



Foster/Adoption Applicant Questionnaire

Family Name: _____

Address: _____

Emails: _____

Personal and Professional Websites: _____

(Include blogs Face Book, MySpace, Xanga, etc.)

Type of Child Desired: (include age, race, and gender preferences)

Motivation:

How long have you been considering becoming a foster or adoptive parent?

Why are you pursuing it at this time?

Applicants' Feelings About Themselves, Their Parents, and Their Childhood

Adult 1 History

Description of Applicant. Describe your appearance (include height and weight) and personality.

Provide details about your work history. (Include time at each job)



Adult 1 History (cont.)

Your Parents

Please describe your parents (Names, DOB, Current Residence) and your feelings about your parents or parental figures.

Describe the quality of your parent's marital relationship, support/nurturance, and decision-making, and the effects your parents have had on your life.

Childhood.

Please describe the way you were disciplined and your feelings about it.

What would you change about your parents and your childhood?

Address both the happiest and most traumatic memories of your childhood, and your overall feelings regarding your childhood.



Where are you in the birth order of your family, and how is your relationship with your siblings? (List siblings Names, Ages, and Current Residence)

Do you believe all siblings were treated equally and fairly?

How was sex education handled in your family?

How did that affect you, and how would you handle sex education with your own child(ren)?

History of Child Abuse and Neglect.

Do you have a history of child abuse or neglect in your childhood?

If so, what was your resolution of this experience?

History of Drug and Alcohol Use.

Do you have a history of drug or alcohol use? If so, what was your resolution of that problem?
(Address these issues regarding other members of the family if appropriate.)



Criminal History. Explain any criminal history and subsequent rehabilitative activities.

Physical, Mental and Emotional Status.

How would you assess your physical (health), mental (psychological), and emotional status in relation to your ability to provide foster and/or adoptive care?



Previous marriages or relationships

Were you previously married? ☐ Yes ☐ No

To Whom: _____ ☐ Male ☐ Female

Date married: From: _____ To: _____

Include how you met, your courtship, and your decision to marry.

How did that relationship end and how was that resolved?

If you have children from that previous relationship or marriage, describe each child, and give information regarding custody, parental visitation and child support.

(List additional marriages/relationships including the above information.)



Adult 1 History (cont.)

Religion.

What is your religious denomination or what is the spiritual community or belief system you identify with, such as Baptist, Catholic, Wiccan, Mormon, Jehovah Witness, 7th Day Adventist, Pentecostal, Charismatic, New Age Spiritualism, Lutheran, Buddhist, Mennonite, Agnostic/Atheist, Unitarian, Ba'hai, Muslim, Hindu, Methodist, Presbyterian, Jewish, etc? And what is the name of the church you attend? (Include address, phone number, and website)

How long have you been a member there? How involved are you in church activities?

Describe your relationship with your church family or spiritual community.

Please describe your individual religious/spiritual beliefs:

Are you involved in any other organizations? Lion's Club, Shriners, LAMBDA, Masonic Lodge, Rotary Club, Burning Man, Junior League, Home School Associations, etc? (include website)



How would you involve the child/children in your church or spiritual community association?

How would you involve the child/children in your club or association?

Summary Statement.

How do you feel about yourself now; including your work, education, personality, and appearance?



Applicants' Feelings About Themselves, Their Parents, and Their Childhood

Adult 2 History

Description of Applicant. Describe your appearance (include height and weight) and personality.

Provide details about your work history. (Include time at each job)

Your Parents.

Please describe your parents (Names, DOB, Current Residence) and your feelings about your parents or parental figures.

Describe the quality of your parent's marital relationship, support/nurturance, and decision-making, and the effects your parents have had on your life.



Adult 2 History (cont.)

Childhood.

Please describe the way you were disciplined and your feelings about it.

What would you change about your parents and your childhood?

Address both the happiest and most traumatic memories of your childhood, and your overall feelings regarding your childhood.

Where are you in the birth order of your family, and how is your relationship with your siblings? (List siblings Names, Ages, and Current Residence)

Do you believe all siblings were treated equally and fairly?

How was sex education handled in your family?



How did that affect you, and how would you handle sex education with your own child(ren)?

History of Child Abuse and Neglect.

Do you have a history of child abuse or neglect in your childhood?

If so, what was your resolution of this experience?

History of Drug and Alcohol Use.

Do you have a history of drug or alcohol use? If so, what was your resolution of that problem?
(Address these issues regarding other members of the family if appropriate.)

Criminal History. Explain any criminal history and subsequent rehabilitative activities.

Physical, Mental and Emotional Status.

How would you assess your physical (health), mental (psychological), and emotional status in relation to your ability to provide foster and/or adoptive care?



Previous marriages or relationships

Were you previously married? ☐ Yes ☐ No

To Whom: _____ ☐ Male ☐ Female

Date married: From: _____ To: _____ Include how you met, your courtship, and your decision to marry.

How did that relationship end and how was that resolved?

If you have children from that previous relationship or marriage, describe each child, and give information regarding custody, parental visitation and child support.

(List additional marriages/relationships on including the above information.)



Religion.

What is your religious denomination or what is the spiritual community or belief system you identify with, such as Baptist, Catholic, Wiccan, Mormon, Jehovah Witness, 7th Day Adventist, Pentecostal, Charismatic, New Age Spiritualism, Lutheran, Buddhist, Mennonite, Agnostic/Atheist, Unitarian, Ba'hai, Muslim, Hindu, Methodist, Presbyterian, Jewish, etc? And what is the name of the church you attend? (Include address, phone number, and website)

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How would you involve the child/children in your church or spiritual community association?

How would you involve the child/children in your club or association?



Summary Statement.

How do you feel about yourself now; including your work, education, personality, and appearance?

Family Interaction and Current Relationships (to be filled out by both parents, if applicable) How do you both get along as husband and wife?

Describe the history of the relationship including how you met, your courtship, and decision to marry. Include the date and place of the marriage.

How do you handle disagreements?

How do you support and nurture one another?



How do you handle the decision making process (including financial decisions)?

How do you feel about yourself as a wife?

How do you feel about yourself as a husband?

List any children (biological or adopted) age 14 or older living in the home?

☐ Yes

☐ No

If you are a parent, describe your parenting style, and ways you would teach and discipline prospective foster/adoptive children:

Describe your children:



History of Residence for Past Ten Years

| Foster Parent | Previous Street Address | City/State/Zip | Date Range |
|--|-------------------------|----------------|------------|
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both | | | |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both | | | |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both | | | |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both | | | |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both | | | |

School District:

| | | |
|--------------------|----------|--------|
| Elementary School: | Address: | Phone: |
| Middle School: | Address: | Phone: |
| High School: | Address: | Phone: |

Special Needs Checklist

| | | |
|--|--|--|
| Academic Difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Adjustment Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Alcohol Issues <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Attention Deficit-Hyperactivity Disorder (ADHD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Bed Wetting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Conduct Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Cross-Dressing Issues <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Cruel to Animals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Disobedient <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Eating Disorders <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Enuresis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Encopresis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Exhibitionism <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Fear Of Animals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Gang Affiliation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Hypochondria <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Kleptomania <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Low IQ (55 or lower) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Lying <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Masturbates Inappropriately <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Mental Retardation (IQ=56-70) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Obsessive Compulsive Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Oppositional Defiant Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Phobias <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Physical Aggression <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Physical Impairments <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Post-traumatic Stress Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Profanity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Pyromania <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Run Away <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Sexual Acting Out <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Sexual Perpetrator <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Speech Disorders <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Stealing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Suicidal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Tobacco/Nicotine Issues <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Verbal Aggression <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | Voyeurism <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| Comments: | | |



Any Other Comments: