**Each applicant must complete their own adult profile**.

Spouses or partners may not complete this profile on their behalf.

Thank you for your interest in fostering a child. The information below will help us get to know you better. Please answer the questions below as accurately and truthfully as possible. If you need additional space to answer questions, please use a separate sheet of paper. Please note per 65C-13.031 **“It is unlawful for any person to make a willful or intentional misstatement on any license application or other document filed in connection with an application for a license. An applicant who makes such willful or intentional misstatements shall have his or her license denied or revoked.”**

* *Note to agency Licensing Specialist: Any changes, comments or notes that you make on this form must be initialed.*

|  |  |
| --- | --- |
| **1. DEMOGRAPHICS** | |
| Name: (first, middle, last) | |
| Please list all other names you have used in the past including maiden names, AKA’s, etc | |
| Social Security #: | Date of Birth: |
| Gender: | Marital Status: |
| Race: | Ethnicity: |
| Highest level of education: | |
| If single, do you have a partner, paramour, significant other or romantic relationship with someone living outside your home? Yes  No *If yes, please provide name and address of individual here:* | |

|  |  |
| --- | --- |
| **2. EMPLOYMENT INFORMATION** | |
| Occupation: | Employer: |
| Employer Address & Phone: | |
| How long have you worked for this employer? | |
| Do you work for any other companies? | |
| If you have worked for this employer for less than 2 years, please list your past employer: | |

|  |  |
| --- | --- |
| **3. WORK SCHEDULE: Please list your work start and end time for each day of the week. If your work day varies please provide some detail and examples about when you may be scheduled to work.** | |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

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| **4. If you work evenings or weekends, what is your plan for childcare for your foster child?** |
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| **5. What motivated you to become a foster parent?** |
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| **6. What age group would you feel most comfortable fostering? Why?** |
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| **7. If you have birth, adopted or step children what types of discipline do you find most effective?** |
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| **8. If you have had parenting experience with children other than your biological or adopted children, please discuss the circumstances and describe the experience (positive, negative, etc).** |
|  |

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| **9. In your foster parent training class, you learned about appropriate and inappropriate forms of discipline for foster children. Please list 3 forms of discipline that would be unacceptable for foster children.** |
| 1)  2)  3) |

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| **10. In your foster parent training class, you learned about the Multi-Ethnic Placement Act of 1994 which prohibits States and other entities that receive Federal financial assistance from delaying or denying a child’s foster care placement on the basis of the child’s or the prospective parent’s race, color, or national origin. Are you willing to accept a child of any race into your foster home?** |
| Yes  No *If “no,” please explain:* |

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| **11. Are you willing and able to respect and honor a child's culture, religion, or individual situation, including sexual orientation?** |
| Yes  No *If “no,” please explain:* |

**MEDICAL / PSYCHOLOGICAL HISTORY**

The questions that follow may be sensitive, personal or embarrassing, however, this information will help us determine if now is the right time to foster, or to assess what type of foster child would be most appropriate for your home. Your answers will be kept strictly confidential; however, it is important that all questions be answered honestly and completely to the best of your knowledge.

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| **12. Have you, or any member of your household, ever been under the regular care of a medical doctor for a chronic, debilitating, communicable or progressive disease or condition? Please include past and current treatment.** |
| Yes  No If “yes”, please complete below:  Name of family member Diagnosis Physician’s Name |

|  |
| --- |
| **13. Have you, or any member of your household, ever sought treatment with a psychologist, psychiatrist or mental health professional for an emotional issue or mental health condition? Please include past and current treatment.** |
| Yes  No If “yes”, please complete below:  Name of family member Diagnosis Dates of treatment Medication Prescribed  *(if applicable)* |

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| **14. Please list all prescription medications currently taken by you or other household members.** |
| N/A, no member of my household takes prescription medications.  Name of family member Prescription name / dosage Diagnosis |

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| **15. Have you, or any member of your household, ever had a history of alcohol or substance abuse?** |
| Yes  No *If “yes”, please discuss treatment and recovery.* |

**HISTORY WITH LAW ENFORCEMENT OR CIVIL COURTS**

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| --- |
| **16. Have you, or any member of your household, ever been arrested for any reason?** *Please list even if the charges were dropped.* |
| Yes  No *If “yes”, please discuss date and circumstances* |

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| --- |
| **17. Have you, or any member of your household, ever been involved in a child abuse allegation?** |
| Yes  No *If “yes”, please discuss in detail.* |

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| --- |
| **18. Have you, or any member of your household, ever been listed as a plaintiff or defendant in a petition for protection?** Please discuss even if it was rejected |
| Yes  No *If “yes”, please discuss in detail.* |

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| **19. Are you aware that any Police, Fire or EMS calls to your home must be reported to your licensing agency within 48 hours of incident?** |
| Yes  No |

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| --- |
| **20. Are you aware that any new household members that move into your home must be reported to your licensing agency within 48 hours?** |
| Yes  No |

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| --- |
| **21. Are you aware that any changes to your employment, work hours or income must be reported to your licensing agency within 48 hours?** |
| Yes  No |

**PERSONAL FAMILY HISTORY**

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| --- |
| **22. Growing up, what discipline practices were used in your family. What have you chosen to do the same, or differently with your own family?** |
|  |

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| --- |
| **23. Growing up, were you exposed to any child abuse, neglect or domestic violence?** |
| Yes  No  *If you answered “yes”, how has your past, positively or negatively affected your ability to foster a child who may have gone through similar types of abuse?* |

**Applicant(s) please read before signing:** 65C-13.031: *“It is unlawful for any person to make a willful or intentional misstatement on any license application or other document filed in connection with an application for a license. An applicant who makes such willful or intentional misstatements shall have his or her license denied or revoked.”*

By signing below, I attest that the information provided in this Adult Profile is true, accurate and correct to the best of my knowledge.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Applicant PRINT name |  | Applicant SIGNATURE |  | Date |