

**Grant/Traverse/ Wilkin
Foster Care Home Study
Family Profile Questionnaire**

Date _____

Applicant #1 _____ DOB _____

Applicant #2 _____ DOB _____

A. Background Information

1. Personal

	Applicant # 1 _____	Applicant #2 _____
Place of Birth		
Describe life growing up - your neighborhood - friends - activities - church - holidays celebrated - vacations		
List your children's names: - Age/DOB - Place of Birth - Marital Status - Do they have kids - What kind of relationship do you have with them - What is their relationship to applicant #1 and #2	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.

<p>Relationship History</p> <ul style="list-style-type: none"> - previous marriages and divorces, include dates and places 		
<p>Current relationship status</p> <ul style="list-style-type: none"> - Quality and characteristics of current relationship - When and how you met - Describe your spouse/partner - What roles do you and your spouse/partner play in the relationship - Major areas of conflict in your relationship - How do you address conflict in your relationship 		

2. Parent Information

	Applicant # 1 _____	Applicant #2 _____
Mother's Name		
Age or DOB		
Place of Residence		
Occupation		
Marital Status		
Personality		
Past and present relationship with her		
Primary Values		
How did she encourage you, reward you, support you and show affection toward you?		

Applicant #2 _____

Name	Age	Married or Significant Other	Number of Children	Place of Residence	Describe your relationship

4. School and Work

	Applicant #1 _____	Applicant #2 _____
Elementary		
Middle		
Jr. High		
Sr. High		
Challenges and success in school		
What type of student were you?		
What school and other activities did you participate in?		
Post-Secondary (degrees/certificates/area of study)		
Occupation/Jobs Held		
Current Job/Work Schedule		

B. Physical Characteristics

	Applicant #1 _____	Applicant #2 _____
Physical Description		
Personality		
Hobbies/Interests		
Physical, Mental and Emotional Health		
How do you process the following emotions: Happiness – Anger – Sadness – Frustration -		
What causes you stress?		
How do you relieve stress?		
What events in your life have been traumatic or caused you stress?		
History and current concerns of domestic violence? Describe		
History of sex abuse with you or in your family? Describe		
History and current concerns of alcohol/drug use? Describe		

Do you smoke? In the home?		
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C. Parenting

- 1. Describe your parenting experiences** (skills, abilities, how you disciplined your children, what kind of experience have you had with child supervision):

- 2. Do you understand what is developmentally appropriate for children of different ages? Explain and give examples.**

- 3. Describe your communication style and problem solving strategies:**

- 4. Who/how is responsible for the following:**
 - Homework -
 - Discipline –

(describe methods you use, i.e. time outs, discussion, lecture, take away privileges, grounding, additional chores, incentive plan for positive behavior).
PLEASE NOTE: spankings or ANY type of physical discipline, hollering, shaming, threatening, etc. is NOT allowed at any time for any reason!!
 - Household Duties -
 - Supervision of the children -
- 5. What are the rules/responsibilities for the children in your home?**

- 6. Who will you use for child care/respice care to give yourself a break?**

- 7. What is your plan for child care while you work?**

- 8. Please describe your support system and supports you have available to you in the community (friends, church, community organizations).**

- 9. How will you help your family (extended family, friends and other support networks) adjust to having foster children in the home?**

- 10. What plans for a parental leave from work do you have to accommodate the transition and adjustment period?**

- 11. How will you help a foster child feel like part of your family, feel welcome in your home, nurtured, safe and secure?**

D. Family Life

- 1. Describe any spiritual or religious activities you participate in.**

- 2. What does your family do for fun, social and recreational activities, what celebrations and holidays are honored in your family?**

- 3. How are boundaries set in your family?**

- 4. Explain daily routines, when you wake up, school/work hours, transportation, evening activities, bath time, play time for weekdays and weekend**

- 5. Describe mealtime at your home, typical meals, expectations, routines, special diets.**

- 6. What strengths do you have that would make your home a good place for children?**

E. Cultural Awareness and Diversity

- 1. Describe the cultural-educational and recreational opportunities in your community.**

- 2. What cross-cultural activities have you participated in and how often?**

- 3. What are you willing to do to learn or become involved with other cultures, and what changes to your life style will you make in order to meet the cultural needs of the foster child?**

- 4. Do you feel prepared to parent a child of a different race or cultural heritage? If not, what information or assistance do you need before doing so (i.e. hair and skin care needs)?**

F. Foster Parenting (Attitudes/Beliefs)

- 1. Describe why you want to be a foster parent. Please discuss any infertility issues and their resolutions, if this applies to you.**

- 2. How do you feel about parenting a child who is not your birth child?**

- 3. Do you have any minor birth children that are not in your home? What are the circumstances?**

- 4. What are your feelings toward birth parents both positive and negative?**

- 5. What will you say to your foster child about his/her personal history?**

- 6. How do you feel about supporting and building upon the foster child's relationship with birth relatives, or former foster parents/foster siblings?**

- 7. Describe your understanding of a foster child's experience of separation, loss and attachment.**

- 8. What are your ideas for addressing attachment issues with your foster child who has experienced separation and loss?**

- 9. Who would care for your foster child if you were incapacitated or died?**

G. Resources

- 1. Is your current income sufficient to meet the needs of your current household members? What is your Yearly Income? What are your monthly bills?**

- 2. What do you feel you will need from us to help you while you have foster children in your home?**

- 3. Have you received information about NorthStar benefits (foster care/Kinship assistance or adoption assistance)?**

To be filled out by Agency Staff:

H. Household Members

1. Children living in the home

	Name _____	Name _____	Name _____
Relationship to applicant #1			
Relationship to applicant #1			
Custody Status			
Bio Interview Information (children over age 5) School Job Friends Hobbies Community Technology Food Movie Book Special Needs Physical Attitude about FC			

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2. Adults living in the home

	Name _____	Name _____
Relationship to Applicant #1 or #2		
NetStudy		
Occupation		
Role w/ foster child – used for babysitting		
Date moved into the home		
Estimated date leaving		
Why do they live there		
Characteristics		
Education		
Criminal History		
Health		
Other		

