Iowa Department of Human Services

PS-MAPP Family Profile
Part I – General Information

	Prospective Parent #1	Prospective Parent #2
Name		
Social security number		
Date of birth/age		
Race/ethnicity		
Gender		
Occupation		
Employer		
Employer's address		
Work phone		
Hours of employment		
Highest education grade completed		
Marital status (single, married, co-habiting, divorced)		
If married, date and place of marriage		
Email address		
Home address		
Home/cell phones		
Directions to your home		

My Family Now – Others in the Home

(Use additional paper if necessary.)

Name	Date of Birth	Gender	Race/Ethnicity	Occupation/ School Grade	Relationship to Prospective Parent #1 (birth, foster, adoptive, in-law)	Relationship to Prospective Parent #2 (birth, foster, adoptive, in-law)

My Family Now – Our Adult Children Living Away From Home

(Please write names, date of birth, and addresses for each. Use additional paper if necessary.
If other than biological, specify who are adoptive parents, stepparents, etc.)

(1)	(3)
(2)	(4)

Sensitive Subjects

As a partner in the foster care or adoption team, you may find that the special circumstances of the child placed in your home will require that you talk with the child or child welfare workers about what we call "sensitive subjects." These sensitive subjects concern things about which people don't often talk about. In foster care and adoption work, these sensitive subjects may be about separation, divorce, death, sexual issues including sexual abuse, mental illness, angry emotions, sad emotions, financial matters, and the use of alcohol or drugs.

Because we are making a very important decision together about your family's fostering and possibly adopting, we will be discussing subjects that often are not discussed outside the family. We don't want to offend you or make you feel uncomfortable, but we do need to know in order to help you and us in the decision-making process. With this explanation in mind, then, please answer the questions in the profile as openly and as honestly as you can. Thank you.

Motivation and Personal Loss

1. What has initially brought you or motivated you to your decision to apply to become a foster or adoptive parent?

_____

_____

_____

_____

2. What type of experience do you have with children, either with children you are currently parenting or with other children?

_____

_____

_____

_____

3. Have you ever applied to become a foster or an adoptive parent?

☐ Yes ☐ No

If yes, please indicate the date and the agency you applied to.

_____

_____

_____

4. Have you contacted another agency to become a foster or adoptive parent?

☐ Yes ☐ No

Have you had a home study completed for you in the past?

☐ Yes ☐ No

If yes, please indicate if it was a foster parent home study or an adoption home study and who completed the home study.

Foster or Adoption Home Study	Agency/Location	Outcome of Home Study

5. If you are married or a part of a couple, what losses have you experienced together? For example, have you experienced the loss of fertility or the death of a close family member or friend during your time together as a couple?

_____

_____

_____

6. How did you cope with the losses you experienced together?

_____

_____

_____

7. What significant personal losses have you individually experienced in your lifetime? How did you cope with your emotions and losses after they occurred?

Parent #1: _____

_____

_____

Parent #2: _____

_____

_____

Medical and Personal Information on Household Members

1. Is any family member currently under the regular care of a doctor?

☐ Yes ☐ No If yes, please explain.

_____

_____

_____

_____

_____

2. Is anyone in your family taking medicine prescribed by a doctor?

☐ Yes ☐ No If yes, please list.

Name of Person on Medication	Name and Amount of Medication	Reason for the Medication

3. Is any family member currently receiving services from or under the care of a psychologist, psychiatrist or other therapist?

☐ Yes ☐ No If yes, please explain.

_____

_____

_____

4. Does any family member have any serious or chronic medical conditions?

☐ Yes ☐ No If yes, please explain.

_____

_____

_____

5. Does any family member now have, or previously had, nervous or emotional difficulties?

☐ Yes ☐ No If yes, please explain.

_____

_____

_____

6. Does any family member use drugs (other than prescribed by a doctor)?

☐ Yes ☐ No

Has any family member received treatment for drug abuse?

☐ Yes ☐ No If yes, please explain.

_____

_____

_____

_____

7. Does any family member drink alcohol?

☐ Yes ☐ No

If yes, what is the frequency and amount of alcohol consumed?

_____

_____

Has any family member received treatment for alcoholism?

☐ Yes ☐ No If yes, please explain.

_____

_____

_____

8. Has any family member experienced sexual abuse or attack?

☐ Yes ☐ No If yes, please explain.

_____

_____

_____

9. Has any family member ever been or accused of being sexually involved with a child?

☐ Yes ☐ No If yes, please explain.

_____

_____

10. Is any family member planning to be admitted to the hospital soon?

☐ Yes ☐ No If yes, please explain.

_____

_____

_____

11. Name, address, and phone number of family physician.

_____

_____

_____

_____

Legal Information on Household Members

Has anyone in, or who regularly visits your family home, ever been convicted of a felony?

☐ Yes ☐ No If yes, please give details.

_____

_____

_____

Financial Information on Household Members

1. Please describe how financial decisions are made in your family and give an example.

_____

_____

_____

_____

_____

2. Is your family experiencing heavy debt or financial stress due to creditors or lawsuits?

☐ Yes ☐ No

If yes, please describe how this is affecting you and your family.

_____

_____

_____

_____

_____

3. Have you ever filed for bankruptcy?

☐ Yes ☐ No

If yes, please explain and describe when it occurred.

_____

_____

_____

_____

4. Will you be financially able to provide for your family as well as one or more additional children for six to eight weeks until the first foster care maintenance payment check arrives?

☐ Yes ☐ No Comments.

_____

_____

_____

_____

5. Employment income each month:

$_____ (before taxes) earned by _____

$_____ (before taxes) earned by _____

6. Any other income? $_____

7. Source of other income:

_____

_____

_____

_____

_____

8. Total monthly income before taxes: $_____

9. Does your family have medical and vehicle insurance coverage?

☐ Yes ☐ No

Please indicate the company and type of coverage for medical and vehicle insurance below. If you are applying to be an adoptive parent, please indicate if you are willing to place an adopted child on your health insurance policy.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

References

Please give three references who have known you for three years or more. Relatives may be given, but only one reference should be a relative. Please include at least one reference from school personnel if you have school-age children, as well as one employer reference.

Employer Reference	
Name	
Street Address	
City, State, Zip	
Telephone	
School Reference	
Child's Name/Grade Level	
Teacher's Name	
Name of School	
School Address	
City, State, Zip	
Relative Reference	
Name	
Relationship	
Address	
City, State, Zip	
Telephone	
Personal Reference	
Name	
Address	
City, State, Zip	
Telephone	

Special Projects

Attach any pictures to the back of your profile.

1. Please give us a picture of you and all members of your household (pets, too, if possible). We would like a picture of your house too, so you may want your picture to be in front of your house, or give us a second photo of the house itself. These photos may be used to prepare a child who would come to your family.

2. Scrapbook (optional). Many foster and adoptive families have found another fun way to help prepare a child to move into their homes. The family makes a scrapbook or album with pictures of where family members and the child would sleep, eat, play, etc. Notes here and there might tell what the family does for fun or where the child will go to school. This album can really help you and the child welfare worker make the placement less scary for the child and is helpful for any preplacement visits you may have with the child. Why not start yours today?

All information in this profile is true and complete to the best of my knowledge.

Date	Signature
Date	Signature

All adults who will share parenting responsibilities must sign the profile.

Personal Profile

(To be completed by each prospective foster or adoptive parent.)

My Family History

Name of person completing this section:

In what city and state (country if you were not born in the United States) were you born?

Where did you live (location) throughout your childhood?

List all recreational and community activities you currently participate in and the amount of time you spend on them each week.

1. Who were all the people (parents, siblings, other family members, other unrelated people) who lived with you in your home at any time throughout your childhood? (Enter their name, birthdate, relationship status, relationship and current location, occupation, children, and health status below.)

Name	Birthdate (MM/DD/YY)	Single, Married, Divorced	Relationship and Current Location	Children	Occupation	Current Health Status

2. Was there anyone **not** in your home or immediate family with whom you were especially close? Identify the person and why you were close.

_____

_____

_____

3. Of all the people you listed in question 1, where are these people now? Describe your current relationship and how often are you in contact with them.

_____

_____

_____

_____

_____

4. In what ways have you maintained the relationships of people important to you?

_____

_____

_____

5. Of all the people listed in number 1, when you were growing up, to whom were you the closest and to whom did you have difficulty getting along with and why?

_____

_____

_____

_____

_____

6. When you were growing up, what were the ways your family members showed affection, love, and feelings of happiness toward one another?

_____

_____

7. Are you comfortable receiving affection from others and how do you show affection to others?

_____

_____

8. How and by whom were you disciplined as a child:

Under the age of six: _____

_____

_____

From age six to twelve: _____

_____

_____

As an adolescent: _____

_____

_____

9. Describe how you handle difficulties in your life such as problems, stress, frustration, and crises. Please give some examples.

_____

_____

_____

10. Please indicate the relationship (spouse, friend, co-worker, supervisor, parent, teacher, other) and give examples of how you accept help or feedback.

_____

_____

_____

_____

11. Were there any significant or traumatic experiences in your family (loss of fertility, death, divorce, addiction, accident, violence, abuse, separation, and loss, etc.)? Please identify the experience and how you handled the experience.

_____

_____

_____

_____

_____

_____

12. When you were growing up, what were the ways your family members expressed feelings such as the following:

Anger: _____

_____

_____

Disappointment: _____

_____

_____

Frustration: _____

_____

_____

Sadness/depression: _____

_____

_____

Stress: _____

_____

_____

13. Compared to other families you have known, both as a child and as an adult, would you say your family was happier or less happy than most families?

☐ Happier ☐ Less happy

14. What family traditions with which you grew up do you still keep today, and why? Are there new traditions, and why?

_____

_____

_____

_____

_____

_____

15. Are there family traditions with which you grew up that you do not keep, and why?

_____

_____

_____

_____

16. Think back to the time when you left home to be on your own.

a. How old were you? _____

b. Why did you leave? _____

c. How did you and your family feel about your leaving home?

_____

_____

_____

17. If you have been previously married or lived together in an intimate relationship, please complete questions 14 through 17. If not, go to question 18.

	Marriage or Relationship #1	Marriage or Relationship #2
Name of spouse of significant person		
Date of marriage or beginning of relationship		
Place of marriage		
Reason marriage or relationship ended (e.g., divorce, death)		
Date marriage or relationship ended		

List other marriages or significant past or current romantic relationships here:

_____

_____

_____

_____

18. Please list any children you have, including children from previous marriages or relationships, who **do not** currently live with you.

Name	Date of Birth	Where They Live, With Whom	Relationship to you (birth child, stepchild, adopted, not legally related)

19. What contact do you have with the persons listed in questions 17 and 18? How do they feel about your desire to become a foster parent or adoptive parent?

_____

_____

_____

_____

_____

20. Identify your emotions about the ending of your marriage. Describe how you handled those emotions.

_____

_____

_____

_____

_____

21. If you have remarried, or entered into a new relationship with someone other than your children's father, how did your children adjust to the new person?

_____

_____

_____

_____

_____

22. How did you meet your spouse or the person with whom you are living?

_____

_____

_____

_____

_____

23. How long have you:

a. Known each other? _____

b. Been married? _____

c. Been living together? _____

24. What do you think was the main reason you married or entered into a relationship with this person and the main reason you have stayed together?

_____

_____

_____

_____

25. What do you like most about your spouse or partner? What do you think your spouse or partner likes most about you?

_____

_____

_____

_____

26. What would you most like to change about your spouse or partner? What do you think your spouse or partner would like to have you change?

_____

_____

_____

_____

27. What do you most like about being married or living with someone?

_____

_____

_____

_____

_____

28. What do you least like about being married or living with someone?

_____

_____

_____

_____

_____

29. What would make you want or consider a divorce or an ending of the relationship?

_____

_____

_____

_____

30. How much time during the week do you and your spouse or partner have alone together and is this enough time?

_____

_____

31. What are some ways you spend time together as a couple?

_____

_____

_____

32. What was the biggest disappointment or loss you have had in your life (i.e., loss of fertility, divorce) and how did you cope with it?

_____

_____

_____

33. Describe your values and your life goals.

_____

_____

_____

_____

My Social and Work History

1. Please list the name of the schools you attended and how many grades you completed in school (junior high, high school, college, graduate school) and the year you graduated high school.

_____

_____

_____

2. If you did not complete high school, what were the reasons?

_____

_____

_____

3. If you have attended college, what was your field of study and what degree and year did you receive?

_____

_____

4. As you think back over all your school experiences, were they primarily good experiences or bad experiences? Please explain.

_____

_____

_____

_____

5. What kinds of school experiences did you like the most (for example, what subjects, what activities)? Please explain.

_____

_____

_____

_____

6. What parts of school were the most difficult for you (what classes, what activities)? Please explain.

_____

_____

7. Describe any experiences you have had with children in special education programs.

_____

_____

8. How important will grades and school performance be for the child placed in your home?

_____

_____

9. How will you support an adopted child in post-high school education?

_____

_____

10. What are your school expectations for a child placed in your home?

_____

_____

11. Please list your work history from first to current job:

Places You Have Worked	Job Title	Length of Stay	Reason for Leaving

12. Of all the jobs listed, which did you like best and why?

_____

_____

_____

13. Of all the jobs listed, which did you like least and why?

_____

_____

_____

14. If you are currently employed, please describe your job.

a. What do you do at work?

_____

_____

b. How long would you like to keep this job? What are your plans to look for another job within the next few years?

_____

_____

c. How do you think becoming a foster parent or an adoptive parent might affect your work?

_____

_____

My Interests In and Expectations of Foster Parenting or Adopting

1. What made you think about becoming a foster or adoptive parent at this time?

_____

_____

_____

2. Have you ever been in foster care, were you adopted, or do you know anyone who has been in foster care or adopted?

☐ Yes ☐ No If yes, please explain.

_____

_____

_____

3. If yes, how did your own experience or contact with these people affect your interest in foster care or adoption?

_____

_____

_____

4. What do you believe to be the major differences between foster care and adoption?

_____

_____

_____

_____

5. Are you only interested in foster care?

☐ Yes ☐ No

What helped you decide to do only foster care?

_____

_____

_____

_____

6. If you are interested in possibly adopting through the foster care program, what are your concerns?

_____

_____

_____

7. If you are interested in only adopting, why do you prefer to adopt rather than foster?

_____

_____

_____

8. If you are interested in becoming a foster parent, under what circumstance (if any) might you later consider adopting a child?

_____

_____

_____

_____

9. If you are interested in becoming an adoptive parent, under what circumstance (if any) might you later want to foster?

_____

_____

_____

_____

10. Are you physically able to have birth children?

☐ Yes ☐ No

If yes, are you planning to have a child or children by birth in the future?

☐ Yes ☐ No

If no to either question, please explain.

_____

_____

_____

11. As you think about becoming a foster or adoptive parent:

    a. What do you think you will like most?

    _____

    _____

    b. What do you think you will like least?

    _____

    _____

    c. If applicable, how do you think being a foster or adoptive parent will impact future potential relationships?

    _____

    _____

    d. What do you think others in your family will like best and least about having a new child in your home?

    _____

    _____

12. If you have parenting experience, what have you:

    a. Enjoyed most? _____

    _____

    _____

    b. Disliked most? _____

    _____

    _____

13. What ages do you:

    a. Most enjoy? _____

    _____

    _____

    b. Least enjoy? _____

    _____

    _____

14. Give an example of how you would parent a child with special needs or behavioral needs.

_____

_____

_____

15. How would you avoid power struggles and de-escalate a child in a crisis?

_____

_____

_____

16. Please indicate how you were parented and if your parenting style is the same or different than how you were parented. Give an example of your parenting style, including discipline techniques you find to be most effective.

_____

_____

_____

17. Under what circumstances do you think it is okay to spank or physically discipline a child?

_____

_____

_____

18. Foster parents are expected to care for any age or gender of child, though our agency tries to place children with families who can best meet the needs of the child. We match your strengths and descriptions of the type of child you can best parent with the children who need placements. While you may have a preference for a certain age or gender of child, you may be contacted as a match for children that do not meet your preference. Please describe the child that you feel would best fit into your family. Be as specific as possible: age, sex, personality, appearance, family background, siblings, race, ethnicity, etc.

_____

_____

_____

_____

_____

19. Have you ever been a parent to someone else's child?

☐ Yes ☐ No

PS-MAPP Family Profile

Part II – Profile for a Single Person

My Family Now – About Family Relationships

1. Are you a single parent?

   ☐ Yes ☐ No

2. If you are a single parent, how long have you been a single parent? What were the circumstances that led to this?

   _____

   _____

   _____

3. For each emotional feeling shown below, how do you express or show that to others? If you are a parent, describe some ways you and your children show these feelings with each other.

   Happiness: _____

   _____

   _____

   Affection: _____

   _____

   _____

   Sadness: _____

   _____

   _____

   Anger: _____

   _____

   _____

   Disappointment: _____

   _____

   _____

Love: _____

_____

_____

Frustration: _____

_____

_____

Stress: _____

_____

_____

4. How do you think becoming a foster parent or adoptive parent will affect the following situations:

   a. The amount of free time you have? _____

   _____

   _____

   b. The condition of your home? _____

   _____

   _____

   c. The amount of time you have with any children already in your home? _____

   _____

   _____

   d. How chores are divided up in your family? _____

   _____

   _____

   e. The amount of money you have? _____

   _____

   _____

   f. Your relationships with friends? _____

   _____

   _____

g. The way you express feelings of anger, disappointment, stress, and sadness?

_____

_____

5. What do you imagine will be the impact of fostering or adopting for you?

a. The most positive? _____

_____

_____

b. The least positive? _____

_____

_____

6. Who do you go to for help when you are feeling lonely or worried?

_____

_____

_____

_____

7. If you were in some kind of crisis (financial, health, medical, emotional, etc.) to whom would you turn for help?

_____

_____

_____

_____

8. What reaction does the person or the persons mentioned above have to your desire to become a foster parent or adoptive parent? If you do not know their reaction, what do you think their reaction would be?

_____

_____

_____

_____

9. Childcare:

   a. What will your childcare plan be after a child is placed with you?

   _____

   _____

   b. What is your current childcare plan when you are not at home, if applicable?

   _____

   _____

10. If you were to get married, what impact would being a foster parent or adoptive parent have on your marriage plans?

_____

_____

_____

11. What role does religion or spirituality play in your family life?

_____

_____

12. Are you affiliated with a particular religion and denomination?

☐ Yes ☐ No

What is your level of participation?

_____

_____

_____

13. How difficult would it be for you to help a child participate in a religion other than your own or the child has no religion and does not want to participate in your religion?

_____

_____

_____

If the child has no formal religious experience, would you consult with the child's parents as to their wishes for their child?

☐ Yes ☐ No

14. What would you do to help the child feel comfortable in your home and neighborhood?

15. If you have discussed your desire to foster or adopt children with your close relatives, how did they react?

If you have not, do you plan to discuss this with them?

☐ Yes ☐ No

16. Would the child you described be accepted by your relatives, friends, and neighbors?

☐ Yes ☐ No

Why or why not?

17. How would you help the child fit into your family while feeling good about who the child is?

18. What are your experiences with people who are a different culture from you or your family? What experiences have you had with other races and cultures?

19. How will you **help** a child maintain connections with a culture that is different from your own?

_____

_____

_____

Would you consult the child's parents to assist you in maintaining the child's culture?

☐ Yes ☐ No

20. If you had a serious illness, injury, or you died, what arrangements have you made or would you make for the care of:

a. Your child, if applicable? Is the arrangement in a written agreement or only a verbal agreement with someone? Please specify.

_____

_____

_____

b. A child you are fostering or adopting?

_____

_____

_____

My Family Now – About the Home and Community

1. Imagine that we are going to describe your home and neighborhood to a child we are going to place with you, or to the parents of that child. How would you like for us to describe your home and community?

_____

_____

_____

_____

_____

_____

_____

2. Every family has rules (for example: no swearing, no walking around the house barefoot, using the computer). What are some examples of your family rules?

_____

_____

_____

a. What rules can sometimes be broken? _____

_____

_____

b. What rules can never be broken? _____

_____

_____

3. Describe any pets you have. Please give the type of pet, name, and how long the pet has been in your family.

_____

_____

_____

Are their required shots and immunizations currently up-to-date?

☐ Yes ☐ No

4. If a child is placed with you and was afraid of your pets, or became allergic to the pet, what would you do?

_____

_____

_____

Has any of your pets ever hurt or bitten someone?

☐ Yes ☐ No

If yes, what is your plan to prevent this from happening?

_____

_____

_____

5. How do you plan to handle privacy and nudity in your home?

_____

_____

_____

6. What is your relationship with your neighbors?

_____

_____

_____

_____

7. Do you own any weapons or firearms?

☐ Yes ☐ No

If yes, where do you store them?

_____

_____

_____

8. Please identify the people who most regularly visit your home or whose homes you regularly visit.

_____

_____

_____

_____

9. How long have you lived at your present residence? _____

a. Was your present residence built before 1960?

☐ Yes ☐ No

Built in 1978 or before?

☐ Yes ☐ No

b. Do you know if your residence is free of lead paint?

☐ Yes ☐ No ☐ Unknown

c. Where are your smoke detectors, carbon monoxide detectors, and fire extinguishers located in your residence?

_____

_____

_____

_____

10. Type of home (check one):

☐ Apartment ☐ Duplex ☐ Single-family home

☐ Mobile home ☐ Other:_____

11. Do you have private well water?

☐ Yes ☐ No If yes, how often is it tested?

_____

_____

_____

12. How do you get to the following places?

Grocery store _____

Doctors' offices _____

Hospital _____

Department store _____

Place of worship _____

13. Do you have a car seat that meets current safety requirements for infants and toddlers and a booster seat for children up to the age of 6?

☐ Yes ☐ No

If you intend to foster or adopt children between the ages of 0 and 6, and do not have car seats, how will you arrange to have car seats for them to use?

_____

_____

_____

14. How many children can your vehicle safely hold? _____

15. What are the ways in which a new child placed in your home might cause some problems or concerns in keeping your home and housekeeping standards?

_____

_____

_____

_____

_____

_____

_____

16. If you have a computer, where is it located? What are your rules for using the computer?

_____

_____

_____

_____

_____

_____

_____

PS-MAPP Family Profile

Part II – Profile for Couples

(The following information should be filled out together by all adults in the home.)

My Family Now – About Family Relationships

1. How do you think having a new child in your home will change your family's lifestyle?

_____

_____

_____

_____

2. For each emotional feeling shown below, how do you express or show that to others, to one another? If you have children, describe some ways you and your children show these feelings with each other.

Happiness: _____

_____

_____

Affection: _____

_____

_____

Anger: _____

_____

_____

Disappointment: _____

_____

_____

Frustration: _____

_____

_____

Sadness: _____

_____

_____

Stress: _____

_____

_____

3. How are decisions made in your family?

_____

_____

_____

4. What causes the most arguments? How are arguments ended?

_____

_____

_____

5. How is work in your family divided up? What happens when someone doesn't want to do their part?

_____

_____

_____

6. If you have children now in your residence:

   a. Who takes care of your children when you are not at home?

   _____

   _____

   _____

   b. How will this plan change after a child is placed in your home?

   _____

   _____

   _____

7. If you or your spouse or partner had a serious illness, injury, or you died, what arrangements have you made for the care of:

   a. Your child, if applicable? Is the arrangement in a written agreement or only a verbal agreement with someone? Please specify.

   _____

   _____

   _____

   b. A child you are fostering or adopting?

   _____

   _____

   _____

8. If your family had some kind of financial, emotional, or health problems, whom could you turn to for help?

   _____

   _____

   _____

9. How do you think becoming a foster family or adoptive family will affect the following situations:

   a. The amount of time you and your spouse or partner have alone together?

   _____

   _____

   b. The amount of time you have with any children already in your home?

   _____

   _____

   c. The way chores are divided in your family? _____

   _____

   _____

   d. The condition of your home? _____

   _____

   _____

e. The way your family expresses happiness, love, affection, anger, disappointment, stress, frustration, and sadness?

_____

_____

f. The amount of money you have? _____

_____

_____

10. What do you think will be the most positive change foster care or adoption will have on your family?

_____

_____

_____

_____

11. What parts of foster care or adoption do you think might be most difficult for you?

_____

_____

_____

_____

12. What role does spirituality or religion play in your family life?

_____

_____

_____

13. Are you affiliated with a particular religion?

☐ Yes ☐ No

What is your level of participation?

_____

_____

_____

14. How difficult would it be for you to help a child participate in a religion other than your own or the child has no religion and does not want to participate in your religion?

_____

_____

_____

If the child has no formal religious experience, would you consult with the child's parents as to their wishes for their child?

☐ Yes ☐ No

15. What would you do to help the child feel comfortable in your home and neighborhood?

_____

_____

_____

_____

16. If you have discussed your desire to foster or adopt with close relatives, how did they react?

_____

_____

_____

If you have not, do you plan to discuss this with them?

☐ Yes ☐ No

17. Would the child you described be accepted by your relatives, friends, and neighbors?

☐ Yes ☐ No

Why or why not?

_____

_____

_____

18. How would you help the child fit into your family while feeling good about who the child is?

_____

_____

_____

_____

19. What are your experiences with people who are a different culture from you or your family? What experiences have you had with other races and cultures?

_____

_____

_____

_____

20. How will you **help** a child maintain connections with a culture that is different from your own?

_____

_____

_____

Would you consult the child's parents to assist you in maintaining the child's culture?

☐ Yes ☐ No

My Family Now – About the Home and Community

1. Imagine that we are going to describe your home and neighborhood to a child we are going to place with you, or to the parents of that child. How would you like for us to describe your home and community?

_____

_____

_____

_____

_____

_____

2. Every family has rules (for example: no swearing, no walking around the house barefoot, using the computer). What are some examples of your family rules?

_____

_____

_____

a. What rules can sometimes be broken? _____

_____

_____

b. What rules can never be broken? _____

_____

_____

3. Describe any pets you have. Please give the type of pet, name, and how long the pet has been in your family.

_____

_____

_____

Are their required shots and immunizations currently up-to-date?

☐ Yes ☐ No

4. If a child is placed with you and was afraid of your pets, or became allergic to the pet, what would you do?

_____

_____

_____

Has any of your pets ever hurt or bitten someone?

☐ Yes ☐ No

If yes, what is your plan to prevent this from happening?

_____

_____

_____

5. How do you plan to handle privacy and nudity in your home?

_____

_____

_____

6. What is your relationship with your neighbors? How do they feel about you becoming a foster or adoptive family?

_____

_____

_____

_____

7. Do you own any weapons or firearms?

☐ Yes ☐ No

If yes, where do you store them?

_____

_____

_____

8. Please identify the people who most regularly visit your home or whose homes you regularly visit.

_____

_____

_____

_____

9. How long have you lived at your present residence? _____

a. Was your present residence built before 1960?

☐ Yes ☐ No

b. Do you know if your residence is free of lead paint?

☐ Yes ☐ No ☐ Unknown

c. Where are your smoke detectors, carbon monoxide detectors, and fire extinguishers located in your residence?

_____

_____

_____

_____

10. Type of home (check one):

☐ Apartment ☐ Duplex ☐ Single-family home

☐ Mobile home ☐ Other:_____

11. Do you have private well water?

☐ Yes ☐ No If yes, how often is it tested?

_____

_____

_____

12. How do you get to the following places?

Grocery store _____

Doctors' offices _____

Hospital _____

Department store _____

Place of worship _____

13. Do you have a car seat that meets current safety requirements for infants and toddlers and a booster seat for children up to the age of 6?

☐ Yes ☐ No

If you intend to foster or adopt children between the ages of 0 and 6, and do not have car seats, how will you arrange to have car seats for them to use?

_____

_____

_____

14. How many children can your vehicle safely hold? _____

15. What are the ways in which a new child placed in your home might cause some problems or concerns in keeping your home and housekeeping standards?

_____

_____

_____

_____

_____

_____

_____

16. If you have a computer, where is it located? What are your rules for using the computer?

_____

_____

_____

_____

_____

_____

_____

Personal Profile

(For a young person 12 years of age or older)

My Opinion

Dear _____:

Hello. I am a child welfare worker from the Department of Human Services, a place that helps children and families. My job is to find families for children whose parents can't take care of them. Your parents have talked with you about having such a child come to live in your home. I am going to try to find the child who would fit into your family.

You can help me to do this by telling me something about yourself. Would you please answer the questions on this next page so that I can learn more about you?

Thank you for helping me.

Sincerely,

1. Please give five words that describe your personality.

_____

_____

_____

2. Please give five words that describe how you look.

_____

_____

_____

3. In what ways are you like your parents? (Both your mother and father)

_____

_____

_____

4. In what ways are you different from your parents? (Both your mother and father)

_____

_____

_____

5. What do you like best about school?

_____

_____

_____

6. What do you like least about school?

_____

_____

_____

7. Do you like to spend your time with lots of friends, a few friends, or mostly by yourself?

_____

_____

_____

8. If a new child comes to live with your family, what will you tell your friends about who the new child is?

_____

_____

_____

9. Imagine that today I am bringing the new child to live at your house. What do you hope this new person will be like? A boy or girl? How old? What will they like to do? What will they look like?

Boy or girl? _____

How old? _____

Like to do? _____

_____

_____

Look like? _____

_____

_____

10. Imagine that today I am bringing the new child to live at your house. As I am driving over, what would you like for me to tell this child about you and your family?

_____

_____

_____

11. What would you like to know about the child?

_____

_____

_____

Personal Profile

(For a child under 12 years of age)

My Opinion

Dear _____:

Hello. My job is to find families for children whose parents can't take care of them. Your parents have talked with you about having such a child come to live in your home. I am going to try to find the child who would fit into your family.

You can help me to do this by telling me something about yourself and your family. You can tell me in one of two ways.

You can draw a picture of you, your house, and your family. In this picture, would you please draw in the new child or children who would be coming to live with you?

OR

You can write a story about you, your home, and your family. Would you please include the new child in your story?

Please write your story or draw your picture on the back of this page. Thanks!

Sincerely,

Name	Age