Resource Family Approval Program

Permanency Assessment Questionnaire

Resource family approval requires individuals to successfully meet the home approval standards and permanency assessment pursuant to RFA written directives in the following components: Criminal/Child Welfare Background/History; Caregiver Qualifications; Children’s Rights & Prudent Parent Decision-Making; Home and Grounds; Health and Safety; Orientation/Training; and participation in a Psycho-Social Risk and Permanency Assessment. This questionnaire is part of the Permanency Assessment.

Instructions for completing this form:

|  |
| --- |
| Each individual applicant completes a separate questionnaire. Please use the back of the page or additional sheets of paper if more space is desired to answer questions. |

|  |
| --- |
| **Applicant’s Full Name** |
| Last:       | First:       | Middle:       |

|  |
| --- |
| Is a particular child placement sought? *Please check one* |
| Yes [ ]  No [ ]  |

## Child(ren) Information (If specific child placement is sought)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child(ren)’s Name(s) | DOB | SEX | Relationship to the Caregiver(s) | Is the child (ren) already living with you? If yes, since when? |
|       |       | F [ ]  M [ ]  |       |       |
|       |       | F [ ]  M [ ]  |       |       |
|       |       | F [ ]  M [ ]  |       |       |
|       |       | F [ ]  M [ ]  |       |       |
|       |       | F [ ]  M [ ]  |       |       |
|       |       | F [ ]  M [ ]  |       |       |
|       |       | F [ ]  M [ ]  |       |       |
|       |       | F [ ]  M [ ]  |       |       |
|       |       | F [ ]  M [ ]  |       |       |

PERMANENCY ASSESSMENT QUESTIONNAIRE

|  |
| --- |
| *Instructions: Please skip to Characteristics of Child if you are not requesting a specific child.* |

|  |
| --- |
| CONCURRENT PLANNINGConcurrent planning may be defined as “a process of working towards reunification while at the same time establishing an alternative or contingency back-up plan. Concurrent, rather than sequential, planning efforts [to place children] more quickly move children from the uncertainty of foster care to the security of a safe and stable permanent family…” ([*Implementing Concurrent Planning: A Handbook for child Welfare Administrators, Patricia Shene, PhD., May 2001.)*](http://muskie.usm.maine.edu/helpkids/rcpdfs/concurrent.pdf). The Adoption and Safe Families Act of 1997 specifies that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunite the family ([*42 U.S.C. 671 (a)(15)(F): 1997*](http://www4.law.cornell.edu/uscode/42/671.html)). |

|  |
| --- |
| *Instructions: Please skip to* ***Characteristics of Child*** *if you are not requesting a specific child.* |
| Child Specific Questions |
| 1. What is your understanding of the reason/s why the child (ren) you plan to care for/be the concurrent home for is/are in the foster care system?
 |
|       |
| 1. Do you understand the allegations/reasons which lead to the child (ren)'s removal?
 |
|       |
| 1. If there is a need to protect the child (ren) from his or her parents and/or other family members, how do you plan to protect the child (ren)?
 |
|       |
| Characteristics of Child |
| 1. Are you interested in caring for a child (ren) or non minor dependent through adoption, guardianship, or permanent plan living arrangement (PPLA) / long term foster care?
 |
|       |
| 1. Please describe the characteristics of the child(ren) or non minor dependent you would like to care for/adopt including your preference for age, sex, as well as the number of children or siblings you would consider.
 |
|       |
| Long Term Care Plan |
| 1. In the event of death or serious disability of the adoptive parent(s), who would take responsibility for caring for the child (ren)? Please provide this person's contact information.
 |
| Name:       | Telephone #:       | Relationship to you:       |
|  |
| Motivation and Fertility |
| 1. Why do you want to become a Resource Family?
 |
|       |
| 1. Why are you interested in becoming a Resource Family at this time?
 |
|       |
| 1. Are you able to have children biologically? If no, have you sought or are you seeking fertility treatment?
 |
|       |
| 1. If you are in a relationship, how does your spouse/partner feel about your plan to care for/adopt a child (ren)?
 |
|       |
| Placement / Adoption Issues and Special Needs |
| 1. What is your understanding about children available for placement/adoption through the Department of Family and Children's Services (DFCS)?
 |
|       |
| 1. Why do you think permanency is important for children?
 |
|       |
| 1. What are your feelings about assisting a child to attend therapy/counseling, including your own participation in the therapeutic process?
 |
|       |
| 1. How would you help a child with learning disabilities or other special needs?
 |
|       |
| 1. How would you support reunification of children with their parents/guardian?
 |
|       |
| 1. What are your thoughts about parents whose parental rights have been terminated?
 |
|       |
| 1. While caring for the child (ren) during family reunification, describe the type of relationship you are willing to have with the child (ren)'s birth relatives, former foster parents, birth siblings or other important persons from their past?
 |
|       |
| (B) After adoption finalization, describe the type of relationship you would be willing to have with your adoptive child's birth parents, relatives, former foster parents, birth siblings or other important persons from their past?  |
|       |
| (C) What are your thoughts about sharing information such as photographs and letters with birth parents, and relatives both prior to and after finalization of the adoption? |
|       |
| (D) After the adoption finalization, how would you feel about your adopted child (ren) maintaining contact with his/her birth parents, relatives, former foster parents, birth siblings, or other important persons from the past? |
|       |
| Parenting |
| 1. If you have parenting experience, who are the children that you have parented?
 |
|       |
| 1. If you have parenting experience, describe your parenting style. If you have not parented, describe how you envision your parenting style?
 |
|       |
| 1. If you have parenting experience, what have you enjoyed most and least about the experience?
 |
|       |
| 1. If you have parenting experience, what past and current behavioral issues have the children exhibited?
 |
|       |
| 1. If you have parenting experience, has your parenting style changed over the years?
 |
|       |
| 1. Do you think there is a difference between parenting birth children and parenting adopted children? Please explain.
 |
|       |
| 1. What forms of discipline do you use or do you plan to use?
 |
|       |
| 1. What are important things children need during their childhood?
 |
|       |
| 1. How does a teenager or youth need to be prepared for transitioning to adulthood?
 |
|       |
| 1. What activities would you like to most do with children**?**
 |
|       |
| 1. If your child gets into trouble at school, how would you handle it?
 |
|       |
| 1. What are your rules about privacy in the home?
 |
|       |
| 1. Would you be comfortable caring for/adopting children /youth who are questioning their identities, or who identify themselves as gay, lesbian, or transgendered?
 |
|       |
| 1. How would you support a child’s religious preference?
 |
|       |
| Family of Origin History |
| 1. Where were you born and who was in your family of origin (include siblings, parents, step-parents, grandparents)?
 |
|       |
| 1. Describe your mother, step-mother, or other individuals who raised you. Describe your childhood relationship with these caregivers?
 |
|       |
| 1. Describe your father, step-father, or other individuals who raised you.Describe your childhood relationship with these caregivers?
 |
|       |
| 1. As a child, how did you get along with your siblings?
 |
|       |
| 1. During your childhood, how did your parents/caregivers express affection towards you and your siblings?
 |
|       |
| 1. During your childhood, how did your parents/caregivers express affection towards each other?
 |
|  |
|       |
| 1. During your childhood, how did your parents/caregivers express disappointment towards you and your siblings?
 |
|       |
| 1. During your childhood, how did your parents/caregivers express disappointment towards each other?
 |
|       |
| 1. During your childhood, how did your parents/caregivers express anger towards you and your siblings?
 |
|       |
| 1. During your childhood, how did your parents/caregivers express anger towards each other?
 |
|       |
| 1. What were your parents'/caregivers’ occupations?
 |
|       |
| 1. Do you feel that your family's income was adequate to meet your family's needs?
 |
|       |
| 1. Describe any divorces or separations that occurred between your parents and how those affected you.
 |
|       |
| 1. Did your parents or immediate family member’s abuse or have an addiction to alcohol, or drugs? Describe the substance use and how it affected your childhood.
 |
|       |
| 1. How were decisions made in your parents'/caregivers’ relationship?
 |
|       |
| 1. How were disagreements handled between your parents/caregivers?
 |
|       |
| 1. How did your parents/caregivers disagreements impact you?
 |
|       |
| 1. As a child did you ever feel unsafe and if so what was going on?
 |
|       |
| 1. As a child, did you ever experience any maltreatment, such as neglect, physical abuse, emotional abuse or sexual abuse? If so, please explain.
 |
|       |
| 1. As a child, how and by whom were you or others in your family disciplined?
 |
|       |
| 1. Describe what you were like as a child and teenager?
 |
|       |
| 1. Describe your childhood and how it influenced the person you are today?
 |
|       |
| 1. What was your family’s attitude about sex and sexuality and how has it shaped your attitudes?
 |
|       |
| Individual Attributes |
| 1. Please describe your personality. What do you like about yourself? Is there anything you would like to change?
 |
|       |
| 1. Have there been occasions in your life when you have been extremely angry, anxious or depressed? If so, please describe the occasions and how you dealt with your feelings.
 |
|       |
| 1. How do you handle anger or frustration?
 |
|       |
| 1. Provide your past and present use/abuse of alcohol or drugs or other substance?
 |
|       |
| 1. What role has religion or spirituality played in your life?
 |
|       |
| 1. How would you describe your culture (i.e., customs, holidays, food, etc.)?
 |
|       |
| 1. Describe some of your major accomplishments or things that make you proud.
 |
|       |
| 1. What are your interests and hobbies?
 |
|       |
| Relationships |
| 1. Describe all of your previous significant relationships (marriages, domestic partnerships, or significant relationships), how those began, and ended.
 |
|       |
| 1. Had you ever sought counseling in any of these relationships? If so, for how long and did you feel it was beneficial?
 |
|       |
| 1. As an adult, have you experienced any emotional, physical or sexual abuse?
 |
|       |
| 1. Please explain your current child custody arrangements and any disputes (if applicable).
 |
|       |
| 1. Describe your current relationship (e.g. spouse, domestic partner, significant other).
 |
|       |
| 1. How long have you known each other and how did you meet?
 |
|       |
| 1. What is this person like?
 |
|       |
| 1. What do you admire most about this person?
 |
|       |
| 1. What do you like least about this person?
 |
|       |
| 1. How do you and this person show affection towards each other?
 |
|       |
| 1. What do you see as strengths, as well as, concerns in your relationship?
 |
|       |
| 1. How do you handle arguments and resolve disagreements in your current relationship?
 |
|       |
| 1. Describe a stressful time in your relationship and how you both worked it out?
 |
|       |
| 1. If you have children, how have they impacted your relationship? If you do not have children, how do you perceive that they may impact your relationship?
 |
|       |
| 1. Describe the relationships you currently have with your parents, siblings, other extended family and other individuals who raised you.
 |
|       |
| 1. Who makes up your support system and how do they help you?
 |
|       |
| 1. Have you discussed your plans to become a Resource Family with your family and support system? If so, what are their feelings?
 |
|       |
| 1. Have you discussed your plans to become a Resource Family with your children? If so, what are their feelings?
 |
|       |
| Family Challenges and Stressors |
| 1. What causes you stress?
 |
|       |
| 1. How do you manage stress?
 |
|       |
| 1. When have been the most challenging times in your life?
 |
|       |
| 1. Have there been any traumatic incidents, accidents, or other things that have caused you distress during your lifetime? How have you dealt with those?
 |
|       |
| 1. Have you or anyone in your immediate family served in the military. Please provide the branch, any combatinvolvement, and dates of services. Has anyone been dishonorably discharged from the military in your family? If reason is known, please explain.
 |
|       |
| 1. Have you experienced the loss of a loved one through death? If so, how did you deal with it?
 |
|       |
| 1. Have you experienced other grief/loss and how did you deal with it?
 |
|       |
| Description of Children in the Home |
| 1. Describe children in the home: Name
 |
|       |
| Description of Other Adults in the Home |
| 1. Describe other adults who live in the home: Name
 |
|       |
| Description of Home |
| 1. Describe your home (i.e., renting or own, how long you have lived there, how many bedrooms, bathrooms).
 |
|       |
| Education and Employment |
| 1. Besides your current occupation, what other jobs have you held in the last 10 years? Why did you leave each job?
 |
|       |
| 1. What is your educational history?
 |
|       |
| Child Care Plan |
| 1. If a child (ren) is placed in your home, what is your childcare arrangement?
 |
|       |
| 1. How much time do you plan to take off of work when a child (ren) is placed in your home?
 |
|       |
| Health and Medical Information |
| 1. Please list the name and type of your medical insurance.
 |
|       |
| 1. Do you have any medical conditions that require a medical regimen? If so, what is that condition, and indicate any medication you are taking?
 |
|       |
| 1. Have you or any family member had any of the following conditions? Indicate which family member by using the following codes, placing them in front of the condition:
 |
| **1**= Self **2**=Parent(s)/Caregiver(s) **3**=Grandparent(s) **4**=Sibling(s) **5**=Children **6**=Partner/Relationship **7**=Uncles/Aunts |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|       | ADHD |       | Drug Addiction |       | High Cholesterol |       | Seizures |
|       | Alcoholism |       | Eating Disorder |       | Impaired Sight |       | Sexual Addiction |
|       | Allergies |       | Emotional/Mental disability |       | Infertility/Sterility |       | Sickle Cell Anemia |
|       | Arthritis |       | Frequent Headaches |       | Insomnia |       | STDs |
|       | Asthma |       | Gambling Addiction |       | Intellectual Disorder |       | Stroke |
|       | Bipolar Disorder |       | Hearing Loss |       | Kidney Disease |       | Thyroid Condition |
|       | Cancer |       | Heart Attack |       | Other Addiction |       | Tuberculosis |
|       | Colitis |       | Heart Disease |       | Physical disability |       | Tumors |
|       | Depression |       | Heart Incident |       | PTSD |       | Ulcers |
|       | Diabetes |       | Hepatitis |       | Schizophrenia |  |  |
|       | Drug Abuse |       | High Blood Pressure |       | Other Illness:       |

|  |
| --- |
| Comments:       |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Clearance of Criminal Record |
| If you have a criminal history or have been found to have previous child welfare history as an adult, you will be required to explain this history. For any arrest, please obtain the following documents; 1) police report; 2) court disposition; 3) judgment of conviction. You will need to write an explanation of the arrest(s), your feelings about the incident and why you feel it is no longer a problem. In addition, 3 character references are needed. (The aforementioned reports should be obtained as soon as possible. They do not need to be included with the questionnaire). Your RFA social worker will give you complete instructions. If applicable, please provide a statement from your probation or your parole officer. |
| 1. Is your partner/ spouse aware of the above circumstances? *Check one:* *[ ]  Yes* *[ ]  No*

*Please be informed that the social worker will need to discuss the need for an exemption with you both present, if applicable.* |

|  |
| --- |
| Applicant Signature |
| Signature: |  | Date: |  |

|  |
| --- |
| If you are applying to be a Resource Family with another individual (spouse, partner, etc.), please provide their name:       |