



FOSTER / ADOPTIVE FAMILY INVENTORY

State Form 54607 (1-11)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: Complete one form for each applicant for a license. This form may be completed by hand or electronically. If completing electronically, access the form online a www.forms.in.gov.

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 form by each applicant 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. You also have the right to voluntarily withdraw your application at anytime during the licensing process.

SECTION 1 - DEMOGRAPHICS

Full legal name (<i>last, middle, first</i>)					Race		Marital status	
Highest grade completed		Name of high school attended						
Name of college attended							Dates attended (<i>month, day, year</i>)	
Degree(s) obtained		Extracurricular activities in school						
Employment History – Last Five (5) Years								
Name of Employer			Dates Worked (<i>month, day, year</i>)			Reason for Leaving		
Religious preference		Religious activities						
Previous Marriages								
Previous Married Name		Date of Marriage (<i>month, day, year</i>)		Date of Dissolution (<i>month, day, year</i>)		Reason for Dissolution		Number of children from Marriage (<i>if any</i>)
Name of father							Age of father (<i>if deceased, age at death</i>)	
Place of birth		Nationality				Principal occupation		
Health		Religious preference				Education		
Address (<i>number and street, city, state, and ZIP code</i>)								
Name of mother							Age of mother (<i>if deceased, age at death</i>)	
Place of birth		Nationality				Principal occupation		
Health		Religious preference				Education		
Address (<i>number and street, city, state, and ZIP code</i>)								
Siblings								
Name		Age	Health			Marital Status		Number of Children

SECTION 2 – FAMILY AND BACKGROUND

Complete applicable sections in paragraph form, providing as much information as possible. Use N/A when a question is not applicable.

Family

Describe your family background

Describe your relationship to your own parents

Describe your continuing relationship with your parents

Describe your contact with your parents

What are their feelings regarding your plans to adopt/foster parent?

Describe any support you might receive from your family toward your fostering efforts

Describe your relationship with brothers and sisters

Describe how your childhood was satisfying

What kind of memories do you have of your childhood?

Describe any marked deprivations?

What was your most memorable experience? Provide an example of a positive and negative experience.

Describe your participation in any childhood activities (school, church, scouts, sports, etc.)

How were you disciplined as a child and youth (or teenager)?

Do you respect your parents for this discipline?

What person was most important to you as you were growing up? Who was most influential? Why?

Describe any experiences with alcohol or substance abuse for yourself, your family, or someone close to you

If you were separated in childhood or youth from one or both parents, why? How do you feel about it now?

How did you see your parent's marriage/relationship?

Have you patterned your life after it?

Tried to improve? How different?

Self

Describe your personality

What are your life goals?

Self (continued)

Tell about your hobbies, interests, dislikes, etc.

What do you like best about yourself? What would you like to change?

Describe any experiences with abuse or neglect in your family or someone close to you?

Have you ever been arrested or convicted of a crime? If yes, please list arrests/convictions.

Have you ever had psychiatric treatment or professional counseling? If so, how long ago?

What were the events that caused you to seek counseling?

Do you believe that you gained a benefit from attending counseling? If so, in what way?

How do you resolve differences with friends, family members or loved ones?

What types of activities do you do for fun as a family unit?

How much privacy do you require?

Do you have any chronic illnesses or disabilities?

Children

If you have children, describe their physical appearance, school performance, personality, etc.

Have you ever obtained professional counseling for your child(ren)? If so, why?

Attitudes Toward Parenting

What types of behavior require parental discipline?

What forms of discipline do you feel are inappropriate?

At this time, what type of child do you feel you can parent?

What strengths and background do you feel you have that will enable you to parent this type of child?

In what way do you see adoption or fostering satisfying your needs?

How do you want to parent your child that is similar to or different from the way you were raised?

Would you hesitate to seek counseling for yourself or your child for discipline or behavior challenges that might occur?

Future Children in Your Home

At this time, what do you think you will expect from your children?

At this time, what goals do you want your children to achieve?

What is your plan for child care while you are working?

How do you plan to explain the adoption or placement to the child?

Future Children in Your Home (continued)

What attitude or feelings do you anticipate the child having toward the absent birth parents in the future?

How could you help the child with these feelings?

What response on your part would be harmful?

How do you anticipate responding if the child decides to seek out the absent birth family members?

Who will other significant people be in the child's life?

Marriage / Significant Other Relationship

Tell what your marriage or significant other relationship means to you. Why do you like being married or single?

What do you need to get out of marriage or significant other relationship?

Have you found such fulfillment in your marriage/relationship?

What do you contribute to your marriage/relationship?

How would you like your marriage or relationship and life style to be?

What are the respective roles of you and your spouse or significant other in your marriage/relationship?

What are common interests?

What are separate interests?

Describe your spouse / significant other's strengths

Describe your spouse / significant other's vulnerabilities

Describe your spouse / significant other's satisfaction in life. Is your spouse/significant other happy with his/her personal achievements or goals?

How does your spouse or significant other relate to other people?

How do you see your spouse or significant other as a parent?

How do you see yourself as a parent?

What do you like most about your spouse or significant other?

What bothers you most about this person?

In what ways would you change or have your spouse or significant other be different?

If you were previously married, describe that marriage and the factors in its termination.

Marriage / Significant Other Relationship (continued)

How is your present marriage different?

Why do you feel that your present marriage is more stable?

If there is a marked age difference between you and your spouse or significant other, what does this mean to your marriage/relationship?

If you have experienced infertility in your marriage, how have you been able to accept this fact? How do you think your spouse has accepted this fact? *(Applies to adoption applicants only.)*

What were the most memorable times during your marriage or significant other relationship?

Have you and your spouse ever been separated?

How do you resolve differences in your marriage/relationship?

SECTION 3 – FINANCIAL INFORMATION

NOTE: Verification of income must be provided with this form. Examples of acceptable documentation are pay stubs, investment statements, and bank account statements. Attach a separate sheet, if necessary. Use N/A when a question is not applicable.

Financial Profile

<u>Income</u> – Salary and/or wages (current annual gross income, including bonuses, if applicable)	
<u>Investments</u> – Interest & dividend income	
Rental property income	
Investments – Value	
Retirement, annuities, stocks, bonds	
Savings, certificates of deposit	
<u>Automobiles</u> – Model, Make & Year	
Payment Amount / Lien balance	
<u>Bank Accounts</u> – Checking	
Savings	
<u>Life Insurance</u> – Whole or term	
Company	
Amount	
Monthly Cost	
<u>Medical Insurance</u> – Company	
Cost	

Estimated value of house	Balance on mortgage	Original price of house	Date of purchase (month, day, year)	Amount of monthly payment
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Name of mortgage company

1. Rental or other real property	Balance on mortgage	Amount of monthly payment	Monthly utility costs
2. Rental or other real property	Balance on mortgage	Amount of monthly payment	Monthly utility costs
3. Rental or other real property	Balance on mortgage	Amount of monthly payment	Monthly utility costs

Monthly Obligations

Utilities	
Master Card / Visa / American Express / Discover	
Charge Accounts	
Other (please list):	
1.	
2.	
3.	
4.	
5.	
6.	

Signature of applicant	Date (month, day, year)
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SECTION 4 – ADOPTION APPLICANT QUESTIONNAIRE

Provide a detailed answer for each question. Attach a separate sheet, if necessary. Only complete this page if you plan to adopt.

1. How long have you considered adoption?

2. Why do you want to adopt a child(ren)?

3. If infertility is an issue, what other medical options have you explored? Please explain.

4. If infertility is an issue, how have you and your family resolved this issue? Please explain.

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?

6. What would be the effect on your adopted child if you have a birth / biological child?

7. If you have a biological child(ren), what would be the effect on that child(ren) if you adopt?

8. How do you plan to discipline the child?

9. What are your educational / vocational goals for the child?

10. What will you do if the child does not achieve these goals?

11. What will you do if your adopted child develops mental or physical handicaps that were not diagnosed at the time of the adoption?

12. Have you provided care to children in your home?

13. If yes, what fulfillment did you receive? If problems developed, what were they?

14. Is your extended family in support of your decision to adopt?

Signature of applicant

Date (month, day, year)