



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: _____



FAMILY BIOGRAPHY

Briefly describe your childhood through early adulthood. Who raised you? Include parent's names, roles and occupations while growing up.

Applicant 1: _____

Applicant 2: _____

What activities did you do as a family? What was your family composition, schedule, routine?
Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____



FAMILY BIOGRAPHY

Were there other significant relationships with family members or friends that impacted you in your childhood who you grew up with?

Applicant 1: _____

Applicant 2: _____

What were your family's strengths?

Applicant 1: _____

Applicant 2: _____

What were your family's limitations?

Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____



FAMILY BIOGRAPHY

Applicant 2: _____

Did someone other than your parents raise you?

Applicant 1: _____

Applicant 2: _____

Describe your family's current schedule and routines.

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: _____



FAMILY BIOGRAPHY

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

EDUCATION:

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

Applicant 1: _____

Applicant 2: _____

How do you describe your educational experience?

Applicant 1: _____

Applicant 2: _____

Describe your values about education.

Applicant 1: _____

Applicant 2: _____



FAMILY BIOGRAPHY

What is your approach to learning?

Applicant 1: _____

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. If multiple job changes, explain why.

Applicant 1: _____

Applicant 2: _____

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

Both Applicants: _____



FAMILY BIOGRAPHY

Summarize your employment history.

Applicant 1: _____

Applicant 2: _____

Describe your employment history, beginning with part time jobs while in school.

Applicant #1

<u>Company</u>	<u>City</u>	<u>Job</u>	<u>Dates Employed</u>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant #2

<u>Company</u>	<u>City</u>	<u>Job</u>	<u>Dates Employed</u>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use back side if more space is needed)

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

Applicant 1: _____

Applicant 2: _____



FAMILY BIOGRAPHY

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: _____

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: _____

Applicant 2: _____



FAMILY BIOGRAPHY

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

Applicant 1: _____

Applicant 2: _____

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: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

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



FAMILY BIOGRAPHY

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: _____

Applicant 2: _____



FAMILY BIOGRAPHY

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?

Applicant 1: _____

Applicant 2: _____



FAMILY BIOGRAPHY

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.)



FAMILY BIOGRAPHY

PARENTING AND EXPERIENCE WITH CHILDREN

Family Roles/Activities:

What does your family do for fun?

What does your family see as their strengths?

How do household members and children share in household responsibilities?

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

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

Attitudes on Parenting:

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

Applicant 1: _____



FAMILY BIOGRAPHY

Applicant 2: _____

Would you be willing to work with birth parents?

Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

How will you support a child's educational program?

Applicant 1: _____



FAMILY BIOGRAPHY

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

If applicable/ how have your parenting skills and philosophies about parenting 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?



FAMILY BIOGRAPHY

Experience and Training:

Describe your experiences with children other than your own.

Applicant 1: _____

Applicant 2: _____

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: _____



FAMILY BIOGRAPHY

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: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

Discipline:

Describe how you were disciplined as a child.

Applicant 1: _____

Applicant 2: _____



FAMILY BIOGRAPHY

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

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

Will food be used as a discipline tool? (For example withholding dessert, sending the child to bed without dinner, etc.)

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

Will you comply with the department's discipline policy?

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

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



FAMILY BIOGRAPHY

Who is the primary disciplinarian in the family?

Philosophy of Discipline

Methods of discipline which we/I 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:

Age 3-5 years:

Age 6-9 years:

Age 10-13 years:

Age 14yrs and above:

Foster Parent initials _____

Foster Parent initials _____



FAMILY BIOGRAPHY

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?

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

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

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

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.)



FAMILY BIOGRAPHY

MEDICAL/PSYCHOSOCIAL

General Medical: (medical reports required from physician.)

Describe each of your general physical conditions.

Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

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: _____

Applicant 2: _____



FAMILY BIOGRAPHY

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?

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

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

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

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: _____



FAMILY BIOGRAPHY

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

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

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

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.



FAMILY BIOGRAPHY

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: _____

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

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

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: _____

Applicant 2: _____



FAMILY BIOGRAPHY

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.

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.

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?

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.)

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

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

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.)

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

SUPPORT SYSTEMS



FAMILY BIOGRAPHY

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

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.)

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

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

FAMILY FINANCIAL

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

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

Home: Renting Buying Own Monthly payment \$_____



FAMILY BIOGRAPHY

If owned/buying home, what is the current amount owed? \$_____

List all cars: 1: _____ Monthly payments \$_____

2: _____ Monthly payments \$_____

3: _____ Monthly payments \$_____

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

Do you have the financial resources to support your present family without reimbursement for foster care? Yes No

How do you manage money?

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

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

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



FAMILY BIOGRAPHY

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

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: _____



FAMILY BIOGRAPHY

Applicant 2: _____

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: _____



FAMILY BIOGRAPHY

Applicant 2: _____

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: _____



FAMILY BIOGRAPHY

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

Applicant 1: _____

Applicant 2: _____

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: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____



FAMILY BIOGRAPHY

Applicant 2: _____

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.



FAMILY BIOGRAPHY

Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

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: _____

Applicant 2: _____

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: _____

Applicant 2: _____



FAMILY BIOGRAPHY

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: _____

Applicant 2: _____

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: _____

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

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

Applicant 1: _____



FAMILY BIOGRAPHY

Applicant 2: _____

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: _____



FAMILY BIOGRAPHY

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

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: _____



FAMILY BIOGRAPHY

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: _____

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: _____



FAMILY BIOGRAPHY

Applicant 2: _____

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

Applicant 1: _____

Applicant 2: _____

Foster Parent(s): _____ CPA: A Place Called Hope Date:

FAMILY BIOGRAPHY

Cultural Competencies/Special Accommodations (Foster Parent)			
N/A	24 Hour Awake Staff		Scientology
	Accepts Sibling Groups		Seventh Day Adventist
	Age Appropriate Activities		Sikh
	Amish		Smoker in Home
	Anglican	N/A	Structured Therapeutic Environment
	Atheist	N/A	Supervised Visitation and Transportation
	Baptist		Teen Mother w/child
	Bilingual		Teen Parent
	Bilingual Capacity		Transportation
	Buddhist		Unaffiliated Religious
	Can use American Sign Language		Works well with Biological Parents
	Catholic		
	Early Childhood Education		
	Episcopal		
N/A	Highly Structured/Self Contained Therapeutic Environment		
N/A	Highly Structured Group Activities		
	Hindu		
	Independent Living Skills		
	Jehovah Witness		
	Jewish		
	Lutheran		
	Mennonite		
	Mentoring		
	Methodist		
	Mormon		
	Muslim		
	Native American Language		
	Near Emergency Medical Facility		
	On Bus Route		
N/A	On Site Accreditation Education Program		
	Orthodox Eastern		
	Other (see text) Religion		
	Pet in Home		
	Presbyterian		
	Protestant		



FAMILY BIOGRAPHY

	Provides Approved Education Program		
	Quaker (friends)		
N/A	Receiving Care - Foster Care		
N/A	Receiving Care - Group Care		

Medical/Behavioral/Mental Health (Child Behaviors Foster Parent willing to Work with)			
	Abuses Animals		Sexually Aggressive Youth
	ADA Needs		Sexually Reactive
	Adjudicated Criminal		Sibling Group
	Affiliated with gangs		Significant Asthma or Allergies
	Autistic		Suicidal Attempt/Threat
	Developmental Delay		Visually Impaired
	Diabetic		
	Diagnosed Mental Health Condition		
	Diagnosed with Fetal Alcohol Syndrome		
	Drug affected		
	Eating Disorder		
	Encopretic		
	Enuresis		
	Female		
	Fire Starter		
	Hearing Impaired		
	HIV Positive		Specialized Education/ Certifications/Proficiencies (Foster Parent)
	IV Drug User		24 Hour Care (DEL)
	Learning Disabilities		Before/After School (DEL)
	Male		Evening (DEL)
	Masturbates in Public		Life Skills Training
	Medically Fragile		NAA Accredited (DEL)
	Physically Assaultive Youth		NAEYC Accredited (DEL)
	Property Destruction		NAFCC Accredited (DEL)
	Psychiatric Hospitalization History		Physically Aggressive Youth
	Requires Medication		Sexually Aggressive Youth
	Requires Special Diet		Special Need Children (DEL)
	Residential Treatment History		Specialized Medical Certification
	Runaway History		Teacher Certification
	Self Abusive		Treatment Foster Home Training
	Sexually Abused		Tutoring
	Sexually Active		Weekend Care (DEL)



FAMILY BIOGRAPHY

Additional Languages (Languages spoken in the Foster Home)	
Albanian	Korean
American Sign Language	Kosovarian
Arabic	Laotian
Cambodian	Latvian
Chinese	Lithuanian
English	Other
Farsi	Other Indo European
Filipino	Polish
French	Portuguese
German	Russian
Greek	Somali
Haitian	Spanish
Hmong	Spanish/English Bilingual
Hungarian	Thai
Iranian	Unknown
Italian	Vietnamese
Japanese	

Services Which Home Can Provide	YES	NO	Comments
Foster Care Ages: 0 – 5			
Foster Care Ages: 6 - 11			
Foster Care Ages: 12 - 20			
Foster Care to 21	N/A	N/A	
Foster Care Level I	X		
Foster Care Level II	X		
Foster Care Level III	X		
Foster Care Level IV	X		
Respite Care Levels I & II	X		
Respite Care Level II & IV	X		

Foster Parent Signature: _____ **Date:** _____

Foster Parent Signature: _____ **Date:** _____