|  |  |
| --- | --- |
|  | **Tennessee Department of Children’s Services**  **Foster Parent Applicant Questionnaire** |

***Please Print****.* ***Answer each question as completely as possible. Attach additional pages if necessary****.*

**Each foster parent applicant is to complete their own questionnaire.**

**Date:** **/****/**

| First Name: | | | | | |  | | | | | Last Name: | | |  | | | | | | | | | Date of Birth: | | | | | | | **/****/** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address: | | | | |  | | | | | | | | | | | | Telephone Number: | | | | | | | | | | | | ()**-** | | |
| Alternate Telephone Number: | | | | | | | | | | ()**-** | | | | | E-Mail Address: | | | | | | | | | |  | | | | | | |
| **MOTIVATION**  Tell us why you became interested in fostering and/or adopting:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHILDHOOD & ADOLESCENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Who raised you? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide the individual(s) first and last name and your relationship. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 2. Were you adopted?  YES  NO | | | | | | | | | | | | | If yes, at what age? | | | | | | | |  | | | | | | |  | | | |
| Was your mother married at the time of adoption? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Were there any extended separations from your primary caregivers? | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | |
| 4. How often did you move or relocate as a child?  1-2 times  3-6 times  7-10 times  10 or more times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. List any siblings (biological, adopted, half or step): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Describe the relationship with your mother/primary caretaker. Include the level of closeness and involvement (e.g., loving, distant, overprotective, and abusive/neglectful).   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Mother/primary caretaker’s ability to manage her life was (check one):  Excellent  Good  Fair  Poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Describe the relationship with your father/primary caretaker. Include the level of closeness and involvement (e.g., loving, distant, overprotective, and abusive/neglectful).   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Father/primary caretaker’s ability to manage his life was (check one):  Excellent  Good  Fair  Poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Please rate how strongly you agree with the below statements by choosing from 1 being Not at All to 5 being Completely. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. As a child I found it easy to be close to my parent/caregiver. I trusted my parents/caregivers and was comfortable depending on them. I did not worry about being abandoned by my parents/caregivers or about them getting too close. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1  2  3  4  5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. As a child I was uncomfortable being close to my parents/caregivers. I found it difficult to trust my parents/caregivers completely or to depend on them. I got nervous when my parents/caregivers wanted to become too close. My parents/caregivers often wanted to be closer than I wanted them to be. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1  2  3  4  5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. As a child I often found my parents/caregivers did not want to get as close as I would have liked. I often worried that my parents/caregivers didn’t really like me and wanted to distance the relationship. I preferred to do a lot with my parents/caregivers and this desire sometimes overwhelmed them. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1  2  3  4  5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Please provide additional comments to support or clarify your answers above   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Describe your parents or primary caregiver’s relationship with each other:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Have your parents/primary caregivers had any addictions?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Who disciplined you as a child?   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Do you feel the discipline you received growing up was appropriate?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Tell us about the values that your parents or primary caregivers held as they raised you:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. Have some or all your values changed since you were raised as a child?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. If yes, list some of your values:  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Tell us about your parents’ or primary caregiver’s view towards sexuality when you were a child or teen:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Describe your life as a child/teen including comments about your personality, activities in which you participated and family life.   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Have you ever been abused (physically, emotionally, or sexually), assaulted or molested as a child or teen?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, what was the relationship to the person that abused you? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 19. Have you ever received counseling or mental health treatment as a child or teen?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Have you ever experienced any problems in your childhood that currently cause stress?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADULTHOOD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe your early dating experiences including sexual experiences. How did these experiences impact your life?   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. List dates and names of your previous marriages/domestic partnerships or other significant relationships (mother or father to your child):   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Have you ever had legal or personal conflict regarding custody of your children?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Share about your relationship with your spouse/partner before you were married or started your relationship:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Describe your role in your relationship (Manager, Planner, Peacemaker, Money Manager, *etc*.):  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. How would you describe your spouse/partner’s personality? (Nice, Cold, Affectionate, Shy, *etc*.):  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. What do you and your spouse/partner argue most about?  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Have you ever been physically injured (pushing, striking, kicking, biting, *etc*.) by your spouse/partner?   YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Have you ever separated or threatened to separate from your spouse/partner?  YES  NO 2. Is your marriage/partnership cooperative?   Rate by choosing from 1 being Not at All to 5 being Completely  1  2  3  4  5  N/A   1. My marriage/partnership is…   Rate by choosing from 1 being Terrible to 10 being Terrific  1  2  3  4  5  6  7  8  9  10  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Have you ever received counseling or mental health treatment as an adult?  YES  NO   1. Do you have others who could provide you sound advice regarding conflicts in your marriage/partnership?   YES  NO  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever been physically, emotionally, or sexually abused, assaulted, or molested as an adult?  YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, what was the relationship to the person that abused you? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. Have you ever been criminally charged for, investigated for, or suspected of child neglect, child physical or child sexual abuse?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever been arrested, charged, or convicted for any crimes?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | If yes, explain: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you experienced any problems as an adult that currently cause stress? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addiction | | | | | | | | | Family/Spouse Relationships | | | | | | | | | Financial/Work | | | | | | | | | | | | | |
| Death/Other Loss | | | | | | | | | Health | | | | | | | | | Domestic Violence/Other Abuse | | | | | | | | | | | | | |
| Other (Please describe):   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Check one or more races to indicate what you consider yourself to be: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaskan Native | | | | | | | | | | | | Native Hawaiian | | | | | | Other Asian | | | | | | | | | | | | | |
| Other Pacific Islander | | | | | | | | | | | | Chinese | | | | | | Filipino | | | | | | | | | | | | | |
| Black or African American | | | | | | | | | | | | White | | | | | | Japanese | | | | | | | | | | | | | |
| Asian Indian | | | | | | | | | | | | Guamanian or Chamorro | | | | | | Samoan | | | | | | | | | | | | | |
| Vietnamese | | | | | | | | | | | | Korean | | | | | | Other Race | | | | | | | | | | | | | |
| 1. Are you Spanish/Hispanic/Latino? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | No, not Spanish/Hispanic/Latino | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes, Mexican, Mexican American, Chicano | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes, Puerto Rican | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes, Cuban | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes, Other Spanish/Hispanic/Latino | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you bi-lingual?  |  |  |  | | --- | --- | --- | |  | No, English speaking only | | |  | English- Spanish, Cuban, Dialects of Puerto Rico | | |  | English- Portuguese | | |  | English- Somali, Arabic, or other dialects | | |  | English- other: |  |   **INTERESTS**  In which hobbies or interests do you participate in your leisure time?   |  |  | | --- | --- | |  |  |   **FAMILY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe your current relationship with your parents/primary caregiver since becoming an adult including comments as to why it is a positive or negative relationship?  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe your current relationship with your siblings including comments as to why it is a positive or negative relationship:  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Do you have family or close friends that live locally? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe your current relationship with your children (if any) including areas of strength and areas that cause tension in your relationship:  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has anyone in your immediate family (spouse/partner, children, or other household members) ever used illegal drugs or had problems with any addictions?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been physically, emotionally, or sexually abused, assaulted, or molested?  YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been criminally charged for, investigated for, or suspected of child neglect, child physical or child sexual abuse?   YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been arrested, charged, or convicted for any crimes?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Primary Language spoken and/or written in your household: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 1. Do you identify with any religious practices or beliefs?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. If yes, what religious beliefs do you identify with? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | b. How religious are you? Rate by choosing from 1 being Not at All to 5 being Completely  1  2  3  4  5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Tell us about how your family spends time together:  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HOME/NEIGHBORHOOD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. My relationship with my neighbor(s) is (check all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Close/Regular Contact | | | | | | | | | No Contact/Distant | | | | | | | | | Strained | | | | | | | | | | | | | |
| 1. Do you have concerns about your neighbors/neighborhood that could be a problem for children in your home?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, please explain:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe your involvement in your local community (social, political, or religious, etc.):  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Describe your friendships (Do you have close friends? Few friends? No friends?):   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PARENTING CAPACITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What things do you think you do well as a parent?  |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Do you have others who could give you sound advice regarding parenting? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Do you have others who could support you if you needed help with childcare?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. List people you know who are willing to be alternative caregivers in case of emergency:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Do you have others who could help you with money to pay bills?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Do you have others to help you "burn off steam" outside the home?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. How do you think your friends and extended family will treat a foster/adopted child in your home?   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | | Select the age groups in which you feel most comfortable: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Infants (0-2) | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Toddlers (3-5) | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Middle Childhood (6-12) | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Teenagers (13+) | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
| 9. | | Are you willing to take a child that identifies as LGBTQI+? | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
| 10. | | Are you willing to take a child who does not speak English well? | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
| 11. | | Are you willing to parent a child with the following needs? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Medically needy | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Needs mental health services | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Bedwetting | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Encopresis (involuntary defecation) | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Enuresis (involuntary urination) | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Special diet/dietary restrictions  Pregnant | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO  YES  NO | | | | |
|  | | Special accommodations for physical disability | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Hearing impaired or deaf | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Visually impaired or blind | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Autism | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Developmental or Intellectual Disability | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Frequent temper tantrums | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Impulsivity and/or hyperactivity | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Psychosis | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | School difficulties (poor attendance, achievement, or behavior issues) | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Emotional control | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Stool smearing | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Oppositional | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Attachment | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Poor social skills | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Anxiety | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Depression | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Sleep problems | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Constant supervision required | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Physical aggression | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Vandalism or destroying property | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Suicide risk | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Self-mutilation | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Runaway | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Fire setting | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Sexually reactive behavior (a history of sexual abuse or reactive behaviors) | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Substance use (nicotine, alcohol, prescription, illegal) | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Sexual aggression | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Cruelty to animals | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Stealing | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Delinquent behavior | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Intense anger | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Habitual lying | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Fear of animals | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Self-harm | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Making false accusations | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Extreme attention seeking | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Negative peer association | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | History of family criminality | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Danger to others | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
| 12. | | Are you willing to take a child who: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Requires a stay-at-home parent | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Requires frequent visitation with parents/caregivers | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Birth parents are incarcerated | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Is committed to extra-curricular activities | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
| 13. | | Are you willing to accept sibling groups? | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
| 14. | | Ethnicity or race of a child you are willing to accept: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Hispanic/Latino | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | American Indian/Alaska Native | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Black or African American | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | Native Hawaiian/Pacific Islander | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | White | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | | No Preference | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | | Do you feel that your employment or (other activities) could interfere in your ability to be a foster parent (supervision needs, transporting to appointments, attending meetings, visitation, *etc*.)?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, please explain:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | | Do you have others who could support you if you needed help with transportation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO |
| 17. | | Do you have a concern that your health issues may interfere in your ability to be a foster parent (supervision needs, transporting to appointments, attending meetings, visitation, *etc*.)?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | a) If yes, please explain:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | b) Do you have a primary care physician?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | c) Do you currently have any medical conditions or are currently under a doctor’s care?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, please explain:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | d) Are you currently taking any prescription medications?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, please explain:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. Are you regularly using any over the counter medications? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If yes, please explain:     |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | f) Do you smoke?  YES  NO  g) Alcohol and Drug History and Frequency: If checked explain.  Alcohol  Hallucinogens  Marijuana  Sedatives  Barbiturates  Steroids  Amphetamines  Tobacco  Huffing  Opioids  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Explanation: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. What is the highest level of education that you have obtained? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SELF ASSESSMENT**  **Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**  Do you have parenting experience?  Yes  No  If yes, skip to question 13.   |  |  | | --- | --- | | 1. Overall I will be very satisfied at becoming a parent. | 1  2  3  4  5 | | 2. I can rely on my spouse/partner when parenting gets tough. | 1  2  3  4  5  N/A | | 4. I expect my partner to bond with the child. | 1  2  3  4  5  N/A | | 5. My partner and I will meet every parenting challenge together. | 1  2  3  4  5  N/A | | 6. A child in my home will bond with me. | 1  2  3  4  5 | | 7. A child will transition easily into my home. | 1  2  3  4  5 | | 8. I will find parenting gratifying. | 1  2  3  4  5 | | 9. I expect a child will follow the reasonable rules I set. | 1  2  3  4  5 | | 10. I will know what to do as a parent | 1  2  3  4  5 | | 11. I expect I will be able to manage my emotions, even when a child is challenging. | 1  2  3  4  5 | | 12. My love for a child will be immediate and strong. | 1  2  3  4  5 |   **Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**  **If faced with a problem…**   |  |  | | --- | --- | | 13. I take action to try and get rid of the problem. | 1  2  3  4  5 | | 14, I try to come up with a strategy about what to do. | 1  2  3  4  5 | | 15. I put aside other activities to concentrate on this. | 1  2  3  4  5 | | 16. I force myself to wait for the right time to do something. | 1  2  3  4  5 | | 17. I ask people who have had similar experiences what they did. | 1  2  3  4  5 | | 18. I talk to someone about how I feel. | 1  2  3  4  5 | | 19. I look for something good in what is happening. | 1  2  3  4  5 | | 20. I learn to live with it. | 1  2  3  4  5 | | 21. I seek God’s help. | 1  2  3  4  5 | | 22. I get upset and let my emotions out. | 1  2  3  4  5 | | 23. I refuse to believe that this has happened. | 1  2  3  4  5 | | 24. I give up and attempt to get what I want. | 1  2  3  4  5 | | 25. I turn to work on other substitute activities to take my mind off things. | 1  2  3  4  5 | | 26. I drink alcohol or take drugs, to think about it less. | 1  2  3  4  5 | | 27. When I want to feel less negative emotion, I change the way I’m thinking about the situation. | 1  2  3  4  5 | | 28. When I want to feel more positive emotion, I change the way I feel about the situation. | 1  2  3  4  5 | | 29. I control my emotions by not expressing them. | 1  2  3  4  5 | | 30. I keep my emotions to myself. | 1  2  3  4  5 |     **Rate your level of agreement by choosing from 1 being Not at All to 5 being Completely.**   |  |  | | --- | --- | | 31. Extroverted/enthusiastic? | 1  2  3  4  5 | | 32. Critical/quarrelsome? | 1  2  3  4  5 | | 33. Dependable/self-disciplined? | 1  2  3  4  5 | | 34. Anxious/easily upset? | 1  2  3  4  5 | | 35. Open to new experiences/complex? | 1  2  3  4  5 | | 36. Reserved/quiet? | 1  2  3  4  5 | | 37. Sympathetic/warm? | 1  2  3  4  5 | | 38. Disorganized/careless? | 1  2  3  4  5 | | 39. Calm/emotionally stable? | 1  2  3  4  5 | | 40. Conventional/uncreative? | 1  2  3  4  5 | | 41. I want to be close and connected to foster children/parents. | 1  2  3  4  5 |   **How much does each of the statements describe you? Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**   |  |  | | --- | --- | | 42. I think of myself as emotionally expressive. | 1  2  3  4  5 | | 43. I keep my feelings to myself. | 1  2  3  4  5 | | 44. I display my emotions to other people. | 1  2  3  4  5 | | 45. I hold my feelings in. | 1  2  3  4  5 | | 46. I hardly ever expect things to go my way. | 1  2  3  4  5 | | 47. I rarely count on good things happening to me. | 1  2  3  4  5 | | 48. I expect more good things to happen to me than bad. | 1  2  3  4  5 | | 49. I expect a child in our family would adopt our heritage and culture over their own. | 1  2  3  4  5 | | 50. I value educational success in children above all else. | 1  2  3  4  5 |   **How often do you feel? Rate your level of agreement by choosing from 1 being Very Slightly to 5 being Extremely.**   |  |  | | --- | --- | | 51. Interested? | 1  2  3  4  5 | | 52. Upset? | 1  2  3  4  5 | | 53. Scared? | 1  2  3  4  5 | | 54. Enthusiastic? | 1  2  3  4  5 | | 55. Determined? | 1  2  3  4  5 | | 56. Afraid? | 1  2  3  4  5 |     **For applicants who are parents or who have fostered a child. Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**   |  |  | | --- | --- | | 57. I value obedience. | 1  2  3  4  5 | | 58. I discourage negotiation with children. | 1  2  3  4  5 | | 59. I explain my rules as I set them. | 1  2  3  4  5 | | 60. I am open to reasonable input from my child. | 1  2  3  4  5 | | 61. I am warm. | 1  2  3  4  5 | | 62. I am responsive to my child’s needs. | 1  2  3  4  5 | | 63. I am very accepting of my child’s behavior. | 1  2  3  4  5 | | 64. I offer unconditional support. | 1  2  3  4  5 | | 65. If a child fears me but still obeys, it’s OK. | 1  2  3  4  5 | | 66. I believe in corporal punishment for misbehavior. | 1  2  3  4  5 | | 67. Giving children choices helps them learn responsibility. | 1  2  3  4  5 | | 68. If I set limits, my child will dislike me. | 1  2  3  4  5 | | 69. I allow freedom with little responsibility. | 1  2  3  4  5 | | 70. I find parenting/fostering satisfying. | 1  2  3  4  5 | | 71. I am confident in my parenting abilities. | 1  2  3  4  5 | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | *Print Name* |  | *Signature* |  |