



# FAMILY BIOGRAPHY

**Applicant #1:** Name \_\_\_\_\_

Telephone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

**Applicant #2:** Name \_\_\_\_\_

Telephone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**Instructions:** Answer each question fully and to the best of your ability. Feel free to call the agency with any questions regarding this process. If there are two applicants, answers must be provided from both. In some cases, the answers can be combined and should apply to both applicants or entire household. If you need more space, please continue on back side of paper.

**REASON FOR APPLYING:**

Describe why you are applying to be a foster parent and how the family became interested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you decide to pursue relative/foster/adoption services through *A Place Called Hope*?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND OF APPLICANT**

List your name, race, date of birth, and place of birth.

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_  
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Briefly describe your childhood through early adulthood



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**Applicant 1:** \_\_\_\_\_  
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**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities did you do as a family?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the names and ages of your parents and siblings? Where do they currently live?  
(Use back of form if necessary.)

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was your relationship with your siblings like growing up? How is it now?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there other family members or friends that you grew up with?

**Applicant 1:** \_\_\_\_\_



## FAMILY BIOGRAPHY

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**Applicant 2:** \_\_\_\_\_

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What were some strengths and limitations of your family?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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What were some significant life events and how have they impacted you?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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Describe the relationship of your parents while you were growing up. How is it now?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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What were your parents' occupations and roles in the home?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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Did someone other than your parents raise you?

**Applicant 1:** \_\_\_\_\_

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# FAMILY BIOGRAPHY

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_

Describe your current relationship with your parents.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_

At what age did you leave home? What were the circumstances and what did you learn from this experience?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_

Describe your values and goals.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_

Describe how your childhood experiences have affected who you are today?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_



## FAMILY BIOGRAPHY

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Has anyone in your family ever adopted or fostered a child? If so, please give details.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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### **EDUCATION:**

Describe where you attended school/training (names), dates attended. When did you graduate; identify certificates/degrees earned.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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How do you describe your educational experience?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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Describe your values on education.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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What is your approach to learning?

**Applicant 1:** \_\_\_\_\_

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## FAMILY BIOGRAPHY

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

Describe how you will help a child learn, including children for whom learning is a challenge.

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your experience on home schooling? (Foster children may only be home schooled with specific permission from the department.)

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

### **EMPLOYMENT HISTORY, OCCUPATION, and WORK SCHEDULE:**

Describe your current occupation and work schedule.

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your anticipated child care plan, if one is needed.

**Both Applicants:** \_\_\_\_\_

\_\_\_\_\_

Summarize your employment history.

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## FAMILY BIOGRAPHY

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you in the military? What branch of service? What type of discharge?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

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\_\_\_\_\_

### **CULTURE:**

Describe your cultural background. (A person's cultural background includes such things as family traditions, customs, religious/spiritual beliefs, recreational activities, personal interests, and lifestyle.)

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you help a child preserve and appreciate his/her heritage?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

Do you or your family have any dietary preferences (e.g. vegetarian, kosher, etc.)? If so, how will children with different dietary needs be accommodated?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_



## FAMILY BIOGRAPHY

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Do you have identified American Indian heritage? If so, are you an enrolled member or eligible for membership into a Tribe? What Tribe?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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What languages do you speak? Do you speak this/these language(s) fluently?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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### RELATIONSHIPS:

Describe your significant relationships/marital history. Give dates of marriage(s) and divorce(s). If divorced, describe circumstances of the divorce(s). (Copies of current marriage certificate and all divorce decrees need to be provided to the private agency.) (Use back of form if necessary.)

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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If applicable, describe your present relationship with ex-partners.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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If not currently in a marriage/partner relationship, are you involved in a significant relationship?

What are the strengths and weaknesses of your current relationship?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how you make decisions and resolve differences in your current relationship.

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you feel, and what would you do if the child becomes a disruptive influence on your marriage/relationship?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been separated from your present partner? What were the reasons and how were they resolved?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## FAMILY BIOGRAPHY

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**Applicant 2:**

Describe any infertility issues and how they have affected your relationship and parenting expectations.

**CHILDREN:**

Describe all children in the home including name, ages, grade level, academic performance, special needs, personality, likes/dislikes, strengths, interests, health, responsibilities in the home and school adjustment. (Use back of form if necessary.)

Describe any adult child/ren in or out of the home including where they reside and their current relationship with you. Please provide contact information so that we may contact them. (Use back of form if necessary.)

Describe any behaviors of child/ren in the home that may affect a child placed in the home.

If you have minor children who are not living with you, please explain why. What is your on-going contact with these children? Do they visit the home? How are things different when they are there?



## FAMILY BIOGRAPHY

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

Have any of your children been involved with the juvenile court system? How has this affected your family?

\_\_\_\_\_

\_\_\_\_\_

How do your children (including adult children) feel about having additional children brought into the home? What are their concerns? How do they plan on being involved during the process?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever experienced the death of a child? If so, what were the circumstances? How did you cope with the grief and loss? How are you feeling currently about this?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **OTHERS:**

Identify any other persons living in the home or on the property. (Name? Relationship to applicants?)

\_\_\_\_\_

\_\_\_\_\_

Will they be involved in the parenting, transporting, care taking and/or supervision of the child? (If so, we need to verify that they have a valid driver's license and insurance, current CPR/First Aid training, as well as passing a background clearance.)

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**PARENTING AND EXPERIENCE WITH CHILDREN**

**Family Roles/Activities:**

What does your family do for fun?

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What does your family see as their strengths?

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How do children share in household responsibilities?

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How will the family include a foster child in their activities and household chores?

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How does the family spend long weekends or vacations? How will a child placed in your care be included?

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**Attitudes on Parenting:**

What do you believe will be the challenges faced with parenting a child in out of home care?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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How do you plan to deal with these challenges?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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What are your attitudes toward people with a different sexual orientation from their own?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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How did your parents influence each applicant's parenting styles, beliefs and values?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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How will you support a child's educational program?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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## FAMILY BIOGRAPHY

How will you share parenting responsibilities? (For households with two applicants)

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how your parenting skills and philosophy have changed over the years.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your philosophy on allowance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you be willing to work with birth parents? Are you willing to meet face to face, have phone contact, etc. as deemed appropriate by the child's social worker?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Experience and Training:**

Describe your experiences with children other than your own.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## FAMILY BIOGRAPHY

Have you had any special training or parenting classes? (Ongoing education is a requirement while providing foster care.) Will you be willing to participate in required training?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have either of you had any special training to care for medically fragile children?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be willing to participate in required counseling with a child if necessary?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your understanding of normal child development?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your understanding of special needs and how parenting a foster child may be different from parenting your own child.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_



## FAMILY BIOGRAPHY

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**Applicant 2:** \_\_\_\_\_

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Describe how you are sensitive and appropriately responsive to a child's needs and/or signals.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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**Discipline:**

Describe how you were disciplined as a child.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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Describe your current discipline practices and beliefs used in the home.

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How will you adjust your discipline policy to meet the developmental needs of a child?

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If your discipline method with your children differs from the department's policies, what effect could that have in the family?

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Will you comply with the department's discipline policy?

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Describe how a child will know the rules and expectations in the home.

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Describe the rules in the home that you consider non-negotiable.

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Who is the primary disciplinarian in the family?

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### **Philosophy of Discipline**

Methods of discipline which we/l use and find to be most effective for the following age group are:

(Please list from least harsh to most harsh)

Age 0-2 years:

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Age 3-5 years:

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## FAMILY BIOGRAPHY

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Age 6-9 years:

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Age 10-13 years:

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Age 14yrs and above:

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Foster Parent initials \_\_\_\_\_

Foster Parent initials \_\_\_\_\_

### RELIGIOUS/SPIRITUAL AFFILIATION AND PRACTICES

Describe your religious/spiritual preferences and practices. What is your level of involvement in your place of worship?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations about the practice of religion/spirituality for children placed in your home?



## FAMILY BIOGRAPHY

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What will you do if a child does not wish to participate in the family's religious/spiritual practices?

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How would you support the child's religious/spiritual practices?

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How will your family help a child celebrate a holiday that your family does not celebrate?

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Will any of your religious practices affect your ability to comply with departmental policies? (i.e. Use of discipline, allowing access to medical care, etc.)

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### MEDICAL/PSYCHOSOCIAL

**General Medical:** (medical reports required from physician.)

Describe each of your general physical conditions.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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## FAMILY BIOGRAPHY

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Will your general health affect your ability to care for a child?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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Describe any current medications that you are taking and why. Are there any side effects?  
How might this impact your ability to care for a child?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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**Abuse History:**

Describe any family history (for both immediate and extended family) of physical or sexual abuse (either as the victim or perpetrator) and how the family dealt with the abuse. Did the victim and/or offender get help?

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If applicable, has the family dealt with the issues sufficiently to insure that those issues will not interfere with parenting a child?

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## FAMILY BIOGRAPHY

If there is a known offender in the family, is there continued contact? If so, what is the safety/supervision plan?

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Have you or any family member ever been involved with CPS?

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### **Domestic Violence Issues:**

Describe any history of domestic violence within the immediate family. (Your current family or in your family while growing up.)

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone in your immediate family received counseling regarding family violence or personal safety issues?

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Has anyone in your immediate family had a restraining, anti-harassment or protective order filed against him or her, or on his/her behalf?

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Is there a domestic violence issue within the extended family that could pose a threat to a child placed in the home?

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## FAMILY BIOGRAPHY

### **Drug/Alcohol Issues:**

Describe your current alcohol, tobacco, vaping (E-cigarette), recreational marijuana, and illegal drug use.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any members of your family that have a current problem with, or history of, drug/alcohol abuse?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you and/or family members received drug/alcohol treatment? Please describe when, where and the outcome.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How have drug/alcohol issues affected your lives?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Mental Health/Counseling:**

Describe any history of mental health issues within the immediate family. (Your current family or in your family growing up.)

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## FAMILY BIOGRAPHY

Is there any mental health issue within the extended family that could pose a threat to a child placed in your home?

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Have you, or any person in their immediate family, seen a counselor, therapist, clergy or mental health professional? When, where and outcome?

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What does each applicant identify as the most difficult event or period in his/her life and how did s/he get through it? How is the applicant doing now in terms of this issue?

**Applicant 1:**

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**Applicant 2:**

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### HOME AND NEIGHBORHOOD (Use back of form if necessary.)

Describe the home environment. (For example, is it chaotic, peaceful, busy, organized, warm and welcoming, etc.) Include a description of the home, and how you feel about your housekeeping standards.

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Describe your neighborhood. Is the home in a rural, urban or other setting? What shopping, medical, counseling, educational, and recreational opportunities are close by and other details that help us know your community.

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## FAMILY BIOGRAPHY

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Number of bedrooms and bathrooms? Give brief description of each room to include the sleeping arrangements, location and size of beds available for foster care. Are there dressers, closet space, etc... available for foster care use?

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Is there a community or private well, or a public water source? Public sewer or septic system? (Wells require a water test and septic systems require a septic report on file with the private agency.)

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Are there appropriate areas for children to play, and toys that encourage growth and development? Describe indoor and outdoor play areas.

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Describe the outside property including any out buildings, and tell how they are used, what is stored within, and how they are secured.

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Are there any hazards? For example a wood stove, electric fences, pools, water?) What is the safety plan?



Are there weapons in the home? If so, what are they, how and where are they stored? Where is the ammunition stored? (Must be kept secured and separate.)

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Describe all pets (names, size, breed, ages...). How do they interact with children? (Please attach vaccination records)

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**SUPPORT SYSTEMS**

Describe you support systems. (friends, family, community resources, etc.)

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How will your extended family and close friends help with supporting a foster child? How will they support the placement of a special needs child? What contact will support people have with foster children? (Background clearances must be submitted for those who will have unsupervised contact with foster children.)

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What kind of additional support does your family anticipate needing to parent a child in out of home care?

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Describe who your family might use to provide respite when a break is needed.

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## FAMILY BIOGRAPHY

### FAMILY FINANCIAL

Describe your source of income and amount, and financial stability.

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Describe any additional resources the family has to meet their needs.

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How do you manage money?

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Have you ever had a foreclosure or is this a current concern?

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How will the addition of a child to your family affect your current financial situation?

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Do you have the financial resources to support your present family without reimbursement for foster care?

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### POTENTIAL FOR PERMANENCY (Use back of form if necessary.)



## FAMILY BIOGRAPHY

Describe how you will support and participate in a child's safe reunification with his/her parents or guardians.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how you will support and participate in a child's move to another home.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kinds of support do you need to help prepare a child to move to a new home?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kinds of support do you think you might need when a child is transitioned from your home?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## FAMILY BIOGRAPHY

If a child cannot return to the family of origin, would you consider adoption, guardianship or long-term care? How did you come to this decision?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you maintain the child's relationship with his/her birth family, and/or those with whom the child has a significant relationship?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_

Describe your plan for children should you be unable to continue caring for the child.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your understanding of permanency for a child in out of home care (return home, adoption, guardianship, long term foster care).

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_



## FAMILY BIOGRAPHY

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**Concept of adoption as a lifelong developmental process and commitment.**

Describe your understanding of the significance of adoption as a lifelong developmental process.

**Applicant 1:** \_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

How do you feel about adoption as an alternative to biological parenting?

**Applicant 1:** \_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

Describe your willingness to participate in an open communication agreement if you were to adopt or become a guardian for a child.

**Applicant 1:** \_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

Do you see yourself being involved throughout the child's life? (School graduation, wedding, grandchildren, and sharing their inheritance.) Explain.

**Applicant 1:** \_\_\_\_\_



## FAMILY BIOGRAPHY

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**Applicant 2:** \_\_\_\_\_

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**The potential for the child to have feelings of identity and confusion and loss regarding separation from the birth parents.**

Describe your understanding of a child's lifelong conflicting loyalty between birth and adoptive parents.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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How will you address questions about the child's birth family?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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Discuss your understanding of the importance of open communication about adoption issues throughout the life of the child.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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As you discuss adoption, will you be able to put the child's emotional well being above any feelings that you may have about the birth parents?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Discuss how you feel about the continued use of the child's birth name (including the first name).

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the applicant plans to adopt, how will you include the child in the decision to change or not change the birth name?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The relevance of the child's relationship with siblings and the potential benefit to the child of providing for a continuing relationship and contact between the child and known siblings**

Describe your understanding of the connections between siblings that may not be placed together.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

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Describe your willingness to maintain and support sibling connections through sibling visits and contacts.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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If a sibling were placed in a separate home with a permanency plan other than return home, would you be willing to be a permanent resource for all the siblings?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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Describe your willingness to enter into an open communication agreement with a sibling not placed in your home in the event your family adopts a child who has siblings placed elsewhere.

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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**Disclosure of the fact of adoption to the child**

How do you think you might discuss adoption with a child at different developmental stages, including how you would recognize natural opportunities?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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**The child's possible questions about birth parents and relatives.**

What will you tell the child when they ask why they don't live with their family of origin?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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How will you explain the child's past abuse/neglect issues?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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How will you support the child's interest in, questions about, and searching for their birth family?

**Applicant 1:** \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

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## FAMILY BIOGRAPHY

Will you be able to give the child permission to love and maintain a relationship with their birth parents?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

### **The relevance of the child's racial, ethnic, and cultural heritage.**

How will you help a child preserve and appreciate his/her heritage?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

Describe how you will honor the child's past?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

How will the family support a child's tribal relationships?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

How will you prepare, and support, a child against biases and prejudices that they may experience in the community and/or school?



## FAMILY BIOGRAPHY

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CHILD PREFERENCE AND COMPETENCY TO MEET THE CHILD'S NEED

Describe your preferences for the child you seek to parent (age, sex, and race, language, health, special needs, developmental and emotional characteristics, etc...).

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you support reunification of a child with the family of origin? (Even if you disagree with the case plan.) What supports might you need during this time?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your questions, concerns and/or anticipated challenges from parenting a child whose characteristics differ from children you indicated that you are willing to parent.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## FAMILY BIOGRAPHY

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have the skills and ability to parent a special needs child?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how you will support, honor, and maintain family of origin and community connections for a child placed in your home.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you accommodate the placement of siblings? If so, how would this look now and in the future?

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of child characteristics do you believe you would have difficulty accepting or parenting? Include behaviors, social, emotional, physical and medical health of a child.

**Applicant 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_  
\_\_\_\_\_



## FAMILY BIOGRAPHY

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What supports might you need to address the above listed characteristics?

**Applicant 1:** \_\_\_\_\_

\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

\_\_\_\_\_

**Foster Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Foster Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_