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| Personal Information | |
| NAME | DATE OF BIRTH |
| It is important that the Licensing Division (LD) worker completing your home study gets to know you. These questions about your family background, education, employment, relationships, and culture 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 LD 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.  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. | |
| **A. Applicant Background** | |
| **Family Facts:**   1. Where were you born and raised? 2. Who raised you: (Mark all that apply)   Mother  Aunt  Father  Uncle  Grandmother  Foster Parent  Grandfather  Adoptive Parent  Step Mother  Sibling  Step Father Other:   1. Please list the name(s) and current age(s) of all your siblings: (Attach an additional sheet if needed) | |
| |  |  |  |  | | --- | --- | --- | --- | | Name/Location: | Age: | Name/Location: | Age: | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  1. How would you describe your childhood? (Mark all that apply)  |  |  |  |  | | --- | --- | --- | --- | | Happy | Predictable | Traumatic | Other: | | Sad | Confusing | Fun |  | | Stable | Loving | Lonely |  | | Chaotic | Frightening | Exciting |  | | Carefree | Enjoyable | Complicated |  | | |
| **Education:**   1. Do you home school?  Yes  No | |
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| **Employment History / Military Service:**   1. Have you served in the military?  Yes  No   If yes, please answer the following:  From  To:  Branch of Armed Forces  Rank  Did your military experience include combat?  Yes  No  Type of Discharge   1. Are you employed?  Yes  No   If yes, please list the days and hours of your normal work week:   1. Will you need child care for a child placed in your home?  Yes  No   If yes, what kind of care do you plan to use?  Child Care Center  Family Home Child Care  Family Member(s):   Other: | |
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| **Cultural Heritage**  1. Are you Native American?  Yes  No  If yes, are you an enrolled tribal member?  Yes  No  Tribe  (Verification of Indian Status DCYF 15-128 needed in file if applicable) | |
| 2. What is your primary language?  Do you speak any other language(s) fluently?  Yes  No  If so, what language(s)?  3. Other culture considerations? | |
| **B. Relationships** | |
| **Spouse / Partner:**  1. Are you currently married or in a significant relationship?  Yes  No  2. Please provide the following information related to your significant past relationships:  **\* Copies of current Marriage Certificate, Domestic Partnership Registration, and any Divorce Decree(s), Annulment(s), Dissolution(s), and Custody Order(s) are needed.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | List current and previous Marriages/Civil Unions/Domestic Partnerships: | County/State | Date Widowed | Date of Marriage/Civil Union/Domestic Partnership | Dissolution Date | Dissolution  County/State | | Name of Partner: |  |  |  |  |  | | Name of Partner: |  |  |  |  |  | | Name of Partner: |  |  |  |  |  | | Name of Partner: |  |  |  |  |  | | |
| **Children:** (If you don’t have children, skip to next section)   1. Please provide the following information related to your child(ren): (Attach an additional sheet if needed)   [**Include biological, adopted, other children you have parented]**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Child’s Name | Date of Birth | Birth Location  (City, State) | Other Parent’s Name | Does Child Live w/ You? | |  |  |  |  | Yes  No | |  |  |  |  | Yes  No | |  |  |  |  | Yes  No | |  |  |  |  | Yes  No | |  |  |  |  | Yes  No | | |
| Have any of your children ever been involved with the court system?  Yes  No  If yes, please provide the following information:  What child?  Describe what happened: | |
| **C. Parenting and Experience with Children** | |
| 1. How were you disciplined as a child? | |

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| 1. Please describe your current practices around discipline (children in out-of-home care may not be physically disciplined). How do you discipline your own children? |

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| 1. Please describe how you will parent and support a child’s: |

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| Gender Expression |

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| 1. Would you be willing to participate in counseling with a child placed in your home?  Yes  No   If no, why not? |

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| 1. Are you willing to participate in training?  Yes  No.   If yes, what topics would you like training on? |

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| **D. Medical / Psychosocial** |
| **Please provide the following information: Note- Answering YES to any of the following items will not automatically disqualify you as a potential placement option.**   1. Have you ever been told that you have a problem with any of the following:   Alcohol  Drugs  Anger Management  Mental Health  N/A   1. Have you ever used illegal drugs, sold illegal drugs, or abused legal drugs?  Yes  No 2. Have any of your family members, or others who will have regular contact with a child(ren) placed in your home, ever used illegal drugs, sold illegal drugs, or abused legal drugs?  Yes  No   If yes, check which member:  Self  Father  Grandmother  Spouse or Partner  Stepmother  Grandfather  Son(s)  Stepfather  Other (Who would have regular contact with a child placed):  Daughter(s)  Brother(s)  Mother  Sister(s)   1. Regardless of how long ago, have you experienced any of the following:   Yes  No Physical health problems  Yes  No Mental health problems and/or treatment  Yes  No Drug or alcohol abuse and/or treatment  Yes  No Domestic Violence  Yes  No Counseling; individual and/or other (family, group, ect.)  Yes  No Miscarriage or infertility  Yes  No Trauma or Loss |
| **Explain any “yes” answer, including diagnosis, dates, treatment outcome, and/or law enforcement involvement.** |

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| 1. Regardless of how long ago, has anyone in your family or others who will have regular contact with a child(ren) placed in your home, experienced any of the following:   Yes  No Physical health problems  Yes  No Mental health problems and/or treatment  Yes  No Drug or alcohol abuse and/or treatment  Yes  No Domestic Violence  Yes  No Counseling; individual and/or other (family, group, etc.)  Yes  No Miscarriage or infertility  Yes  No Trauma or Loss |
| **Explain any “yes” answer, including diagnosis, dates, treatment outcome, and/or law enforcement involvement.** |

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| 1. Have you or any other member of the household had a serious injury, illness or hospitalization during the past year, or have a history of mental or physical limitations or is currently taking medication?  Yes  No   If yes, please describe: |

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| **E. Home and Neighborhood** |
| 1. How long have you lived in your current neighborhood? 2. How long have you lived in your current home? 3. Is smoking or vaping allowed in your home or car?  Yes  No 4. Do you have pets or animals on your property?  Yes  No 5. Are you on public or private water system?   If yes, please list all household pets or other animals on the property: (Attach an additional sheet if needed)   |  |  | | --- | --- | | Pet Type | Up to Date Vaccinations  (Please provide verification) | |  | Yes  No | |  | Yes  No | |  | Yes  No | |  | Yes  No | |
| **F. Child Specific** |
| 1. At this time, are you willing to parent and support a child with any of the following? (Mark all that apply)  |  |  | | --- | --- | | Trauma History | Sexually Aggressive | | Mental Health | Physically Aggressive | | Substance Abuse | Learning Disability | | Teen Parent | Developmentally Delayed | | Medical Needs | Other: | | Behavioral Needs |  | |
| **G. Do you have questions?** |
| 1. Is there information important for us to know? |

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