Licensing Home Study – Part III

Foster Home Name: _____________________________________________________________

Name: _______________________________________________________________________

  First          Middle          Last

Family Life

1. What is your current relationship status? (If single, skip questions 1-8, and go to question 9)
______________________________________________________________________________

2. If you are married, indicate the date and place of your marriage, how did you meet? When did you meet?
______________________________________________________________________________
______________________________________________________________________________

3. Describe the strengths of your relationship.
______________________________________________________________________________
______________________________________________________________________________

4. Describe the weaknesses of your relationship.
______________________________________________________________________________
______________________________________________________________________________

5. Describe the common interests in the relationship.
______________________________________________________________________________
______________________________________________________________________________
6. What are the roles and division of labor in the relationship?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

7. Describe the decision making process.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

8. Describe how disagreements handled.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. What are your family goals and values?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. What activities does your family enjoy doing together?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
11. Describe what role, if any, religion or spirituality has in the family. If the family does attend formal religious or spiritual instruction or services, indicate where and the frequency.

______________________________________________________________________________

______________________________________________________________________________

12. Describe any challenges or stressors the family has experienced.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

13. If the family has ever used outside resources (therapy, guidance) for help in dealing with family problems, explain.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

14. If outside therapy services have been used, what is the name and address of the therapist/counselor?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

15. Has the family experienced any losses (such as infertility) and how have they dealt with it?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
16. Describe the impact that fostering children will have on each family member.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

17. Any individuals other than your children currently living with in your house? If so, who?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Children

1. List all children, living out of the home. For each child, indicate name, birth date, race, phone number, and where they live.

<table>
<thead>
<tr>
<th>Name (First, Last)</th>
<th>Date of Birth</th>
<th>Race</th>
<th>Phone number</th>
<th>City/State</th>
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</table>

2. Any plans for the child to be in daycare? If so, where?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. Describe the routine day care for the child.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
4. Who will be the alternate care provider(s)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Describe your parenting skills (Parenting values and attitudes toward children).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. What do you think are the most important things for parents to do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. What things do you do the same and differently from how you were parented?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. What is your knowledge of child development?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Infant Care

9. Do you have a Crib? Yes or No
10. What other equipment do you have? What safety measures do you have in place?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Behavior Management

11. What kinds of behaviors require parental intervention? Describe what type of intervention you would use with each example.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

12. How will you be supportive and nurture the children?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

13. Describe the methods of discipline you use or would use with a foster child.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

14. What is your understanding of positive and negative behavioral reinforcements?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
15. What is your understanding of the agency’s discipline policy and explain any concerns you have with it?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Type of Children

16. Are you willing to parent other races and cultures outside of your own? Yes or No
If not, please explain why.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

17. Type of Children:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age range</th>
<th>Race(s)</th>
<th>Ethnic background(s)</th>
<th>Characteristics preferred</th>
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18. Are there any characteristics that you absolutely can’t handle? Explain why.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Motivation

19. Explain your motivation for wanting to foster. (include infertility)
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

20. Describe each member's attitude towards accepting a relative/foster/adoptive child.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

21. Describe any previous experience in providing foster care or child/adult day care.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

22. List any previous foster/day care licenses, (include time span) including if you applied for but were denied.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

23. Describe any previous adoptive evaluations or placements.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Family Attitudes

24. How willing are you to work with a foster child’s birth parent(s) to help them towards reunification?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

25. How will you discuss legal parents with and around foster/adoptive children?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

26. What are your attitudes towards the birth parents in general?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

27. How will you discuss the foster child’s birth parents and the reason they entered care?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

28. Explain your understanding of permanency planning with foster children.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
29. What types of training do you feel you could benefit from?

__________________________________________________________________________________

__________________________________________________________________________________

30. Would you consider adopting a child you are fostering?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

31. What will be your involvement with the foster children?

__________________________________________________________________________________

__________________________________________________________________________________