**Foster Parent Life Story Questionnaire**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EACH PROSPECTIVE PARENT MUST FILL OUT THIS FORM PERSONALLY.**

**What you write is important. You can be brief, but please cover the points below. Give basic details. If you need more space, please use the last page (with headings). If we need more information, we will ask you to elaborate verbally during the home visit.**

* **RESIDENCE**

Please list the states where you have lived with approximate month and year starting with your birth:

State #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Yr \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

State #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Yr \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

State #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Yr \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

State #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Yr \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

State #5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Yr \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

* **EDUCATION**

Name of your High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? \_\_\_\_\_ Year\_\_\_\_\_\_

Name of College/Trade School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of years attended\_\_\_\_\_\_

Field of Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you graduate\_\_\_\_\_ Year \_\_\_\_\_\_

Any graduate study? (If so, explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **EMPLOYMENT**

When did you first begin working?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highlight recent occupational experiences with places you were employed and for how long.

1.

2.

3.

**Employment Reference**

**Please provide the name and phone number of a supervisor for your current employment:**

Name of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Self-Employed, please provide the name of a business associate**

Name of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child abuse**:

* What are your thoughts about birth parents and how do you feel about connecting with them?
* What are your thoughts about children in foster care?
* Do you have any history of child abuse?
* Do you have any history of being in foster care or adoption?

**Marriage:**

* What attracted you to your spouse? How did you meet?
* Describe your marriage – high points and low points.
* What are some of the major challenges you and your spouse have overcome since getting married?
* Have you had to deal with infertility or death of a child? How did you cope?
* What are your spouse’s strengths and needs? Describe the communication in your marriage.

**Single/Divorced:**

* Are you currently in a dating relationship? If yes, please discuss (with whom, how long, etc.).
* If previously married, name of your spouse(s) and time period of marriage(s). Why did your marriage dissolved?
* If you have a child (children) from a previous relationship, please describe your current relationship you’re your child (children)’s parent.
* Describe relationship between child and parent and include visitation arrangements.

**The following questions are for** **both Married or Single/Divorced:**

* Family Life: How are decisions made in your family?
* Conflict: How are conflicts resolved?
* Values: What are your personal/family values?
* Support System: Who comprises your support network? (family, friend, church, co-worker, etc.)
* Babysitter: Who will be your back-up babysitter? (This person must be background-screened).
* Child Care Experience: Any child care/child rearing experience? If yes, how have you gained this experience? What are your plans for childcare?
* Parenting**:** Please describe your parenting journey, including, challenges, rewards, high points, low points, lessons learned.

 **Child Questionnaire – To be filled out by parent**

**CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(For couples: One spouse’s response will suffice for the questions below)**

* **Tell us about your child:**

Describe his/her personality

Favorite things to do; hobbies and interests, extra-curricular activities

Any special needs or developmental delays? If yes, how are these being addressed?

Any health/mental health challenges?

Describe this child’s relationship with each parent

Describe this child’s relationship between/among siblings