



# Foster/Adoptive 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.

|                 |  |                   |     |
|-----------------|--|-------------------|-----|
|                 |  | Today's Date: / / |     |
| Applicant name: |  | Date of Birth:    | / / |
| Address:        |  | Phone number:     |     |

### 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(s) and your relationship.

2. Were you adopted?  Yes  No If yes, at what age?

3. Were there any extended separations from your primary caregivers?  Yes  No  
How often did you move or relocate as a child?  1-2 times  3-6 times  7-10 times  More than 10

4. List any siblings (biological, adopted, half or step):

5. Describe the relationship with your mother/primary caretaker. Include the level of closeness and involvement (e.g. loving, distant, overprotective, and abusive/neglectful).

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Loving/Warm<br><input type="checkbox"/> Overprotective<br><input type="checkbox"/> Fun/Caring<br><input type="checkbox"/> Abusive/Neglectful<br><input type="checkbox"/> Distant<br><input type="checkbox"/> Nurturing/Supportive<br><input type="checkbox"/> Critical | <input type="checkbox"/> Fearful<br><input type="checkbox"/> Respectful<br><input type="checkbox"/> Conflictual<br><input type="checkbox"/> Full of Anxiety<br><input type="checkbox"/> Strained<br><input type="checkbox"/> Affectionate<br><input type="checkbox"/> Consistent | <input type="checkbox"/> Parent's caregiver<br><input type="checkbox"/> No relationship<br><input type="checkbox"/> Unpredictable<br><input type="checkbox"/> Smothering<br><input type="checkbox"/> Relaxed<br><input type="checkbox"/> Other (Please Describe) |
|---|--|--|

6. Mother/primary caretaker's ability to manager her life was (check one):

Excellent  Good  Fair  Poor

7. Describe the relationship with your father/primary caretaker.

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Loving/Warm<br><input type="checkbox"/> Overprotective<br><input type="checkbox"/> Fun/Caring<br><input type="checkbox"/> Abusive/Neglectful<br><input type="checkbox"/> Distant<br><input type="checkbox"/> Nurturing/Supportive<br><input type="checkbox"/> Critical | <input type="checkbox"/> Fearful<br><input type="checkbox"/> Respectful<br><input type="checkbox"/> Conflictual<br><input type="checkbox"/> Full of Anxiety<br><input type="checkbox"/> Strained<br><input type="checkbox"/> Affectionate<br><input type="checkbox"/> Consistent | <input type="checkbox"/> Parent's caregiver<br><input type="checkbox"/> No relationship<br><input type="checkbox"/> Unpredictable<br><input type="checkbox"/> Smothering<br><input type="checkbox"/> Relaxed<br><input type="checkbox"/> Other (Please Describe) |
|---|--|--|

8. Father/primary caretaker's ability to manage his life was (check one):

Excellent  Good  Fair  Poor

[Type here]

9. Describe your parents' or primary caregivers' relationship with each other:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Close           | <input type="checkbox"/> Distant/Cold            | <input type="checkbox"/> Relaxed                  |
| <input type="checkbox"/> Supportive      | <input type="checkbox"/> Committed               | <input type="checkbox"/> Domineering / Submissive |
| <input type="checkbox"/> Worked as team  | <input type="checkbox"/> Hostile/Abusive/Violent | <input type="checkbox"/> Loving                   |
| <input type="checkbox"/> Happy           | <input type="checkbox"/> Playful                 | <input type="checkbox"/> Separated or Divorced    |
| <input type="checkbox"/> No Relationship | <input type="checkbox"/> Tense                   | <input type="checkbox"/> Affectionate             |

10. Have your parents/primary caregivers had any addictions? Yes No

11. Who disciplined you as a child?

12. Do you feel the discipline you received growing up was appropriate? Yes No

13. Tell us about the values that your parents or primary caregivers held as they raised you:

a. Have some or all of your values changed since you were raised as a child? Yes No

b. If yes, list some of your values:

14. Tell us about your parents' or primary caregivers' view towards sexuality when you were a child or teen:

15. Describe your life as a child/teen including comments about your personality, activities in which you participated, and family life.

16. 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 who abused you?

17. Have you ever received counseling or mental health treatment as a child or teen? Yes No

18. Have you ever experienced any problems in your childhood that currently cause stress? Yes No

**Childhood Trauma History**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Illness/hospitalization of Parent | <input type="checkbox"/> Medical Problems/Illness   | <input type="checkbox"/> Physical/Emotional Abuse |
| <input type="checkbox"/> Death of Parent                   | <input type="checkbox"/> Sibling Illness or death   | <input type="checkbox"/> Sexual Abuse/Assault     |
| <input type="checkbox"/> Separation from Parent            | <input type="checkbox"/> Natural Disaster           | <input type="checkbox"/> Community Violence       |
| <input type="checkbox"/> Divorce                           | <input type="checkbox"/> Homeless or multiple moves | <input type="checkbox"/> Witness Domestic Abuse   |
| <input type="checkbox"/> None                              |   |   |

**ADULTHOOD**

1. Describe your early dating experiences including sexual experiences. How did these experiences impact your life?

2. List dates and names of all your previous marriages/domestic partnerships or 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. Tell about your relationship with your spouse/partner before you were married or started your relationship:

a. Describe your role in your relationship (Manager, Planner, Peacemaker, Money Manager, etc.):

b. How would you describe your spouse/partner's personality? (Nice, Cold, Affectionate, Shy, etc.)

c. What do you and your spouse/partner disagree most about?

d. Have you ever been physically injured (pushing, striking, kicking, biting, etc.) by your spouse/partner? Yes No

e. Have you ever separated or threatened to separate from your spouse/partner? Yes No

f. 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

g. My marriage/partnership is...

5. Have you ever received counseling or mental health treatment as an adult?  Yes  No

If yes, include dates:

6. Do you have others who could provide you sound advice regarding conflicts in your marriage/partnership?

Yes  No  N/A

7. 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?

8. Have you ever been criminally charged for, investigated for, or suspected of child neglect, child physical abuse, or child sexual abuse?  Yes  No

9. Have you ever been arrested, charged, or convicted for any crimes?  Yes  No

If yes, explain, including dates:

10. Have you experienced any problems as an adult that currently cause stress?

- Addiction  Financial/work  Family/Spouse relationships
- Death/Other Loss  Health  Domestic Violence/Other Abuse
- Other (Please describe):

11. Check one or more races to indicate what you consider yourself to be:

- Am. 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

12. 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

13. Are you bilingual?

- 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:

2. 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

4. Describe your current relationship with your children (if any) including areas of strength and areas that cause tension in your relationship:

5. Have you talked with your children about foster care?  Yes  No

6. 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
7. 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
8. 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 abuse, or child sexual abuse? Yes No
9. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been arrested, charged, or convicted for any crimes? Yes No
10. Primary language spoken and/or written in your household: \_\_\_\_\_
11. 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
12. Tell us about how your family spends time together:  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOME/NEIGHBORHOOD**

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:  
 \_\_\_\_\_
2. Describe your involvement in your local community (social, political, religious, etc.):  
 \_\_\_\_\_
3. Describe your friendships (Do you have close friends? Few Friends? No friends?):  
 \_\_\_\_\_

**PARENTING CAPACITY**

1. What things do you think you do (or *will* do) well as a parent?  
 \_\_\_\_\_
2. Do you have others who could give you sounds 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. How do you think your friends and extended family with treat a foster/adopted child in your home?  
 \_\_\_\_\_
6. Select the age groups in which you feel most comfortable:
 

|                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| Infants (0-2)           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toddlers (3-5)          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Middle Childhood (6-12) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Teenagers (13+)         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
7. Are you willing to take a child who is:
 

|                |                              |                             |
|----------------|------------------------------|-----------------------------|
| Lesbian        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gay/Homosexual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bi-Sexual      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transgender    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
8. Are you willing to take a child who:
 

|                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Does not speak English well | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------------|------------------------------|-----------------------------|
9. Are you willing to accept sibling groups? Yes No
10. Ethnicity or race of a child you are willing to accept:
 

|                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Hispanic/Latino               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| American Indian/Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Black or African American     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Native Hawaiian/Pacific Islander

Yes  No

White

Yes  No

Other

Yes  No

11. 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:

\_\_\_\_\_

12. 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 list meds and frequency:

\_\_\_\_\_

e. Are you regularly using any over the counter medications?  Yes  No

f. Do you smoke?  Yes  No

g. Alcohol and Drug History and Frequency: If checked, explain.

Alcohol  Hallucinogens  Marijuana  Sedatives  Barbiturates  Steroids  
 Ampheta-  Tobacco  Huffing  Opioids  Other

mines

Explanatio

n:

\_\_\_\_\_

13. Do you access pornography?  Yes  No If yes, how often?

\_\_\_\_\_

**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
- 3. I expect to bond with the child.  1  2  3  4  5
- 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 in order 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 in order 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 statement 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 education 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 my 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 obey, 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

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*Print Name*

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*Signature*