

Therapeutic Family Life
Questionnaire For Prospective Foster/Adoptive Parents

Each adult foster/adoptive parent applicant must individually and thoroughly complete a Questionnaire. Information presented in this Questionnaire will be used throughout the Home Study process to assist Therapeutic Family Life in the screening of licensing applicants.

NAME:

MOTIVATION

1. Discuss your motivation to foster parent or adopt:

APPLICAN'TS FEELINGS ABOUT THEMSELVES, PARENTS, & CHILDHOOD

2. Describe your physical appearance (include height, weight, hair, and eye color):

3. Describe and discuss your personality:

4. How do people know when you are happy?

5. How do people know when you are sad?

6. How do people know when you are under stress?

7. How do people know when you are angry?

8. What are your strengths and weaknesses?

9. Do you work outside of your home? If so, please describe your employment and responsibilities.

10. If you did not complete High School, please explain reasons for not graduating as well as any information applicable regarding GED achievement.

11. If you are not a United States citizen, please answer questions a. - d.
- a. In what country does your citizenship reside? _____
 - b. How long have you lived in the United States? _____
 - c. Do you have a Green Card? Yes No
 - d. What are your plans, if any, for applying for U.S. citizenship? Please explain. _____

12. List all previous addresses within the last TEN year:

<u>Move in Date</u> <u>Month/ Date/</u> <u>Year</u>	<u>Move Out Date</u> <u>Month/Date/Year</u>	<u>Street Address</u>	<u>City</u>	<u>Zip Code</u>
__ / __ / __	<u>Present Address</u>			
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13. What are the names of your parents?

14. Describe the quality of their relationship?

15. How did your parents handle discipline? What did you see modeled WELL? What did you avoid in your own family?

16. What was it like growing up in your family or origin?

17. How often do you contact your parents?

18. Do you consider yourself to have been physically, emotionally, or sexually abused as a child?

19. If you were physically or sexually abused a child, would you consider utilizing church resources to seek healing in this area of your life? Identify any methods you have used to resolve.

20. Identify the names of your siblings in birth order:

Sibling Full Name	Date of Birth	Marital Status	Address	Do you have contact? (Y/N)

21. Please list those persons other than your own or foster children who have lived with you anytime in the past 5 years.

Name	Date of Birth	Relationship to you

22. Do you consume alcohol? If so, how often? What is your personal philosophy about alcohol consumption?

23. Do you use illegal drugs? Have you ever used illegal drugs in the previous 10 years?

CRIMINAL HISTORY

Note: Be as thorough and complete as possible. Convictions do not necessarily disqualify you from becoming a foster parent.

For any “yes” answers, please attach a detailed explanation in writing.

- Y N Have you ever been charged with a sexual offenses, offense relating to children, or crime of violence?
- Y N Have you ever been reported to any organization or registry for abuse or misconduct involving children?
- Y N Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body, for violence, sexual misconduct, or misconduct involving children?
- Y N Have you ever been disciplined or dismissed from any volunteer position or employment for any reason or following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?
- Y N Have you ever been reprimanded, or asked to leave your membership in an organization in which you were volunteering?
- Y N Have you ever been subject of a complaint or disciplinary proceeding against any professional license or professional affiliation held by you?
- Y N Do you now or have you ever sought out or intentionally viewed child pornography?

24. Have you ever been charged, arrested and/or convicted of any misdemeanor or felony? If yes, please explain (including date of incident and resolution):

25. Has anyone in your household or individuals who visit the home been charged, arrested and/or convicted of any misdemeanor or felony? If yes, please explain (including date of incident and resolution):

26. Have you ever been *reported* for abuse or neglect of a child or children? If yes, please explain:

27. Have you ever been *convicted* of child abuse or neglect? If yes, please explain

28. Has anyone in your household or anyone who visits the home ever been *reported* for abuse or neglect of a child or children? If yes, please explain:

29. Has anyone in your household or anyone who visits the home ever been *convicted* of child abuse or neglect? If yes, please explain:

30. Have you ever physically or sexually abused a child? If yes, please explain:

31. List any traffic tickets received within the past three (3) years, including moving violations, DWIs, etc. (and resolution of those citations):

EMOTIONAL, PHYSICAL, AND MENTAL HEALTH

32. Have you experienced any significant or emotional stresses within the past year?

33. Are you currently on disability or have any disability that would limit or impose on you caring for a child?

FAMILY INTERACTION

34. Discuss any previous relationships, including marriages, common-law marriages, other relationships between people who share or have shared a domestic life without being married (Name, how you met, length of relationship, why it ended):

If previously married, TFL must have a copy of each divorce decree or death certificate.

Full Name of Spouse	Date of Marriage	Location of Marriage	Date of Divorce or Death of Spouse	Divorce Decree No and County where Divorced	Names of Children

MARRIED APPLICANTS ONLY (If single, proceed to question 46)

35. Describe your relationship with your spouse including mutual goals and strengths:

36. Discuss areas within your relationship you feel could be improved:

37. What are major areas of disagreement in your relationship and how are they resolved?

38. What types of activities do you enjoy with your partner?

39. Describe your spouse's personality, including strengths and weaknesses.

40. How are the important decisions made in your relationship, and how are any disagreements resolved?

41. What disagreements, if any, do you have with your spouse regarding discipline methods? How are these differences resolved?

42. How much consideration and discussion have you and your spouse had regarding foster parenting and/or adopting?

43. Are you both equally motivated and committed to be equally involved in the parenting of foster/adoptive children?

44. Are you satisfied with your sexual relationship?

45. Are you and your spouse physically capable of having biological children at this time? If yes, what are your plans regarding having birth children in the future? Please explain

SINGLE APPLICANTS ONLY (If married, proceed to question 52)

46. Are you currently involved in a dating relationship? Yes _____ No _____

47. If yes, please explain the seriousness and commitment level of your relationship as well as any discussions of marriage

48. How often would the foster children in your home have contact with this person? Describe the nature of this contact:

49. Have you discussed with your dating partner your desire to foster parent? What was their reaction and response?

50. How will you balance a dating life (either currently or in the future, if not presently dating) with being a foster or adoptive parent?

51. Do you intend to take children on outings with your dating partner, or will you be using child care arrangements? Please explain. Describe the type of child care arrangements that would be used.

APPLICANTS WITH CHILDREN ONLY (If you don't have children, proceed to question 54)

52. Identify all your biological children (even children from previous relationships). TFL is required to send and obtain a reference letter from all your biological and adopted children, unless they are currently living in your home.

Full Name	Date of Birth	Relationship to You	Address	Email Address	Phone Number

What is the reason for their departure, where are these people now and how often are you in contact with them?

53. How have you prepared/discussed with your own children your decision to foster parent or adopt? What was their response? How will your children's lives change as a result of your decision to foster or adopt?

RELIGION

54. What is your religious background and practices?

55. Do your religious beliefs prohibit certain medical treatment? If yes, explain:

56. Describe your willingness to accept child's religious affiliation and to provide opportunities for religious and spiritual development:

57. Do you make it a practice to celebrate Christian holidays, and if so how are they usually celebrated? (i.e. Christmas, Easter, etc.)

FAMILY RULES AND DISCIPLINE

58. Discuss family rules, boundaries, and discipline techniques:

FAMILY STRESS AND NEGATIVE FEELINGS

59. How do you relieve stress?

60. How do you handle your frustration/anger?

61. Think of a time when someone really tried your patience. Tell me about a time or circumstance when a child tried to get an emotional response from you. How did you handle this circumstance?

62. How do you resolve conflict with others?

63. Describe a time or circumstance in your life when you failed. What happened?

ATTITUDES OF OTHER HOUSEHOLD MEMBERS, EXTENDED FAMILY & COMMUNITY

64. Do you have other household members living with you, other than your children/spouse? If yes, describe their name, relationship to you, and their attitude towards accepting foster children in the home.

65. Describe any interaction with your extended family or community:

66. Who is your best friend? How would you describe that relationship?

67. Describe any additional support systems:

CHILD CARE KNOWLEDGE

68. Describe any experience you have working with children:

69. Have you worked with children in the past as a volunteer? Have you been employed in the past working with children? Tell me about it.

70. How do you expect your life to change, if you become a foster/adoptive parent, in the following area:
Free time:

Condition of your home:

Amount of money you have:

The way you express feelings:

WORKING WITH THERAPEUTIC FAMILY LIFE

71. What are your feelings towards the reduced amount of privacy as a result of monitoring?

72. How do you feel about TFL being actively involved with decisions involving the children in your home?

73. How do you think frequently scheduled transportation/calls to biological family visits, sibling visits, court, school, medical appointments, dental appointments, therapy appointments, will affect your family?

74. Are you willing to attend TFL trainings, even if during the work week?
