Each adult foster parent applicant must individually and thoroughly complete a Questionnaire. Information presented in this Questionnaire will be used throughout the Home Study processes to assist **Make A way, CPA**. in the screening of licensing applicants.

Date of Questionnaire:	
Name of Applicant:	

Identify each person who currently lives in the home (name, age, gender and relationship to the applicant(s):

Name	DOB	Age	Gender	Relationship to Applicant
			☐ Male ☐ Female	
			Male Female	
			🗌 Male 🗌 Female	
			🗌 Male 🗌 Female	
			🗌 Male 🗌 Female	
			🗌 Male 🗌 Female	
			🗌 Male 🗌 Female	
			🗌 Male 🗌 Female	
			🗌 Male 🗌 Female	

Identify members of the family no longer living in the home:

Name	DOB	Age	Gender	Relationship to Applicant
			Male Female	

Regarding the people listed in question #2, what is the reason for their departure, where are these people now and how often are you in contact with them?

I. MOTIVATION:

- 1. Tell us why you are choosing to foster.
- 2. Describe when and how you first began to pursue fostering.
- 3. Why specifically do you wish to foster a "special needs" child?

- 4. Do you feel you or you spouse are more motivated than the other to foster, if so who and why?
- 5. If you became foster parents would you both be equally involved in parenting? If no, why?
- 6. Who first thought about fostering (you or your spouse)?
- 7. Why is this a good time for your family to foster?

II. <u>APPLICANT'S DESCRIPTION & BACKGROUNDS & FEELINGS</u>

- 1. Describe yourself (personality, interest and physical description.
- 2. How would other people describe your personality?
- 3. What are your qualities as a person, i.e. what makes you uniquely you?
- 4. What are some of your individual interests or hobbies?

YOUR PARENTS:

- 1. What is your father's name, age and current occupation? Where does he live
- 2. Describe what your father was it like when you were growing up (employment, personality, etc).
- 3. What is your mother's name, age and current occupation? Where does she live?
- 4. Describe what your mother was like when you were growing up (employment, personality etc.)

YOUR CHILDHOOD:

- 1. When you were a child, what was your relationship with your parents like? With who were you closest
- 2. Describe your parent's relationship while you were growing up. Describe it now.
- 3. What is your birth position among siblings?
- 4. Describe each your brothers and or sisters including the following information:
 - a. Name, age and description:
 - b. Marital status and children:
 - c. Employment and level of education:
 - d. Your relationship with them when you were a youth:
 - e. Your relationship with them now:
 - f. Their feelings about your fostering plans:
- 5. When you were young, who disciplined the children in your family? How were you disciplined? Will you do the same with your youth?
- 6. How did you settle friction with your brothers and or sisters? Did your parents intervene?

- 7. What did your family do together and how frequently?
- 8. Did you change residence often while you were growing up?
- 9. As a child, what did you enjoy about your home life? What did you dislike?
- 10. What is the most important thing your parents taught you?
- 11. What do you wish your parents had done differently?
- 12. What sort of expectations did your parents have of children in your home? How well did you meet those expectations?
- 13. How would you describe your present relationship with your parents? How has it changed?
- 14. What was school like for you? What kinds of grades did you make? How did you get along with your classmates and teachers?
- 15. What hobbies, sports, or other recreational activities were you involved in while growing up?
- 16. At what age did you start dating? What aid you do on these dates? Did you get serious over any one particular boy/girl?
- 17. Did you attend school beyond high school? If so, please describe your college experiences (dating, your major, activities, etc
- 18. What goals to you work toward in your life?
- 19. How do your parents feel about your fostering?

- 20. If you have not told them why or why not?
- 21. Did you have many friends as a child? What did you do together? Did your friends come to your house or did you more frequently go to theirs?

SEX EDUCATION:

- 1. What are your feelings about sex education? (Re: sexual issues.)
- 2. How would you handle sexuality with your children?
- 3. How sex education was handled in the applicant's families of origin. What are families' current feelings?
- 4. How do you feel about answering questions relating to sexual issues?
- 5. At what age and under what circumstances did you received your first information about sex.
- 6. Were you sexually active during dating or before marriage? At what age was you first sexual experience?
- 7. Have you or anyone you have known been molested, a victim of rape, date rape, or other negative sexual experiences? If so, how was the situation resolved? How did it affect you then? Now?
- 8. When do you feel it is most appropriate to discuss sexual matters with a child or children?
- 9. Please describe your feelings and ability to deal with children who have been sexually abused.

HISTORY OF ABUSE

- 1. Have you ever been physically or sexually abused or neglected as a child or adult? If so, please explain the circumstances of this abuse and how this affected you.
- 2. Were you able to work through the effects of this abuse? If, so how were these issues resolved.

HISTORY OF DRUG/ALCOHOL ABUSE

- 1 Do you have a history of alcohol or substance abuse?
- 2. If, so what are the circumstances of this abuse and when did it occur?
- 3. Did you receive treatment for this, if so how did you resolve this issue?

CRIMINAL HISTORY:

- 1. Have you ever been arrested or charged with any crime?
- 2. If so, please describe the circumstances of these charges and how were they resolved.
- 3. If charged were you ever incarcerated, describe circumstances and details.

MENTAL, EMOTIONAL AND PHYSICAL (DISABILITY)STATUS:

1. Please describe your current physical health and/or disabilities.

Do you smoke tobacco products (i.e. cigarettes, pipes, cigars)?

Make A Way, CPA requires that parents do not smoke in the presence of foster children due to the dangers of second-hand smoke. If you do smoke, explain what measures you will take to keep the smoke away from foster children and provide a smoke-free living environment (i.e. only smoke outdoors, no smoking in vehicles, etc.):

- 2. Have you had any serious health problems or conditions in the past?
- 3. What is your current psychological and/or mental status?
- 4. Have you ever been under the care of a mental health professional, including psychiatrist, counselor etc?
- 5. If you have been treated for a mental or psychological condition please describe the condition and the treatment, including if and how the problem was resolved.

III. FAMILY INTERACTIONS & MARRIAGE(S) AND REALTIONSHIP(S):

PREVIOUS MARRIAGES AND/OR RELATIONSHIPS:

- 1. Have you been married or in a long-term relationship previously? If so, please describe your former marriages or relationships including the following information:
- 2. Date and place of previous marriage(s):
- 3. Describe your former spouse or significant other(s):
- 4. What made you think she or he was the one?
- 5. What caused the marriage or relationship to end?
- 6. What would you have done differently?
- 7. Where there any children involved? If so, what is your present relationship with them? How do they feel about your fostering plans?
- 8. How is your present marriage different?

CURRENT RELATIONSHIP OR MARRIAGES:

- 1. When and where were you married to your current spouse?
- 2. How do you feel about your spouse's (significant other's) home life and family?

3. Where did you meet your spouse? How long did you date before your engagement and marriage (or cohabitation)? Describe your courtship?

4. What made you think she or he was the one?

5. Being objective, name ten character traits seen by others in your mate. Remember, we all have strengths and weakness.

6. How has your marriage or relationship changed in the last few years? What adjustments did you have to make?

7. What interests and activities do you share with your mate?

8. Do you feel your mate communicates his/her moods, thoughts, and feelings? How?

9. What are the strengths of your marriage (relationship)? What is the weakness?

10. If there was one thing you could change about your mate, what would it be?

11. Discuss areas within your relationship you feel could be improved?

12. How do you resolve your differences of opinion?

13. What do you feel are the strong points in your marriage (relationship)? What are the areas of disagreement?

14. What has been the most stressful time in your relationship? How did you deal with the stress? What are the happiest times?

15. Have you ever separated due to conflict? If so, please describe the circumstances and length of time you were separated. Why did you decide to continue your relationship?

- 16. Is your current sexual relationship satisfying?
- 17. What aspect, if any, of your sexual relationship would you like to change?
- 18. How does your spouse display affection?

DECISION-MAKING PROCESS:

- 1. How are decisions made within the home?
- 2. Who makes the decision?
- 3. How do you work out problems?
- 4. Who makes the ultimate decisions about major problems?
- 5. Who gives in most frequently?
- 6. What do you argue about most frequently?

IF YOU HAVE CHILDREN: CHILDREN IN THE HOME (answer each question for each child):

- 1. When and where were they born?
- 2. Are they adopted?
- 3. Are they in school?
- 4. Describe each of them briefly- their personalities and interests.
- 5. What do they think about your plans to foster? What have they said specifically?
- 6. Do any of them have any physical, emotional or psychological issuers or problems?
- 7. What are the children's feelings about having a faster child placed in their home?
- 8. How do you feel having a foster child will affect your family and children?
- 9. How have you prepared your child for becoming a foster family?
- 10. How do you discipline your children?
- 11. Do you have a different discipline style from your spouse?
- 12. If you have a different style, how do you resolve these differences?

SINGLE PARENTS:

1. Are you currently involved in a dating relationship? If yes, please explain the seriousness and commitment level of your relationship as well as any discussions of marriage.

2. How often would the foster children in your home have contact with this person? Describe the nature of this contact:

- 3. Have you discussed with your dating partner your desire to foster parent? What was their reaction and response?
- 4. How will you balance a dating life (either currently, or in the future if not presently dating), with being a foster parent?

5. Do you intend to take children on outings with your dating partner, or will you be using childcare arrangements? Please explain. Describe the type of childcare arrangements that would be used.

OTHER HOUSEHOLD MEMBERS:

- 1. Are there other individuals living in your home?
- 2. If so, please give their name and what their relationship to you is?
- 3. How do they feel about your family fostering?

RELIGION AFFILIATION:

- 1. Do you have any particular religions believe or participate in an organized religion?
- 2. If so, please describe your religious practices.
- 3. If a child was placed in your home of a different religion how would you feel about this?
- 4. If a foster child is placed in your home, which has different religious practices, would you be willing to facilitate their participation in their belief and spiritual development.
- 5. If a foster child placed in your home religion prohibited certain medical treatment how would you plan to protect this child's health?

HOW STRESS AND ANGER ARE HANDLED:

- 1. How do you generally deal with crisis situations?
- 2. Describe a crisis you have experienced and how you dealt with it.
- 3. What is the different between, stress and anger?
- 4. Have you ever dealt with a crisis by hitting or striking out? Describe this situation.

EXTENDED FAMILY ATTITUDE REGARDING FOSTERING

(Grandparents, uncles, aunts, cousins, etc.)

- 1. What will be their role, if any, in a foster child placed in the home?
- 2. What have you told them about this fostering and what do they think about it?
- 3. What interactions do you have with extended families and the community?
- 4. What type of relationship do you have with friends and neighbors, with church and community?
- 5. What are your extended families' attitudes towards your family becoming foster parents?
- 6. Is there anyone in your family that you have not told about your plans to foster, if yes who?

ADULT/OTHER CHILDREN NOT LIVING IN THE HOME

- 1. Do you have any adult children not living in the home?
- 2. If so what are their names, address and phone number.
- 3. Do you have contact with these children, if so how often?
- 4. How do they feel about your fostering?

IV. HOME ENVIRONMENT AND CHILD CARE PLANS:

- 1. Please describe your home, number of bedrooms, style, additional child-oriented features such as a fenced yard, etc.).
- 2. What is your neighborhood like?
- 3. Are there other children?
- 4. Are schools and other resources available in your community?
- 5. Where will the new child sleep?
- 6. What is the income level, age, group, and racial makeup of your neighborhood?
- 7. What are your plans for childcare, when you will not be caring for your foster child?

- 8. Would you use a day care center, family day home or a private babysitter?
- 9. How would you determine if an alternate care giver was appropriate for your foster child?
- 10. What are your housekeeping standards?
- **11.** Financial Status/ Ability to Support Child (do you have the ability to support a child for a couple of months before you receive your first pay check)?

V. <u>SUPPORTING THE CHILD'S NEEDS REGARDING THEIR BIRTH FAMILY</u>: <u>WILLINGNESS TO SUPPORT THE CHILD'S NEEDS REGARDING HIS</u> <u>BIRTH FAMILY</u>:

- 1. How would you support the child's; attachment to his birth family?
- 2. What is your ability to provide cultural sensitivity to children form different Socioeconomic, cultural, and Ethnic Groups compared to your family?
- 3. How will you help a child maintain his Cultural/Ethnic identify?
- 4. How would you accept and deal with difference in culture, values, religion and race?
- 5. How would you help the child to develop a positive self-concept identity?
- 6. How would you communicate with the child about his placement?
- 7. What is your willingness to support contacts between the birth family and the child?
- 8. Are you willing to support the use of Life Books and provide documentation and picture to be used in this process?

VI. HOW DO YOU DEAL WITH PERSONAL LOSSES (LOSS EXPERIENCES):

- 1. Describe the greatest loss(s) you have experienced in your life?
- 2. How have you dealt with personal losses?
- 3. Have those losses equipped you to help and foster child work through losses?

- 4. What would you share with a child to help the child separate for their homes and how to deal with that separation?
- 5. What is your ability to help children grieve by accepting feelings of denial anger and depression?
- 6. How would you help the child to deal with his foster-care placement?
- 7. How do you tell a child place in your home about his birth parents?
- 8. How will a foster child differ from a biological child?

VI. <u>DEALING WITH CHILDREN WHO HAVE BEEN PHYSICALLY, SEXUALLLY</u> <u>ABUSED OR NEGLECTED</u>:

- 1. What are your feelings about children who have been abused?
- 2. What are your feelings about birth parents that have abused or neglect their children?
- 3. What do you think the impact of child abuse will have on a child?
- 4. How do you think these feeling will affect your parenting of these children?
- 5. What impact do you think these feelings will have on your family?
- 6. How do you think this abuse will affect their feelings about their biological parents?
- 7. How will you deal with a foster child's love and positive feeling about their biological parents?
- 8. What community resources are available to you that would assist you in help the foster children in your home, and what is your willingness to use these services?

VIII <u>CHILD REARING (PHILOSOPHY) AND ATTITUDES INCLUDING</u> <u>DISCIPLINE, CHILD MANAGEMENT AND DISCIPLINE & SEXUALITY ISSUES</u>.

DISCIPLINE

- 1. If you are a parent, please discuss how you discipline your children.
- 2. What methods do you use for which behaviors?
- 3. If you are not a parent, please discuss what ideas you have about discipline.
- 4. Where did you learn these ideas?
- 5. Have you read specific books on parenting?
- 6. Describe your experience with children (your own as well as other children you have worked with or known).
- 7. Describe the positive and negative experiences you have had with children.
- 8. How would you adjust or tailor your discipline techniques to suit a particular child?
- 9. How would you handle conflicts between your foster child and your other children?
- 10. What is your perception of yourself as a parent?
- 11. Are you strict or lenient?

FAMILY RULES, BOUNDARIES AND DISCIPLINE POLICY SHARED

- 1. What type of rules and boundaries would you set with your child or children?
- 2. What type of discipline would be used?
- 3. What is your capacity to support TDPRS discipline policy?
- 4. Who disciplines your children most often you or your spouse?

5. Please discuss your feelings in regards to Texas Department Protective and Regulatory Services policy on discipline, which does not allow any physical discipline for any reason.

APPLICANT'S KNOWLEDGE OF CHILD DEVELOPMENT:

- 1. What is your knowledge of child development? The knowledge I have stems from the training I have received during teaching.
- 2. What are your child-care experiences if they have no children?
- 3. What is your ability to parent a child and meet the child's need?

WILLINGNESS TO SUPPORT THE CHILD'S PLAN OF SERVICE/TEAMWORK WITH TDPRS:

- 1. What is your ability to accept and act on constructive criticism?
- 2. Are you willing to participate and continue in further training?
- 3. How do you feel about supporting a foster child's on-going relationship with their birth family?
- 4. What is your understanding of your role in sharing (partnership) parenting with birth parents, TDPRS and Make A way, CPA?
- 5. What is you understanding and acceptance of TDPRS decision-making process?
- 6. Would you be able to communicate with TDPRS workers about a foster child's adjustment need?
- 7. What is your willingness to support the child's plan of service?
- 8. Will you be able to provide transportation for the child?

EXPECTATION OF FOSTER CHILDREN/ TYPE OF CHILD DESIRED:

1. Please give an age range, sex preference (if any) and racial preference (if any) and number of children you would consider fostering.

- 2. Discuss the types of physical handicaps you are willing to consider in a child. Please be specific.
- 3. What educational goals or expectations are you looking for in your child? Could you consider a mentally retarded child, a child who is a slow learner, or a child with average intelligence?
- 4. What behaviors and personality types would you consider in a child?
- 5. What could you absolutely not consider? Again be specific.
- 6. What is your expectation of the child or children to be placed in your hone?
- 7. Do you anticipated there to be any problems if so how would you go about handling them?
- 8. What would you do as parents to help that child to assimilate within your family?
- 9. How would help a child understand and deal with his behaviors associated with separation and loss?
- 10. How do you hope your child will be like when they are an adult?
- 11. Is there anything in a child's background, such as sexual abuse, mental illness in a parent that you would hesitate to consider?
- 12. What do you feel will be the biggest challenge for you as a foster parent?

VIII. APPLICANT'S ABILITY TO ASSESS CHILDREN/NEEDS:

- 1. What is your willingness to follow through on professional advice?
- 2. How would you be able to assess the child's needs?

- 3. How would you promote the child's self esteem?
- 4. What is your ability to seek help to resolve family problems?

MISCELLANEOUS:

1. How will you and your family be affected by routine agency monitoring of the home and frequently scheduled caseworker visits/phone calls?

2. What are your feelings towards the reduced amount of privacy as a result of this monitoring and visits?

3. Please describe the nature of your typical family activities—what types of activities are your family involved in, how often activities are performed, favorite vacation places, etc.

Thank-you for your interest in fostering youth with Make A Way, CPA. Please call our office for any clarification needed regarding this questionnaire or for any other questions.

I authorize Make A Way, CPA. to use the above information in making a decision about my application.

Signature of Person Completing the Questionnaire	Date
Printed Name:	