

**Foster Care Home Study**

**Family Profile Questionnaire**

Date\_\_\_\_\_\_\_\_

Applicant #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Background Information**
2. **Personal**

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| --- | --- | --- |
|  | **Applicant # 1 \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Applicant #2 \_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |
| 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.** |
| Relationship History  - previous marriages and divorces, include dates and places |  |  |
| Current relationship status  - 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 |  |  |

1. **Parent Information**

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|  | **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? |  |  |
| How did she discipline you? |  |  |
|  |  |  |
|  | **Applicant # 1 \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Applicant #2 \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Father’s Name |  |  |
| Age or DOB |  |  |
| Place of Residence |  |  |
| Occupation |  |  |
| Marital Status |  |  |
| Personality |  |  |
| Past and present relationship with her |  |  |
| Primary Values |  |  |
| How did he encourage you, reward you, support you and show affection toward you? |  |  |
| How did he discipline you? |  |  |

1. **Sibling Information Applicant #1 \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Age | Married or Significant Other | Number of Children | Place of Residence | Describe your relationship |
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**Applicant #2 \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Age | Married or Significant Other | Number of Children | Place of Residence | Describe your relationship |
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1. **School and Work**

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| --- | --- | --- |
|  | **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 |  |  |

1. **Physical Characteristics**

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| --- | --- | --- |
|  | **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? |  |  |

1. **Parenting**
2. Check the boxes that describe parenting methods you utilize:
3. Time outs  Lecturing
4. Calm discussion  Ignore the child’s behavior
5. Make rules and consequences clear in advance  Take away privileges
6. Spanking  Raise my voice
7. Have spouse/partner handle discipline  Grounding
8. Threaten consequences in the future  Send the child to their room
9. Create an incentive plan for positive behavior  Add additional chores
10. Tell the child they should feel ashamed  Other:
11. Physical punishment other than spanking. Describe:
12. Physical restraint of the child. Describe:
13. **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 -

1. **What are the rules/responsibilities for the children in your home?**
2. **Who will you use for child care/respite care to give yourself a break?**
3. **What is your plan for child care while you work?**
4. **Please describe your support system and supports you have available to you in the community** (friends, church, community organizations)**.**
5. **How will you help your family (extended family, friends and other support networks) adjust to having foster children in the home?**
6. **What plans for a parental leave from work do you have to accommodate the transition and adjustment period?**
7. **How will you help a foster child feel like part of your family, feel welcome in your home, nurtured, safe and secure?**
8. **Family Life**
9. **Describe any spiritual or religious activities you participate in.**
10. **What does your family do for fun, social and recreational activities, what celebrations and holidays are honored in your family?**
11. **How are boundaries set in your family?**
12. **Explain daily routines, when you wake up, school/work hours, transportation, evening activities, bath time, play time for weekdays and weekend**
13. **Describe mealtime at your home, typical meals, expectations, routines, special diets.**
14. **What strengths do you have that would make your home a good place for children?**
15. **Cultural Awareness and Diversity**
16. **Describe the cultural-educational and recreational opportunities in your community.**
17. **What cross-cultural activities have you participated in and how often?**
18. **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?**
19. **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)**?**
20. **Foster Parenting (Attitudes/Beliefs)**
21. **Describe why you want to be a foster parent. Please discuss any infertility issues and their resolutions, if this applies to you.**
22. **How do you feel about parenting a child who is not your birth child?**
23. **Do you have any minor birth children that are not in your home? What are the circumstances?**
24. **What are your feelings toward birth parents both positive and negative?**
25. **What will you say to your foster child about his/her personal history?**
26. **How do you feel about supporting and building upon the foster child’s relationship with birth relatives, or former foster parents/foster siblings?**
27. **Describe your understanding of a foster child’s experience of separation, loss and attachment.**
28. **What are your ideas for addressing attachment issues with your foster child who has experienced separation and loss?**
29. **Who would care for your foster child if you were incapacitated or died?**
30. **Resources**
31. **Is your current income sufficient to meet the needs of your current household members? What is your Yearly Income? What are your monthly bills?**
32. **What do you feel you will need from us to help you while you have foster children in your home?**
33. **Have you received information about NorthStar benefits (foster care/Kinship assistance or adoption assistance)?**
34. **Household Members**
35. **Children living in the home**

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| --- | --- | --- | --- |
|  | **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 |  |  |  |

1. **Adults living in the home**

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| --- | --- | --- |
|  | **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** |  |  |