# Home Study Questions Part 1 General Information

| | Prospective Parent #1 | Prospective Parent #2 |
|---|---|---|
| Name | | |
| Race/ethnicity | | |
| Social security number | | |
| Date of birth/age | | |
| Gender/Identity | | |
| Work phone | | |
| Highest education grade completed | | |
| Employer | | |
| Occupation | | |
| Hours of employment | | |
| Home/cell phones | | |
| Email address | | |
| Marital status (single, married, co-habiting, divorced) | | |
| Religion | | |
| Child Care Provider<br><br>Do they have a Child Care Assistance agreement? | | |
| Home address | | |
| School District | | |

## 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) |
|---|---|---|---|---|---|---|
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## 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) | |
| | | | |
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| (2) | | (4) | |
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# 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? Are you going through this process for a specific child? If so please list their name and DOB and are they living with you.

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. Have you experienced any of the following losses?

Fertility Issues ☐ Yes ☐ No Death of a loved one ☐ Yes ☐ No Loss of a job ☐ Yes ☐ No

Medical health diagnosis ☐ Yes ☐ No Natural Disaster ☐ Yes ☐ No Other _____

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

## 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 _____

Who is your current primary Care Provider? _____

Address and phone of current provider: _____

- Are all the adults residing in the home up to date on their whooping cough Vaccination? ☐ YES NO ☐
- Are all the children in the home up to date on their required Immunizations? YES ☐ NO ☐

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 |
|---|---|---|
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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 use drugs (other than prescribed by a doctor)? If yes who?

☐ Yes ☐ No

Has any family member received treatment for drug abuse?

☐ Yes ☐ No If yes, please explain.

6. 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.

7. If any of the applicants checked yes to abusing alcohol or drugs, what is the relapse prevention plan?

If a family member relapses, what is the safety plan?

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.

## 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.

If there are children in your home, what is your safety and supervision plan?

## 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:

$_____(after taxes) earned by _____

$_____(after taxes) earned by _____

6. Any other income? $_____

7. Source of other income:

8. Total monthly income after taxes: $_____

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

☐ 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.

| **Reference** | |
|---|---|
| Name | |
| Relationship | |
| Address | |
| City, State, Zip | |
| Telephone | |
| **Reference** | |
| Name | |
| Relationship | |
| Address | |
| City, State, Zip | |
| Telephone | |
| **Reference** | |
| Name | |
| Relationship | |
| Address | |
| City, State, Zip | |
| Telephone | |
| **Reference** | |
| Name | |
| Relationship | |
| Address | |
| City, State, Zip | |
| Telephone | |

# Home Study Questions Part 2: Personal

(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. List your immediate family members including anyone who lived with you during your childhood (parents, siblings, other family members, other unrelated people) (Enter their name, age, relationship status, relationship and current location, occupation, children, and health status below.)

| Name | Approximate age | Single, Married, Divorced | Relationship and Current Location | Children | Occupation | Current Health Status |
|---|---|---|---|---|---|---|
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2. 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.

3. 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?

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

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

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, criticism, adversity, rejection and crisis. Please give some examples. Distinguish between each and how you each respond to the following:

Stress:

Frustration:

Criticism:

Rejection:

Adversity:

Crisis:

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 check the box Yes or No and then explain how you dealt with it. Also identify any other experiences

Abuse ☐ YES ☐ NO explain:

Accident ☐ YES ☐ NO explain:

Divorce/Separation ☐ YES ☐ NO explain:

Death ☐ YES ☐ NO explain:

Other _____

Are there any triggers you experience now as a result of the abuse experiences?

12. When you were growing up, what were the ways your family members expressed feelings such as the following, think about the people who you were with and who was caring for you:

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? Why?

☐ Happier ☐ Less happy

Why:

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 (grew apart, infidelity, 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) |
|---|---|---|---|
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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 parent, 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 doing recreation or community activities together or on your own?

32. What are the recreation or community activities you participate in?

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?

How would you support a foster child who is behind academically and struggling socially in school?

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 |
|---|---|---|---|
| | | | |
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| | | | |

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?

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. Do you desire and are you able to produce 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. If you have parenting experience, what have you:

a. Enjoyed most? _____

b.

c. Disliked most? _____

12. What ages do you:

a. Most enjoy? _____

b. Least enjoy? _____

13. Give an example of how you would parent a child with special needs:

Give an example of how you would parent a child with behavioral needs:

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

15. 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.

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

17. 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.

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

☐ Yes ☐ No

If Yes please explain:

# Home Study Questions Part 2: Personal

(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. | |

2. List your immediate family members including anyone who lived with you during your childhood (parents, siblings, other family members, other unrelated people) (Enter their name, age, relationship status, relationship and current location, occupation, children, and health status below.)

| Name | Approximate age | Single, Married, Divorced | Relationship and Current Location | Children | Occupation | Current Health Status |
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2. 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.

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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, criticism, adversity, rejection and crisis. Please give some examples. Distinguish between each and how you each respond to the following:

| | |
|---|---|
| Stress: | |
| Frustration: | |
| Criticism: | |
| Rejection: | |
| Adversity: | |
| Crisis: | |

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 check the box Yes or No and then explain how you dealt with it. Also identify any other experiences

Abuse ☐ YES ☐ NO explain:

Accident ☐ YES ☐ NO explain:

Divorce/Separation ☐ YES ☐ NO explain:

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Other _____

Are there any triggers you experience now as a result of the abuse experiences?

12. When you were growing up, what were the ways your family members expressed feelings such as the following, think about the people who you were with and who was caring for you:

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Disappointment:

Frustration:

Sadness/depression:

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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? Why?

☐ Happier ☐ Less happy

Why:

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

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If no to either question, please explain.

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

d. Enjoyed most? _____

e.

f. Disliked most? _____

12. What ages do you:

a. Most enjoy?

b. Least enjoy?

13. Give an example of how you would parent a child with special needs:

Give an example of how you would parent a child with behavioral needs:

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15. 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.

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

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

☐ Yes ☐ No

If Yes please explain: _____

# Home Study Questions Part 3: Family Information

**My Family Now – About Family Relationships**

Are you a single person or are there two applicants planning to foster parent as a couple?

□ Single □ Couple

If you are a single parent, how long have you been a single parent and what are the circumstances that led to this?

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: _____

Love: _____

| | |
|---|---|
| Sadness: | |
| | |
| Stress: | |

3. What are each person's role in your family?

4. How are decisions made in your family?

5. What causes the most conflicts in your relationships? How are conflicts handled?

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.

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 free time you have? (alone or together if you are a couple)

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 amount of money you have?

f. Your relationships with friends?

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

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. Who do you go to for help when you are feeling lonely or worried? (each adult answer)

What does the person you listed think about you becoming a foster or adoptive parent? If they don't know what do you think it will be?

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

14. Are you affiliated with a particular religion?

☐ Yes ☐ No

What is your level of participation?

15. How difficult would it be for you to help a child participate in a religion other than your own or if 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

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

17. 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

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

☐ Yes ☐ No

Why or why not?

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

20. 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?

21. 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

22. Do you feel comfortable supporting children and youth who identify as LGBTQ+ or are non gender conforming?

☐ 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?

3. 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? _____

   b. What happens when a rule that can't be broken is broken?

4. 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

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

6. Do you own any weapons or firearms?

☐ Yes ☐ No

If yes, where do you store them?

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

What role will extended family members have with a foster child (i.e. babysit, visit, holidays, etc)

8. 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?

9. Type of home (check one):

   ☐ Apartment ☐ Duplex ☐ Single-family home

   ☐ Mobile home ☐ Other: _____

10. Do you have private well water?

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

11. Do you have a car seat that meets current safety requirements for infants and toddlers and a booster seat for children to young to sit in the regular car seat?

☐ Yes ☐ No

If you intend to foster or adopt young children, and do not have car seats, how will you arrange to have car seats for them to use?

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

13. 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?

14. If you have a computer, where is it located? What are your rules for using the internet and social media?

What safety measures are in place (i.e. passwords, parental controls, etc)?

# 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.**