

## STATE OF GEORGIA

**Division of Family and Children Services**

**Nathan Deal Bobby D. Cagle**

**Governor Director**

**Foster and Adoptive Family Evaluation Questionnaire**

Revised May 2015

The DFCS Foster and Adoptive Family Evaluation consists of a detailed family history questionnaire, Mental Health Questionnaire, Stress Index, and Sensitive Issues Inventory. All information obtained during this process remains confidential. It is used to assess potential for becoming a foster or adoptive family for Georgia Division of Family and Children Services.

Please complete the questionnaire honestly and to the best of your ability. There is not a right or wrong answer to any of these questions. Direct any questions or concerns you have regarding any item on the questionnaire to your IMPACT FCP Leader. Feel free to use additional paper if necessary.

|  |  |
| --- | --- |
| FAMILY NAME |  |
| STREET LN 1 |  |
| STREET LN 2 |  |
| CITY |  |
| COUNTY |  |
| STATE |  |
| ZIP |  |
| PHONE |  |
| EMAIL ADDRESS (S) |  |

## Heads of Household

|  |  |
| --- | --- |
| NAME |  |
| AGE |  |
| DATE OF BIRTH |  |
| SEX: |  |
| ETHNICITY |  |

**Two Peachtree Street, NW | Suite 19.490 | Atlanta, Georgia 30303 | Telephone: 404-651-8409 | Fax: 404-657-5105**

|  |  |
| --- | --- |
| LANGUAGES SPOKEN |  |
| EDUCATION |  |
| OCCUPATION |  |
| MARITAL STATUS |  |

DATE MARRIED

(If married)

|  |  |
| --- | --- |
| NAME |  |
| AGE |  |
| DATE OF BIRTH |  |
| SEX |  |
| ETHNICITY |  |
| LANGUAGES SPOKEN |  |
| EDUCATION |  |
| OCCUPATION |  |

DATE MARRIED (If

married)

ANNUAL HOUSEHOLD INCOME

## Other Household Members

|  |  |
| --- | --- |
| NAME: |  |
| AGE |  |
| SEX |  |

|  |  |
| --- | --- |
|  |  |
| DATE OF BIRTH |  |
| ETHNICITY |  |
| EDUCATION |  |
| OCCUPATION |  |
| ROLE IN HOME |  |
|  |  |
| NAME: |  |
| AGE |  |
| SEX |  |
| DATE OF BIRTH |  |
| ETHNICITY |  |
| EDUCATION |  |
| OCCUPATION |  |
| ROLE IN HOME |  |

|  |  |
| --- | --- |
| NAME: |  |
| AGE |  |
| SEX |  |
| DATE OF BIRTH |  |
| ETHNICITY |  |
| EDUCATION |  |
| OCCUPATION |  |
| ROLE IN HOME |  |

|  |  |
| --- | --- |
|  |  |
|  |  |
| NAME: |  |
| AGE |  |
| SEX |  |
| DATE OF BIRTH |  |
| ETHNICITY |  |
| EDUCATION |  |
| OCCUPATION |  |
| ROLE IN HOME |  |

**Directions to Your Home**

**Employment**

Mother’s Occupation Length of time employed

Name and address of Employer

Annual Income

List your last five employers and reason for leaving:

Father’s Occupation Length of time employed

Name and address of Employer

Annual Income

List your last five employers and reason for leaving:

*Other Household Income*

Do you operate any home-based businesses? Yes No

(If yes, please describe and indicate if the business requires clients or customers to regularly visit the home.)

Do you have a child care license or provide family daycare, or plan to begin operations in the near future? Yes No

Are you a licensed Personal Care Home? Yes No

## Household Environment

Give a description of your home (Include sleeping arrangements and physical description)?

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Do you have a fire extinguisher? Yes No How many?

How many working smoke alarms do you have, and where are they located?

Are there guns in the home? Yes No If yes, How many?

If yes, list location?

Where do you store medications?

Do you have a swimming pool? Yes No If yes, do you know how to swim? Yes No

Do you have pets? Yes No If yes, list name, type, and date of last vaccination.

Is your home on your county/city water and sewer system? Yes No

Is your home heated by an unvented fuel-fired heater (kerosene, wood-burning…)?

* Yes No

## Motivation

Why have you decided to become a foster and/or adoptive parent?

## Family Well-Being

How would you describe your personality? Include five adjectives that you feel best describe you.

What are some areas of your life, or relationships or that you would like to improve? Explain.

How would you describe your best attributes?

*\_*

As a child, who were your primary caregivers?

Describe the relationship you had as a child, with your primary caregivers.

If your primary caregivers were your parents, were they married? How would you describe their relationship (married or not married), while you were growing up?

How would you describe your relationship with your mother while growing up?

How would you describe your relationship with your father while growing up?

What is your position among the children in your family?

Only child or child Total number of children

How were you disciplined as a child?

Who was the primary disciplinarian in your family?

As a child did you ever feel abused or neglected by your caregiver? Yes No

As a child did you ever feel abused or neglected by anyone other than your caregiver? Yes

* No

How would you describe your childhood relationship with your siblings (If applicable)?

How would you describe your pre-teen years?

How would you describe your teenage years?

## Family Well-Being

Overall, how would you describe your childhood?

## Family Interaction

How would you describe your current relationship with your parents?

How would you describe your current relationship with your siblings?

Do you have a closer relationship to one of your siblings? Yes No If yes, with whom? Why?

Do you have a distant relationship with any of your siblings? Yes No If yes, why?

\_

Are you in conflict with any of your siblings? Yes No If yes, with whom? Why?

Is there another relative with whom you consider yourself extremely close?

* Yes No If yes, with whom?

How would you describe your relationship with your extended family?

How supportive and helpful will your extended family be to you as a foster or adoptive parent?

Are members of your immediate and extended family accepting of an unrelated child?

* Yes No

Are there other people in your life, outside of family, who are willing and able to support you as a parent? Yes No

If yes, with whom?

## Family Operations

Describe your family’s rules and boundaries. (Include in your discussion expectations and responsibilities regarding division of labor, privacy, and nudity.)

How is stress handled in your household?

## Extended Family

Are other people residing in your home? Yes No

Describe their feelings about your decision to foster or adopt child/children?

Describe their role with the child(ren) placed in your home?

Discuss your relationship with your neighbors?

How have people reacted to your desire to foster or adopt?

## Religion

What is your religious background?

How involved are you with your place of worship?

How would you manage a situation where the child(ren) placed in your home has religious practices and beliefs that differ from yours, including beliefs regarding medical treatment?

Would you be willing to take a child to the church of their choice? Yes No If yes, please explain.

Please describe a typical schedule for your family during the week and weekends, beginning at 7:00

A.M. Please indicate what your childcare plan (day care or after-school and any preliminary providers) would be based upon the age of the child for whom you expect to provide care.

Do you have a valid State of Georgia Driver’s license and proof of insurance?

* Yes No

If no, how do plan to transport the child in your care?

## Supporting the Child’s needs regarding Birth Family

**Birth Family Connection**

Describe your feelings towards the birth family of a child who has been neglected and/or abused.

Could you support a child’s feelings and relationship regarding their birth family including their siblings? Yes No

If yes, please explain.

What are your expectations concerning an ongoing relationship with the birth family?

## Other significant relationships

How will you work with other significant people in a child’s life to help maintain the relationship (i.e. teachers, friends, other foster parents)?

*Dealing with Separation and Loss*

Please describe any significant losses in your personal life and how you have managed or resolved those events. For example, death of a relative, natural disaster, infertility, divorce, etc…

How do you think your own experiences with grief/loss will assist you in helping a foster or adoptive child experiencing grief/loss?

Describe what you would say to a child to assist them with managing their grief/loss.

How will you help a foster/adoptive child create a Life Book?

## Ability to Parent children who have been Physically, Sexually Abused and/or Neglected Children

Tell us about your willingness, and ability to parent children who have been physically abused.

Tell us about your willingness, and ability to parent children who have been sexually abused.

Tell us about your willingness, and ability to parent children who have been emotionally abused.

Tell us about your willingness, and ability to parent children who have been neglected.

Describe your strengths and additional training needs in parenting children who have experienced these traumas.

## Child Management and Discipline

If a couple, who will be the primary caregiver?

Who is, or will be responsible for disciplining your foster/adoptive child(ren)?

What types of discipline have you used, and under what circumstances?

Discuss previous childcare experiences.

## Child Management and Discipline:

Tell us about your knowledge of child development.

How do you feel about the DFCS policy on child discipline?

How do you plan to discipline within the guidelines set by DFCS?

How structured is your family? (Discuss schedules, regular meal times, bed times, and various responsibilities of family members.)

## Partnerships

What are your expectations as a member of the DFCS team?

Tell us about your understanding regarding transportation of foster/adoptive children to appointments (School, DFCS, therapy, medical appointments…)

When are you available for home and office contacts with DFCS staff?

Describe your needs as a member of the DFCS team. How can DFCS provide support to you as a foster or adoptive parent?

## Continuing Education Plan

Foster and Adoptive parents are expected to complete a minimum of 15 hours of continuing education development annually. Your continuing education must begin 60 days after your approval as a resource parent. A continuing education plan will be developed to ensure that you have the opportunity to attend trainings that will be of interest and value to you.

Based upon your participation in IMPACT FCP pre-service training, consultations, and your assessment of your abilities to parent foster/adoptive children, please indicate areas of need where you believe further development would be beneficial. Indicate why and what specific topics areas interest you. You may refer to notes from your Learning Journal that you completed as part of IMPACT FCP classroom training.

**Teambuilding:** Working as an advocate for the foster/adoptive children in the school systems, medical, therapeutic appointments, panel reviews. Understanding your role in permanency planning, understanding the purpose of foster care/adoption and the child welfare continuum.

**Family Systems and Abuse/Neglect:** Understanding the dynamics of neglect and of physical, emotional and sexual abuse. Being able to recognize signs and symptoms of each. Understanding the reporting laws when abuse/neglect is suspected or known.

**Impact of Abuse/Neglect on Normal Child Development:** Understanding of the stages, processes and milestones of normal physical, cognitive, social and emotional development from birth through adolescence. Understanding of the negative effects of child abuse/neglect on development. Can identify indicators of developmental delays or problems.

**Attachment, Separation, and Placement:** Understanding of the effects of separation for the child and able to help child manage feelings of sadness, loss, anxiety and anger. Understanding of the impact of multiple placements on a child’s emotional well-being. Understanding of the emotional conflicts of children when faced with divided loyalties, and perceived abandonment.

**Discipline:** Understanding of the possible reasons children/teens display negative behavior. Understanding of the difference between control, punishment and discipline. Understanding of why physical punishment is detrimental to children who have experienced abuse/neglect. Understanding of the different methods of non-physical discipline. Understanding of the DFCS discipline policy.

**Cultural Issues:** Understanding of how one’s own cultural perspective affects one’s relationships with children and families. Understanding of the effects of culture on behavior.

**Child Sexual Abuse:** Understanding of some dynamics of child sexual abuse. Understanding of characteristics of sexually abused children.

## Desired Placement

Please indicate the description of the child (ren) you feel best fit to parent: (Check all that apply.)

## Race

|  |  |
| --- | --- |
| Black | Mixed/Not Blk |
| White | Native Am |
| Blk/Wt | Indo China |
| Blk/Oth | Hispanic |

|  |  |
| --- | --- |
| Cuban | Native American |

**Special Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| * Yes � No | Child mentally Ill | * Yes � No | Emotional/Behavioral Issues |
| * Yes � No | Neurological Difficulties | * Yes � No | Major Medical Problem |
| * Yes � No | Developmental Disabilities | * Yes � No | Mental Retardation |
| * Yes � No | Sexual Abuse History | * Yes � No | Family History of Mental Illness |
| * Yes � No | Family History of Drug/Alcohol | * Yes � No | Family History of Mental Retardation |

Additional Comments:

## References

*References* - A minimum of three (3) character references – Interviews may be in person or by letter.

* + One of the three references must be from an extended family member not residing in the home. Contact may be by letter or in person.
  + If you have either served previously as a foster parent for another agency in Georgia or another state, and/or have been employed in a job involving the

care of children, at least one reference must be from the former agency or employer.

NOTE: Birth children—*living in the home* are interviewed in regard to their reaction to their parent(s) fostering or adopting. Any birth children *living elsewhere* are interviewed for their reaction to parental adoption or fostering. Interviews for children living outside the home may be done in person, by telephone, or the individual may be required to submit a letter expressing feelings and/or reactions.

Please indicate below the names, addresses, phone numbers and relationships of your three references, plus your children not residing in your home.

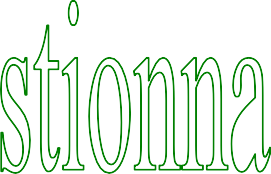
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship/ Years Known** | | **Address** | **City/ State/ Zip** | **Phone** | **Email** |
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Please describe any attributes, additional information, concerns or comments that where not captured in the questionnaire that will assist us in completing your family assessment. **Please include:**

**hobbies, name high school and college attended, parent’s names, number of years parents were married if married.**

\_

Applicant Name Date



# Couple applicants only should complete this section.

## Couples: (Married/domestic partners):

Please tell us how long did you know your current spouse/partner before you were married or established a domestic partner relationship?

How did you meet?

would you describe your role in the relationship?

How would you describe your spouse/partner’s role in the relationship?

Do you feel that you and your spouse/partner spend “sufficient” time together?

How often do you and your spouse/partner argue?

What are the areas of major disagreements?

How do you and your spouse/partner typically handle disagreement?

Have you and your spouse/partner ever gone through a difficult period that threatened your relationship? Yes No

Have you and your spouse/partner ever separated? Yes No

How would you describe your relationship with your spouse/partner’s family?

How supportive and helpful will they be to you as you parent?

Are members of your spouse/ partner’s immediate and extended family accepting of an unrelated child? Yes No

How do you think becoming a foster or adoptive parent will impact your current relationship with your spouse/partner?

What do you see as strengths in your relationship?

What do you see as weaknesses in your relationship with your partner? Please explain.

## Couples with Children

How would you describe your relationship with your child/children?

How would you describe your child/children?

Are parenting responsibilities shared? Yes No

If yes, how are decisions made regarding your child(ren)?

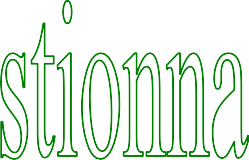
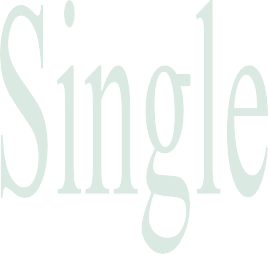
What major role do you have in parenting your child(ren)?

What major role does your spouse/partner have in parenting?

How is discipline handled?

How would you describe your child’s feelings about another child coming into the home?

Additional Comments



# Single applicants only should complete this section.

## Single Applicant

Describe your current situation as a single person (i.e., are you engaged, or are you dating someone now that may be involved in parenting responsibilities)?

If you are in a serious relationship, how long have you been in this relationship?

Have you recently ended a serious relationship? Yes No If yes, how was this relationship ended or resolved?

Who are your previous significant relationships, and why do you identify them as such?

## Single Applicants with Children

How would you describe your relationship with your child/children?

How would you describe your child/children?

Are parenting responsibilities shared? Yes No

If yes, how are decisions made regarding your child(ren)?

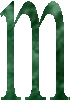
What major role do you have in parenting your child(ren)?

What major role does the non custodial parent have in parenting?

How is discipline handled (Forms of discipline)?

How would you describe your child’s feelings about another child coming into the home?

Additional Comments



# This section should be completed by children residing in the home.

## Children in the Home

If the child is unable to independently complete the questionnaire, the home evaluator may utilize the questions to structure the interview with the child.

Name: Age: Grade: School:

How do you spend your free time?

What do you like most about your family’s decision to foster/adopt a child?

What do you like least about your family’s decision to foster/adopt?

Is the plan for you to share your room? Yes No If yes, what are your feelings about sharing your room?

How do you feel about sharing your parents?

\_ How do you feel about sharing your toys, games, or other personal items?

What types of disciplines are used in your family?

What are some rules in the family?

What would you like to know about the foster/adoptive brother/sister who will come into your home?

How would you resolve conflicts with your foster/adoptive brother/sister?

Additional Comments