



# FOSTER CARE / ADOPTION INFORMATION

State Form 53184 (1-07) / CW 3415  
DEPARTMENT OF CHILD SERVICES

Please print clearly.

### APPLICABLE TO FOSTER CARE APPLICANTS

#### Applicant A:

I understand that I must successfully complete twenty (20) preparatory hours before I can have a child placed in my home.  Yes  No

I also understand that I can withdraw from the preparatory program at any time before licensing takes place and that a license will not be granted if I withdraw.  Yes  No

#### Applicant B:

I understand that I must successfully complete twenty (20) preparatory hours before I can have a child placed in my home.  Yes  No

I also understand that I can withdraw from the preparatory program at any time before licensing takes place and that a license will not be granted if I withdraw.  Yes  No

### NOTE

Please be informed that before the Department of Child Services can consider granting a license, it will be necessary to:

- a. complete the family preparation process, including a written home study;
- b. have a tuberculosis test for the caregivers and all household members;
- c. obtain a written statement from your doctor about your general physical health;
- d. show a record of your marriage license, unless you are a single person;
- e. show a record of your divorce, if you have been married before;
- f. have four (4) references on file; and
- g. have a signed SF 46151 / CW 0025 Applicant's Statement of Attestation on file.

**AGAIN:** Explanations and directions will be given to you concerning the above requirements.

Signature of applicant A	Date (month, day, year)
Signature of applicant B	Date (month, day, year)

### EXPLANATION

The protection of foster children requires persons applying to become foster or adoptive parents to supply facts about their background and family history. Completion of the following outline serves as an initial source of information that will enable us to furnish the appropriate guidance you will need to decide whether or not you want to become a foster or adoptive parent.

Other opportunities will be made available for you to explore further what foster parenting and adoption is all about and to prepare you for fostering or adopting should you decide to proceed with the family preparation process. Your right to confidentiality will be duly respected.

Please complete this information sheet, and submit it to the Family Case Manager / Special Needs Adoption Program (SNAP) Specialist. If you need assistance with completing the form, please notify the Family Case Manager / SNAP Specialist at (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_.

### PERSONAL DATA

Last name	Identification number / FH number	Date (month, day, year)	
Address (number and street, city, state, and ZIP code)			
Home telephone number ( )	Office telephone number ( )	Cellular telephone number ( )	E-mail address
Present marriage			
Names and birthdates of children			
Number of deceased children and cause of death			
Schools (elementary, middle, and high school) and distance from your home			

	APPLICANT A	APPLICANT B
<b>PERSONAL DATA</b>		
Full Legal Name		
Alias / Maiden		
Other Names Used		
Birthplace / Date		
Social Security Number		
Have you ever been convicted of a crime? If yes, please explain.		
Have you ever had psychiatric treatment or hospitalization?		
Height / Weight		
Complexion		
Color of eyes & hair		
Illnesses or Disabilities		
<b>EDUCATION</b>		
High school attended		
Highest grade completed		
College attended		
Degree obtained		
Extracurricular activities in school		
<b>RECENT EMPLOYMENT HISTORY</b>		
Last three (3) places of employment	1.	1.
	2.	2.
	3.	3.
Reason for leaving	1.	1.
	2.	2.
	3.	3.
<b>RELIGION</b>		
Religious affiliation		
Religious activities		
<b>ORGANIZATION &amp; MEMBERSHIPS</b>	1.	1.
	2.	2.
<b>HOBBIES &amp; INTERESTS</b>	1.	1.
	2.	2.
<b>PERSONAL BACKGROUND</b>		
Previous marriage or relationship		
Date		
Reason for dissolution		
Number of children		
Name and date of birth		
<b>APPLICANT'S FATHER</b>		
Name & age, if living. If deceased, give age, date & cause of death.		
Place of birth		
Nationality		
Principal occupation		
Health		
Religion		
Address		
Education		
<b>APPLICANT'S MOTHER</b>		
Name & age, if living. If deceased, give age, date, & cause of death.		
Place of birth		
Nationality		
Principal occupation		
Health		
Religion		
Address		
Education		
<b>BROTHERS &amp; SISTERS</b>		
Names & ages, if living (date and cause of death, if deceased), health, marital status and number of children. (If additional space is needed, please add and attach to this page.)		

Last name	Identification number / FH number	Date (month, day, year)
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**PREFERENCE DATA**

Have you ever applied to another child placing agency to become an adoptive or foster parent? If yes, please list **all** agencies to which you have ever applied for adoption or foster care. If needed, use an additional sheet.

Name of agency	
Address of agency (number and street, city, state, and ZIP code)	
Date of application (month, day, year)	Was a family preparation assessment done? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of agency	
Address of agency (number and street, city, state, and ZIP code)	
Date of application (month, day, year)	Was a family preparation assessment done? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLACEMENT PREFERENCE**

*Place an "X" on any category you would definitely consider. Place an asterisk (\*) on those you might consider but would like to discuss further.*

- |  |  |  |
|--|--|--|
| <p><b>Sex</b></p> <input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> No preference | <p><b>Age of child</b></p> <input type="checkbox"/> 0 to 3 months<br><input type="checkbox"/> 3 to 6 months<br><input type="checkbox"/> 6 to 12 months<br><input type="checkbox"/> 1 to 3 years<br><input type="checkbox"/> 3 to 6 years<br><input type="checkbox"/> 6 to 10 years<br><input type="checkbox"/> 10 to 14 years<br><input type="checkbox"/> 14 years and older | <p><b>Race</b></p> <input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Pacific Islanders<br><input type="checkbox"/> White<br><input type="checkbox"/> Multiracial<br><input type="checkbox"/> Other |
| <p><b>Number</b></p> <input type="checkbox"/> Twins<br><input type="checkbox"/> Siblings                                     |  | <p><b>Ethnicity</b></p> <input type="checkbox"/> Hispanic Origin   |

**MEDICAL CONDITION PREFERENCE**

*Place an "X" on any category you would definitely consider. Place an asterisk (\*) on those you might consider but would like to discuss further.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Vision impairment<br><input type="checkbox"/> Hearing impairment<br><input type="checkbox"/> Speech impairment<br><input type="checkbox"/> Mental challenges<br><input type="checkbox"/> Medical illness, diagnosis or disease<br><input type="checkbox"/> Genetic/hereditary conditions | <input type="checkbox"/> Facial disorder or disfiguration<br><input type="checkbox"/> Seizure disorder<br><input type="checkbox"/> Birthmarks<br><input type="checkbox"/> Behavioral challenges<br><input type="checkbox"/> Emotional challenges<br><input type="checkbox"/> Physically abused | <input type="checkbox"/> Sexually abused<br><input type="checkbox"/> Intellectual challenges<br><input type="checkbox"/> Learning disability<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Prematurity<br><input type="checkbox"/> Family history of medical illness or disease |
|---|--|--|

Last name	Identification number / FH number	Date (month, day, year)
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**ADOPTION APPLICANT(S) QUESTIONNAIRE - Provide a detailed answer for each question. Attach a separate sheet, if necessary.**

1. How long have you considered adoption?  
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2. Why do you want to adopt a child(ren)?  
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 -----

3. If infertility is an issue, what other medical options have you explored? Please explain.  
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4. If infertility is an issue, how have you and your family resolved this issue? Please explain.  
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5. How do you plan to discuss the adoption with your child(ren)? When will you address the adoption issues with your child? How will you address the questions the child may have about his/her birth family?  
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6. What would be the effect on your adopted child if you have a birth / biological child?  
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7. If you have a biological child(ren), what would be the effect on that child(ren) if you adopt?  
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8. How do you plan to discipline the child?  
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9. What are your educational / vocational goals for the child?  
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10. What will you do if the child does not achieve these goals?  
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11. What will you do if your adopted child develops mental or physical handicaps that were not diagnosed at the time of the adoption?  
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12. Have you provided care to children in your home?  
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13. If yes, what fulfillment did you receive? If problems developed, what were they?  
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14. Is your extended family in support of your decision to adopt?  
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Last name	Identification number / FH number	Date (month, day, year)
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<b>FINANCIAL PROFILE - Attach a separate sheet, if necessary. Write N/A if the question is not applicable to you.</b>		
	<b>APPLICANT A</b>	<b>APPLICANT B</b>
<b>NAME</b>		
<b>INCOME</b> Salary and/or wages (current annual gross income, including bonuses, if applicable)		
<b>INVESTMENTS</b>		
Interest & dividend income		
Rental property income		
Investments – Value		
Retirement, annuities, stocks, bonds		
Savings, certificates of deposit		
<b>AUTOMOBILES</b>		
Model, Make & Year		
Payment Amount / Lien balance		
<b>BANK ACCOUNTS</b>		
Checking		
Savings		
<b>LIFE INSURANCE</b>		
Whole or term		
Company		
Amount		
Monthly Cost		
<b>MEDICAL INSURANCE</b>		
Company		
Cost		

Estimated value of house	Balance on mortgage	Original price of house	Date of purchase (month, day, year)	Amount of monthly payment
Name of mortgage company				
<b>1. Rental or other real property</b>	Balance on mortgage	Amount of monthly payment	Monthly utility costs	
<b>2. Rental or other real property</b>	Balance on mortgage	Amount of monthly payment	Monthly utility costs	
<b>3. Rental or other real property</b>	Balance on mortgage	Amount of monthly payment	Monthly utility costs	

<b>MONTHLY OBLIGATIONS</b>		
	<b>APPLICANT A</b>	<b>APPLICANT B</b>
Utilities		
Master Card/Visa/AMEX/Discover		
Charge Accounts		
Other (please list):		
1.		
2.		
3.		
4.		
5.		
6.		