

CHILDREN'S ADMINISTRATION  
**Personal Information**

NAME

It is important that the Division of Licensed Resources (DLR) worker completing your home study gets to know you. These questions about your family background, education, employment, interests, values, lifestyle, relationships, child-rearing ideas, and religious affiliation are the first steps in that process. There are no right or wrong answers. If there are questions you would rather discuss in person, please indicate this in the space provided.

Your DLR licensor/home study worker will review this information before starting your home study and will use it as a basis for discussion during the interview process. Please be descriptive in your answers.

**If you would like to complete the form electronically, you may download the form from:**

[https://www.dshs.wa.gov/fsa/forms?field\\_number\\_value=&title=&=Apply](https://www.dshs.wa.gov/fsa/forms?field_number_value=&title=&=Apply) Input the form number 15-276 to download this form. You can e-mail a signed copy of the document to your licensor/home study worker and/or provide them with a hard copy.

**Each applicant/caregiver needs to complete this form. If you have difficulty answering any part of this questionnaire or need additional assistance, please discuss this with your licensor/home study worker.**

**Reason for Applying**

1. Why do you want to be a foster parent or unlicensed caregiver for children in out-of-home care?

**A. Applicant Background**

**Family Facts:**

1. Where were you born and raised?
2. Please specify the name(s) and relationship(s) of the individual(s) who raised you:
3. Describe your relationship with your parents / caregivers while growing up and your current relationship.
  
4. Please list the name(s), age(s) and location(s) of all your siblings. What was your relationship with your sibling(s) growing up and what does your relationship and contact look like now?
  
5. What contact will the children placed in your home have with your sibling(s)? Are there any concerns?

6. Describe your childhood and what it was like living in your home.

7. Describe your personality, as you see yourself.

8. Describe how your family and friends see you.

**Education:**

1. What is the highest grade you completed?
2. List the degrees / certificates with the dates that you have earned and from what school / institution (including GED or high school diploma).

3. What expectations regarding education do you have for the children in your home?

**Employment History / Military Service:**

1. Have you served in the military?  Yes  No

From \_\_\_\_\_ To: \_\_\_\_\_

Branch of Armed Forces \_\_\_\_\_ Rank \_\_\_\_\_

Type of Discharge \_\_\_\_\_

2. Please describe your work history starting with your current job.

3. Please list the days and hours of your normal work week.
4. Describe how the placement of a child in your home may impact your work schedule.
5. What are your plans for child care?
6. Children in out of home care likely have medical appointments, visits and staffing. Describe how you will handle these demands on your time.

**Values, Goals, Interests, and Activities:**

1. Describe your values.
2. Describe your personal and family goals.
3. What are your interests and/or hobbies?

**Cultural Heritage**

1. How do you value culture in your own family? A person's cultural background includes such things as family traditions, customs, religion, ethnicity, and lifestyle.

2. Describe how you would help a child preserve and appreciate his/her heritage.

3. What is your primary language?

Do you speak any other language(s) fluently?  Yes  No

If so, what language(s)?

## B. Relationships

### Spouse / Partner:

1. Describe your significant relationships and your marital / civil union / domestic partnership history. Include dates of marriages, divorces / annulments / dissolutions and reasons the relationship ended, if applicable.
2. If not married, please describe any relationship that might impact you caring for children.
3. Describe your partner.
4. How are decisions made and differences resolved with your partner?
5. How would you feel, and what would you do, if the child placed in your care becomes a disruptive influence on your relationship?



- Will they: Provide any care of the child(ren)?  Yes  No  
Transport child(ren)?  Yes  No  
Provide any supervision of the child(ren)?  Yes  No  
Have unsupervised contact with a child(ren)?  Yes  No

### C. Parenting and Experience with Children

#### Discipline:

1. How were you disciplined as a child?
  
  
  
  
  
  
  
  
  
  
2. Please describe your current discipline practices and beliefs (children in out-of-home care may not be physically disciplined).

#### Experience and Training:

1. Describe your experience with children other than your own. Do you have any experience working with children with special needs?
  
  
  
  
  
  
  
  
  
  
2. Are you willing to participate in training?  Yes  No. If so, what areas would you like training in?

#### Attitudes on Parenting:

1. What behaviors and qualities do you enjoy most in children?
  
  
  
  
  
  
  
  
  
  
2. What behaviors or qualities do you find the most challenging in children? Describe what situations you find most challenging as a parent. Describe how you handled these situations.



**Family Activities / Rules:**

1. What does your family do for fun? How will you incorporate the child in out of home care into your regular family activities?
  
  
  
  
  
  
  
  
  
  
2. What are your family rules (allowances, privacy, bedtime, curfew, etc.)?

**D. Religious / Spiritual Affiliation and Practices**

1. Describe your religious/spiritual affiliation and practices if any.
  
  
  
  
  
  
  
  
  
  
2. What are your expectations about the practice of religion/spirituality for children placed in your home?

**E. Medical / Psychosocial**

1. Have you or any family member ever used illegal drugs or abused legal drugs?  Yes  No  
If yes, check which member:  

<input type="checkbox"/> Self	<input type="checkbox"/> Father	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Nephew(s)
<input type="checkbox"/> Spouse or Partner	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Cousin(s)
<input type="checkbox"/> Son(s)	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Aunt(s)	<input type="checkbox"/> In-law(s)
<input type="checkbox"/> Daughter(s)	<input type="checkbox"/> Brother(s)	<input type="checkbox"/> Uncle(s)	<input type="checkbox"/> Other:
<input type="checkbox"/> Mother	<input type="checkbox"/> Sister(s)	<input type="checkbox"/> Niece(s)	
  
2. Regardless of how long ago, have you or anyone in your family experienced any of the following:  

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical health problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mental health problems and/or treatment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drug or alcohol abuse and/or treatment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Domestic Violence
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Counseling; individual and/or other (family, group, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Military combat
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Miscarriage or infertility
<input type="checkbox"/> Yes	Other, please describe:	

**Explain any "yes" answer, including diagnosis, dates, treatment outcome, and/or law enforcement involvement.**



## I. Potential for Permanency

**NOTE: DLR completes Unified Home Studies on all applicants. These home studies approve a family for both placement and adoption.**

1. Describe how you will support and participate in a child's safe reunification with his/her parents or guardians.
2. Please describe your understanding of permanency for a child in out of home care (return home, adoption, guardianship, long term foster care).
3. How will you support a child's permanent plan when you don't agree with it?
4. Please describe what the concept of adoption / guardianship/long term foster care as "a lifelong developmental process and commitment" means to you.
5. Describe how you think a child may have feelings of identity confusion and loss regarding separation from the birth parents and how the child may exhibit this emotion or behavior. Please describe how you will help a child deal with identity confusion and loss.
6. Describe the importance of sibling connections to a child placed in out of home care.
7. If the child placed in your home cannot return home, would you consider being a permanent placement resource? Please explain why or why not.

8. Would you consider being a placement resource to the child's siblings who are not placed in your home?

9. Would you consider an open communication agreement for a child you may adopt, have guardianship of or complete a long term foster care agreement with their birth parents and/or known siblings?  Yes  No

Please explain why or why not.

10. Please describe how you plan to disclose adoption/guardianship/foster care to a child.

11. Please describe how you will handle a child's questions about birth parents and relatives.

12. Please describe how a child's racial, ethnic, and cultural heritage may affect your family and the child.

13. Please describe your plan in event you were unable to continue to care for the children placed in your home.

**J. Child Specific**

**Please complete this section when an identified child is placed or intended to be placed in your home.**

1. Please describe the specific child for whom you are applying to be a placement resource.

