROM THEM? ARE THE GUNS AND AMMUNITION LOCKED SEPARATELY?

18. LIST WHAT PETS/ANIMALS YOU HAVE IN THE HOME OR ON YOUR PROPERTY, DESCRIBE CONTACT THEY WILL HAVE WITH FOSTER CHILDREN, AND IF THEIR IMMUNIZATIONS ARE UP TO DATE:

19. WHAT RESOURCES ARE AVAILABLE FOR HCILEREN IN YOUR COMMUNITY (school district, clinic, hospital, mental health agency, recreation, library kids' clubs, cultural activities, etc.)?

CHILDREN

1. **CHILDREN IN THE HOME/CHILDREN NOT LIVING IN THE HOME:**
   (This includes adult children who only have visitation to the home.)
   Add additional members on another sheet.

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
NAME				
DATE OF BIRTH				
SEX				
RACE				
SCHOOL/GRADE				
CURRENT ADDRESS				
ADOPTED/BIO/ STEP-CHILD				
DATE ENTERED HOUSEHOLD				

2. DESCRIBE EACH CHLD'S CHARACTERISTICS: (personality, health status, occupation, overall functioning at home/work/school and frequency of contact with you)

1. _____
   Name

2. _____
   Name

3. _____
   Name

4. _____
   Name

5. _____
   Name

3. DESCRIBE YOUR RELATIONSHIP WITH EACH CHILD AND WHAT YOU WOULD LIKE TO CHANGE OR IMPROVE IN YOUR RELATIONSHIP:

4. DESCRIBE YOUR CHILDREN'S RELATIONSHIPS WITH EACH OTHER:

5. DESCRIBE EACH CHILD'S FEELINGS TOWARDS AND UNDERSTANDING OF THE FOSTER/ ADOPTION PLAN:

6. HAVE YOU OR ANY OF YOUR CHILDREN BEEN IN FOSTER CARE OR A RESIDENTIAL OR CORRECTIONAL FACILITY? If yes, discuss how it was resolved and how it impacted you personally:

PERSONAL CHARACTERISTICS

(Separate summary for each applicant)

1. GIVE EXAMPLES OF WHEN YOU HAVE BEEN ABLE TO DELAY GRATIFICATION AND HOW YOU HANDLED THESE SITUATIONS:

2. GIVE EXAMPLES OF WHEN YOU HAVE FELT UNAPPRECIATED, TIMES WHEN YOUR FEELINGS HAVE BEEN HURT, TIMES WHEN THINGS DIDN'T WORK OUT LIKE YOU HAD PLANNED:

COPING SKILLS AND HISTORY OF STRESS MANAGEMENT

1. HOW DO YOU EXPRESS HAPPINESS, AFFECTION, ANGER, SADNESS, LONELINESS,

FRUSTRATION, AND CONFLICT?

2. WHAT CAUSES STRESS FOR YOU?

3. WHAT OUTLETS DO YOU HAVE TO RELIEVE STRESS (physical exercise, hobbies, support groups, therapist, use of chemicals):

4. GIVE AN EXAMPLE WHEN YOU'VE BEEN ABLE TO SEE HUMOR IN STRESSFUL SITUATIONS:

5. DESCRIBE YOUR WILLINGNESS TO ACCEPT HELP, SUGGESTIONS, OR COUNSELING FROM OTHER PEOPLE (such as social workers, school personnel, therapists, doctors):

6. DESCRIBE YOUR ABILTY TO ACKNOWLEDGE AND APPRECIATE INDIVIDUAL DIFFERENCES AMONG PEOPLE WITHOUT BEING JUDGMENTAL:

SUPPORT SYSTEM

1. DESCRIBE YOUR PERSONAL, FAMILY AND COMMUNITY SUPPORT SYSTEMS:

2. HOW DOES YOUR SUPPORT SYSTEMS FEEL ABOUT THE FOSTER/ADOPTION PLAN?

3. WHAT IS YOUR PLAN FOR PROVIDING CHILD CARE WHEIL YOU ARE AWAY FROM HOME OR AT WORK? (child care providers must be licensed, or if legally unlicensed, they must have prior approval from the social worker involved with the foster child)

4. WHEN YOU NEED RESPITE CARE (temporary, emergency or ongoing breaks) OR BABYSITTERS, WHO WOULD BE THE DESIGNATED SUBSTITUTE CAREGIERS THAT COULD COME INTO YOUR HOME? (must be at least 18 years old and complete a background check ahead of time)

5. DESCRIBE ANY RECENT SIGNIFICANT LOSSES OR STRESSORS (deaths, moves, illnesses, problems at work, relationship problems, financial difficulties, divorces, etc.) FOR YOURSELF OR EXTENDED FAMILY MEMBERS. WHAT IMPACT WILL THIS HAVE ON THE FOSTER/ADOPTION PLAN?

PARENTING SKILLS

1. DESCRIBE ANY DIFFERENCES IN PARENTING STYLES, ROLES, AND RESPONSIBILTY BETWEEN YOU AND YOUR SPOUSE/SIGNIFICANT OTHER:

2. DESCRIBE ANY PARTICULAR STRESSES OR PROBLEMS YOU'VE EXPERIENCED WITH CHILDREN AND HOW THEY WERE HANDLED:

3. WHAT UPSETS YOU MOST AS A PARENT OR WHAT DO YOU FEEL IS THE MOST DIFFICULT PART OF PARENTING?

4. WHAT ABOUT PARENTING GIVES YOU SATISFACTION OR I STHE MOST REWARDING?

5. WHAT ARE SOME THINGS YOU DO WELL AS A PARENT AND WHAT ARE SOME THINGS YOU'D LIKE TO IMPROVE UPON OR LEARN MORE ABOUT?

6. DESCRIBE YOUR PARENTING PHILOSOPHY AND VALUES AND ATTITUDES ON RAISING CHILDREN. In your opinion, what is a parent's biggest responsibility to a child? What qualifies do you like to see in children and adults?

7. HOW DO YOU ENCOURAGE, REWARD, SHOW LOVE, AFFECTION AND SUPPORT FOR CHILDREN?

8. DESCRIBE YOUR HOME ENVIRONMENT (rigid, structured, flexible or chaotic environment in regards to rules, roles and responsibilities of household members, daily routines, decision making, discipline, control) (WHAT ARE YOUR EXPECTATIONS OF CHILDREN/FOSTER CHILDREN IN YOUR HOME?:

9. WHAT WILL THE SLEEPING ARRANGEMENTS BE FOR THE FOSTER/ADOPTIVE CHILDREN? (Boys, girls, young siblings, private or shared rooms):

10. DESCRIBE HOW MEMBERS OF YOUR FAMILY RESPECT EACH OTHER'S PRIVACY, AND WHAT ARE THE BATHROOM, NUDITY, AND BEDROOM PRIVACY RULES IN YOUR HOME?

11. HOW WOULD CHILDREN LEARN ABOUT SEX, SEXUALITY, INTIMACY AND SEXUAL EXPERIMENTATION IN YOUR HOUSEHOLD?

12. HOW DO YOU FEEL ABOUT FOSTER/ADOPTIVE CHILD USING BIRTH CONTROL, AND/OR HAVING PREMARITAL SEX?

13. CIRCLE YOUR METHODS OF DISCIPLINE AND CONSEQUENCES:

Withdrawal of affection	Giving child options	Isolation/time outs
Withholding privileges	Rewarding good behavior	Demonstration of hurt feelings
Sending to bed early	Giving or taking child's allowance	Arguing with child
Withholding food	Negotiations of expectations	Silence toward child
Talking with child	Force	Delay of punishment
Nagging	Yelling	Grounding
Spanking	Praise and demonstration of love	Modeling positive behavior
Natural consequences		
Additional responsibilities		

14. HOW DOES YOUR FAMILY DEAL WITH ANGER, RAGE, CONFLICT, DEFIANCE, NON-COMPLIANTS AND WITHDRAWAL IN CHILDREN?

15. WHAT DO YOU DO WHEN YOU ARE ANGRY WITH A CHILD?
HOW DOES YOUR CHILD REACT WHEN YOU ARE ANGRY OR SAD?

16. WHAT WOULD YOU DO IF A CHILD ARGUES WITH YOU, HAS A TEMPER TANTRUM OR MISBEHAVES IN PUBLIC?

17. WHAT WOULD YOU DO IF A FOSTER/ADOPTIVE CHILD SWEARS?

18. WHAT WOULD YOU DO IF A FOSTER/ADOPTIVE CHILD IS CAUGHT SMOKING?

19. WHAT WOULD YOU DO IF A FOSTER/ADOPTIVE CHILD CAME HOME DRUNK OR HIGH ON DRUGS?

20. WHAT WOULD YOU DO IF A FOSTER/ADOPTIVE CHILD BECAME PHYSICALLY AGGRESSIVE?

21. WHAT WOULD YOU DO IF A FOSTER/ADOPTIVE CHILD WAS ACTING OUT SEXUALLY TO YOU, YOUR SPOUSE, YOUR CHILDREN, OR TO THEIR FRIENDS?

22. WOULD DISCPLINE OF FOSTER/ADOPTIVE CHILDREN BE ANY DIFFERENT FROM DISCIPLINE OF YOUR CHILDREN? If yes, please describe:

23. WHAT ARE THE FAMILY RULES ABOUT MEALTIMES? (Are there set mealtimes, do you insist that a child taste everything, do children have free access to your refrigerator and cupboards, are there any foods you will not allow children to eat, does everyone sit at the table together, who cooks, can children eat whatever they want whenever they want, what are typical meals/foods your family eats):

24. DESCRIBE YOUR HOBBIES, INTERESTS, RECREATIONAL ACTIVITIES AND WHAT YOU FAMILY DOES TOGETHER:

25. WHAT CUSTOMS, TRADITIONS, OR CELEBRATIONS DO YOU HAVE AS A FAMILY?

26. DESCRIBE YOUR KNOWLEDGE, EXPERIENCE AND WILLINGNESS TO LEARN NEW SKILLS/ PARENTING TECHNIQUES NEEDED TO PARENT CHILDREN WITH SPECIAL NEEDS (behavioral, emotional mental, social, developmental, or physical disabilities):

ADOPTIVE OR FOSTER PARENTING

1. DESCRIBE WHY YOU WANT TO BE A FOSTER/ADOPTIVE PARENT: (describe what problems, concerns or barriers you foresee in your role as a foster/adoptive parent):

2. WHAT ARE YOUR EXPECTATIONS OF AND FEELINGS TOWARD BIRTH PARENTS (positive and negative)?

3. WHAT ARE SOME WAYS YOU COULD CONNECT, MENTOR AND WORK POSITIVELY WITH THE FOSTER CHILD'S BIRTH PARENTS, EVEN IF YOU DON'T LIKE HOW THEY'VE TREATED THEIR CHILDREN?

PERMANENCY PLANNING

1. DESCRIBE HOW YOU CAN HELP A FOSTER/ADOPTIVE CHILD FEEL LIKE A PART OF YOUR FAMILY, FEEL WELCOME IN YOUR HOME, AND FEEL NURTURED, SAFE AND SECURE:

2. DESCRIBE A CHILD(REN) YOU FEEL WOULD BEST FIT INTO YOUR HOME AND HOW MANY CHILDREN YOU WANT (boys, girls, siblings, ages, race, personalities, abilities/disabilities):

3. DO YOU WANT TO PROVIDE SHORT TERM RESPITE, ONGOING FOSTER CARE, AND/OR FOSTER CARE WITH WILLINGNESS TO ADOPT?

ATTITUDES AND BELIEFS REGARDING FOSTER CARE/ADOPTION ISSUES

1. ARE YOU WILLING TO PROVIDE TRANSPORTATION TO/FROM VISITS FOR A FOSTER/ ADOPTIVE CHILD?

2. HOW DO YOU FEEL ABOUT FOSTER CHILDREN PARTICIPATING IN THERAPY, SPECIAL EDUCATION CLASSES, OR TAKING MEDICATION FOR MENTAL HEALTH ISSUES?

3. WHAT, IF ANYTHING, MIGHT INTERFERE WITH YOUR ABILITY TO PROVIDE TRANSPORTATION FOR FOSTER/ADOPTIVE CHILD'S APPOINTMENTS?

4. ARE YOU WILLING TO ALLOW VISITS TO TAKE PLACE IN YOUR HOME?

5. SOCIAL WORKERS ARE MANDATED TO VISIT THE FOSTER CHILDREN AT LEAST MONTHLY. HOW DO YOU FEEL ABOUT A SOCIAL WORKER VISITING YOUR FAMILY AND THE FOSTER CHILDREN IN YOUR HOME ON A REGULAR BASIS?

6. ARE YOU WLLING TO WORK COOPERATIVELY WITH THE GUIDANCE OF THE SOCIAL WORKER AND SERVICE PROFESSIONALS EVEN IF YOU DON'T AGREE WITH THEM? HOW DO YOU SEE YOUR ROLE?

7. HOW WOULD YOU HANDLE A DIFFERENCE OF OPINION WITH A SOCIAL WORKER OR SERVICE PROFESSIONAL?

8. HOW DO YOU FEEL ABOUT A SOCIAL WORKER OR SERVICE PROFESSIONAL MAKING SPECIFIC SUGGESTIONS TO YOU ABOUT WAYS TO WORK WITH THE FOSTER CHILD?

9. HOW DO YOU FEEL ABOUT OUR AGENC'S PHILOSOPHY OF REUNIFICATION OF FOSTER CHILDREN WITH THEIR OWN FAMILY WHENEVER POSSIBLE?

ABSENT OR PART TIME CHILDREN (listed under children section)

NON-APPLICANT ADULTS IN THE HOME

(Complete for each adult member of the household)

1. NAME: _____ D.O.B.: _____

DATE WHEN ENTERED HOUSEHOLD: _____

IS THIS PERSON CONSIDERED A PERMANENT MEMBER OF THE HOUSEHOLD?
(If not, state estimated date this person may be leaving the household.)

RELATIONSHIP TO THE APPLICANT(S):

DESCRIBE WHY THIS ADULT IS LIVING IN THE HOUSEHOLD, AND WHAT HIS/HER INVOLVEMENT WILL BE REGARDING THE FOSTER CHILD(REN):

DESCRIBE THIS PERSON'S OCCUPATION, EDUCATION, HEALTH AND CRIMINAL HISTORY:

CULTURAL AWARENESS AND DIVERSITY

****(The following questions only apply to those families who may want to consider fostering or adopting a child of a different race/culture)****

1. DESCRIBE YOUR AWARENESS OF THE IMPACT OF RACE AND CULTURAL HERITAGE ON YOUR DAILY LIFE:

   DESCRIBE WHETHER OR NOT DIVERSITY ISSUES HAVE CAUSED CONFLICT OR PROBLMES IN YOUR LIFE AND HOW THEY WERE/WERE NOT RESOLVED:

DESCRIBE YOUR MEMORIES OR EXPERIENCES OF INTERACTING WITH PEOPLE OF DIFFERENT RACES AND CULTURES:

HOW DO YOU FEEL YOUR DECISION TO FOSTER/ADOPT CROSS-CULTURALLY WILL BENEFIT YOU?

HOW WOULD A CHILD OF A DIFFERENT RACE/CULTURE BENEFIT BY BEING IN YOUR HOME?

WHAT IS YOUR MOTIVATION AND INTEREST IN CONSIDERING TRANSRACIAL OR TRANSCULTURAL FOSTER/ADOPTIVE PLACEMENT?

HOW MIGHT YOUR DECISION TO PARENT CROSS-CULTURALLY AFFECT YOU NEGATIVELY?

HOW MIGHT YOUR DECISOIN TO PARENT CROSS-CULTURALLY NEGATIVELY AFFECT THE FOSTER/ADOPTIVE CHILD AND HOW WOULD YOU HANDLE THESE NEGATIVE EFFECTS?

ARE THERE PEOPLE OF OTHER RACES/CULTURES WITHIN YOUR FAMILY? (If yes, what are your experiences/relationships with them, how have they been treated within your family, are there any

family members who have not accepted the person):

HAVE YOU DISCUSSED YOUR INTEREST IN PARENTING CROSS-CULTURALLY WITH YOUR FAMILY, FRIENDS, NEIGHBORS, AND CHURCH MEMBERS? If so, what were their reactions?

DO YOU HAVE FRIENDS, CO-WORKERS, NEIGHBORS OR CHURCH MEMBERS OF DIFFERENT RACES/CULTURES? (If yes, how often do you socialize with them, how long have you been friends, have you ever witnessed racist comments or action while with them, how did you handle the situation and what could you have done differently, how are their values/beliefs different from yours):

WHAT CROSS-CULTURAL ACTIVITIES HAVE YOU PARTICIPATED IN AND HOW OFTEN? WHAT ARE YOU WILLING TO DO TO LEARN ABOUT OR BECOME INVOLVED WITH OTHER CULTURES?

WHAT COMMUNITY RESOURCES ARE AVAILABLE TO SUPPORT AND ENHANCE THE COMMUNITY'S UNDERSTANDING AND RESPECT FOR OTHER RACES AND CULTURES?

DESCRIBE WAYS YOU CAN HELP A FOSTER/ADOPTIVE CHILD STAY CONNECTED TO AND LEARN ABOUT THEIR RACIAL OR CULTURAL HERITAGE (toys, videos, books, games, customs, activities, adult role models, art, museums, plays, concerts, music, meals, skin and hair care):

HOW WILL YOU RESPOND TO A FOSTER/ADOPTIVE CHILD ND THE SITUATIONS IF HE OR SHE IS CALLED CULTURALLY DEROGATORY NAMES?

HOW COULD YOU HELP A FOSTER/ADOPTIVE CHILD DEAL WITH DISCRIMINATION SHOULD IT OCCUR?

WHAT PROBLEMS MIGHT COME UP IN SCHOOL OR IN THE NEIGHBORHOD? HOW WILL THESE PROBLEMS CHANGE AS THE FOSTER/ADOPTIVE CHILD GETS OLDER?

HOW WILL YOU TEACH COPING SKILLS TO A FOSTER/ADOPTIVE CHILD OF A DIFFERENT RACE/CULTURE?

HOW WILL HAVING A FOSTER/ADOPTIVE CHILD OF DIFFERENT RACE/CULTURE AFFECT OTHER PEOPLE IN YOUR HOME AND IN YOUR EXTENDED FAMILY?

DESCRIBE THE RACIAL AND CULTURAL COMPOSITION OF YOUR NEIGHBORHOOD, SCHOOL, COMMUNITY, AND HOW THIS MIGHT AFFECT A FOSTER/ADOPTIVE CHILD POSITIVELY, AND/OR NEGATIVELY:

HOW WILL YOU COPE IF THE FOSTER/ADOPTIVE CHILD RESENTS YOUR DECISION TO FOSTER/ADOPT CROSS-CULTURALLY?

YOU ARE INTERESTED IN FOSTERING/ADOPTING CHILDREN FROM WHICH CULTURES/ RACES?

RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS

1. WHAT RELIGION ARE YOU AND YOUR FAMILY MEMBERS:
   DESCRIBE YOUR PARTICIPATION IN RELIGIOUS CHURCH ACTIVITIES: (how often do you go to church, what church activities, groups and rituals do you participate in, were you baptized or confirmed, etc.?)

2. WHAT TYPES OF RELIGIOUS AND/OR MORAL GUIDANCE WOULD YOU OFFER TOA FOSTER/ADOPTIVE CHILD?

3. WOULD YOU ALLOW A FOSTER CHILD WITH A DIFFERENT RELIGIOUS BACKGROUND TO PRACTICE THEIR BELIEFS AND ATTEND A CHURCH OF THEIR OWN AND PROVIDE TRANSPORTATION?

FAMILY FINANCES
FOR ADOPTIVE/CONCURRENT HOME ONLY – OPTION FOR FOSTER HOMES

BUDGET SHEET

1. Applicant #1: _____
   Employer: _____
   Address: _____
   Occupation: _____
   Amount & Frequency of Pay _____

   Applicant #2: _____
   Employer: _____
   Address: _____
   Occupation: _____
   Amount & Frequency of Pay _____

   Number of persons in household: _____

   Adult(s): _____ Child(ren): _____

   INCOME: By Month (4 1/3 weeks)

   Average GROSS INCOME: _____
   Additional Income: _____
   Total GROSS INCOME: _____
   Less deductions: _____
   Federal Tax: _____
   State Tax: _____
   Social Security: _____

   EXPENSES: By Month (4 1/3 weeks)

   Rent or House Payment: _____
   Taxes-prop. (Pers. Real): _____
   Light, Gas, Telephone: _____
   Heat, 52 week Average: _____
   Food: _____
   Clothing & Laundry: _____
   Medical & Dental: _____

Union Dues: _____
Insurance: _____
Retirement: _____

Total Deductions: _____
Average NET INCOME: _____

Transportation: _____
Insurance: _____
TOTAL: _____
Alimony & Support: _____
Debt Payments: _____

TOTAL EXPENSES: _____

Average NET INCOME: _____
Less TOTAL EXPENSES: _____
Net Income or Deficit: _____

1. Bank Accounts: _____
   Savings: _____
   Checking: _____
2. Safety Deposit Box: _____
3. Automobile: _____
4. Truck(s): _____
5. Real Property: _____
6. Bonds: _____
7. Stocks: _____
8. Life Insurance: _____
9. Other (Boat, Motorcycle, etc.):
   _____
   _____
   _____

Remarried: _____ No. of Children by present spouse: _____ Spouse employed: _____

Signature: _____ Date: _____

2. HOW ARE FINANCIAL DECISIONS MADE IN YOUR FAMILY AND HOW IS MONEY MANAGED?

(SUMMARY OF COLLATERAL CONTACTS AND INFORMATION)

FAMILY STRENGTHS AND NEEDS

1. WHAT ARE YOUR FAMILY'S STRENGTHS?

2. WHAT ARE YOUR FAMILY'S WEEKNESSES?

[FOSTER CARE LICENSING/ADOTION STUDY APPROVAL (if applicable)]