Social Services Agency

 Family and Permanency Bureau

373 West Julian St.

 San Jose, California 95110

COUNTY OF SANTA CLARA

CALIFORNIA

**RESOURCE FAMILY APPROVAL**

**PERMANENCY ASSESSMENT**

For use of Santa Clara County Resource Family Approval Program purposes only.

Cannot be used for international or independent adoption purposes.

**CASE NUMBER: DATE:**

**CASE NAME:**

**IDENTIFYING INFORMATION**

Applicant One: Full Name

Name:       Date of Marriage:

Sex:       Divorces:

DOB:       HT/WT:

POB: Eye Color: Hair Color:

Race/Ethnicity:       Religious Affiliation:

Occupation:       Education:

Language:

Years of Residency in California:

Telephone Numbers: Mobile

Email Addresses:

Applicant Two: Full Name

Name:       Date of Marriage:

Sex:       Divorces:

DOB:       HT/WT:

POB: Eye Color: Hair Color:

Race/Ethnicity:       Religious Affiliation:

Occupation:       Education:

Language:

Years of Residency in California:

Home Address:

Telephone Numbers: Home, Mobile

Email Addresses:

**SUMMARY OF CONTACTS**

Dates: Case assigned: 00/00/2014 Received by RFA SW: 00/00/2014

Date of 1st Interview/Place/Who was present:

Date of 2nd Interview/Place/Who was present:

Date of 3rd Interview/Place/Who was present:

Date of 4th Interview/Place/Who was present:

*Pre-Approval training date completed on: 00/00/2014, and participation. Were there any difficulties or not with the applicants (as with scheduling interviews or in submitting documents)? Discuss any reason for delays in process.*

**DESCRIPTION OF CHILD REQUESTED**

*If there are no specific children being requested:*

*Use the check list of Characteristics of Special Needs Child.*

 *Be sure to include the number of children requested, the gender and the legal risk they are willing to take.*

*If there is a specific child requested include:*

*Name and DOB of the child.*

*Legal Status of the child.*

 *Siblings: Name, age, whereabouts, legal status.*

 *Child’s social worker: Name.*

 *Is there a relationship between the child and the birth family?*

 *Has the child already been placed with the applicants? When?*

*Assessment of the child at the time of placement and at the present time.*

**CHILD CARE / LONG TERM CARE PLANS**

*Is there a Stay-at-home parent? If not, what is the alternate child care plan?*

*Include how much time off can be taken by applicants at time of placement/Adoption.*

*In the event of separation or loss (after adoption), who would take responsibility for the child?*

**MOTIVATION AND FERTILITY**

*Why do the applicant/s want to become a Resource Family?*

*IF Adoption: Are the applicants able to conceive? If yes, why are they seeking to adopt? Why now? Why have they chosen to go through the County versus other agencies?*

*Include history of and current fertility issues. How have the applicants dealt with these issues.*

*What kind of parental expectations do the applicants have regarding the adopted child? How do they expect that adoption will fulfill these expectations?*

**ADOPTION / PERMANENCY ISSUES & SPECIAL NEEDS**

*Include the following:*

1. What is this family’s understanding about special needs children and the types of available children?
2. What training have they had on special needs? Date of applicant’s participation in Pre-Service Training.
3. What is their attitude on obtaining additional training?
4. What does this family know about mental illness, sexual abuse, physical abuse, developmental disabilities, drug exposed or unattached children?
5. Attitude towards individual or family therapy.
6. Is this family able and willing to work with and cooperate with this agency, schools, doctors, etc.?
7. Can this family advocate for a special needs child? (How resourceful are they?)
8. Comment on any areas in which the family seems naive or to lack understanding.
9. What life experiences have family members faced that would affect their ability to parent a special needs child (both positive and negative)?
10. Personal experience with foster care or adoption.
11. What are the applicants’ feelings of contact with birth parents, siblings and/or grandparents before and after adoption finalization?
12. What are the applicants’ feelings about accepting and receiving gifts, letters, pictures or information from birth parents, siblings and/or grandparents before and after finalization?
13. What kind of information do the applicants plan to share with the child regarding their birth families and the circumstances of their adoption?
14. Are the applicants willing to and able to comply with visitation responsibilities according to Court orders?

**PARENTING PHILOSOPHIES AND PRACTICES**

1. How do the applicants define their parenting style? If they have not parented, how do they envision their parenting style?
2. Experience in parenting.
3. Would the applicant/s be comfortable with a child/youth who is questioning or identifies themselves as lesbian, gay or transgender?
4. Opinions regarding most important values or things to teach a child.
5. Preferred methods of discipline.
6. Have they had experience with children getting into trouble at school? How did they hand it? If not, how do they think they would hand the situation?
7. How / what / when they would explain to a child about sex.
8. How does this family describe the differences between parenting a birth child to parenting a special needs and/or adopted child?
9. Flexibility (i.e. personality, parenting style, openness)
10. Have the parenting styles of the applicant/s changed over the years or with different children that they have raised?
11. If the applicant/s are interested in a child that identifies with a different ethnic background than their own, how might they address the child’s needs in that respect? What is their experience in this area?
12. How would the applicant/s support a child’s religious preference?
13. What activities would they most like to do with the children?

**BACKGROUND INFORMATION**

*For each applicant describe the following:*

**Full Name**

1. Date and place of birth.
2. Birth order, description of family members, parent’s names, occupation, socio-economic status, marital status, current residence. If deceased, how did they die?
3. How would they describe their parents? (Warm, distant, demonstrative).
4. Describe past and present relationship with siblings.
5. Describe the contact between the applicant and their siblings, parents, maternal and paternal grandparents, aunts, uncles, cousins and other family members.
6. Perception of childhood, experiences growing up: best and worse years and why. Significant losses and how these were addressed. School performance, discipline, and how they learned about sexuality.
7. How emotions were expressed in birth family.
8. History of mental illness, physical illness/disability, substance or other abuses in birth family (discuss multi-generations).
9. Religion, sense of humor, family activities, education, major influences in applicant’s life.
10. When and how applicant moved away from home, early romantic relationships.
11. If applicant is gay/lesbian, when did he/she first become aware of his/her sexuality?
12. Personality traits, how does he/she describe him/herself?
13. Has the applicant ever needed or received mental health services or been prescribed psychopharmacological medication or been hospitalized for psychiatric problems? Has the applicant ever personally experienced physical, sexual, emotional, verbal abuse or neglect? If so, what kind of treatment has been received and how has the applicant dealt with the experience? How does the applicant believe his/her own experience will affect their ability to parent?
14. Current use of tobacco, alcohol (quantity and frequency of use), and prescription drugs (specify name, purpose and dosage).
15. What are some personal and family goals held by the applicant?
16. Personal interests or hobbies.

**RELATIONSHIPS**

1. Previous significant relationships. Include divorces and reason for divorce. Were there children from previous relationships? Is there contact or any relationship with the children or previous person?
2. Regarding the current relationship, how and when did the couple meet?
3. How long have they been together?
4. What attracted them to each other?
5. How was the adjustment during dating, when they first lived together, and when they married?
6. If the couple is not married, why have they chosen not to marry? Would their choice change if they were to adopt? Whose name would the child carry? How would they explain their unmarried status to the child?
7. If the unmarried couple adopted and subsequently separated, what living arrangement would they have for the child?
8. What do they admire most of each other?
9. What keeps them together?
10. Most common problematic issue.
11. How are disagreements settled?
12. Shared interests/hobbies.
13. Sexual compatibility.
14. Relationship of a new partner with children from former relationship.
15. Relationship with peers.
16. Relationship with others whom they rely for support.
17. How did their families initially and how do they currently deal with their relationship?
18. Community activities and involvement.

**ETHNICITY**

*Discuss if the applicant/s have racial or cultural group identification and show the degree of interest in that group. What are the languages spoken in the home. Discuss the child’s ethnicity and how they will integrate with theirs, if different.*

*Keep in mind Multiethnic Placement Act and Interethnic Adoption Provisions (MEPA-IEP). What are the philosophy/thoughts of the applicant when it comes to transracial or cross-cultural adoptions?*

**DESCRIPTION OF OTHER CHILDREN IN THE HOME**

*For each child living in the home include the following:*

*Name, age, personality, academic level and performance, peer relationships, interests and hobbies. The other children’s reactions to adopting a child into the family. What kind of changes does the child perceive will occur at the time of placement (especially as their roles change and the birth order changes). If child to be adopted is from a different ethnic group, how will the birth children react to the child?*

**DESCRIPTION OF OTHER HOUSEHOLD MEMBERS**

*For each extra household member living in the home include the following:*

*Include name and age of other adults living in the home. Describe their role in relation to the adopted child and children in the home.*

**DESCRIPTION OF HOME AND NEIGHBORHOOD**

1. Description of neighborhood (include ethnic and social make-up, and location).
2. Description of housing (include adequacy, safety, number of rooms, sleeping accommodation, play areas).
3. For how many children is the home being approved for?

**EMPLOYMENT AND FINANCES**

*For each of the applicants include the following:*

**Name:**

1. Employer, length of employment, employment history, type of work performed.
2. Income and expenses.
3. Does the family have the resources to meet their own needs? Is the family able to meet the financial needs of an adopted child/ren?
4. History of bankruptcy.

**SUMMARY OF REFERENCES**

1. How many received?
2. Relationships of referring parties to the applicants (e.g., close friend, boss, co-worker)
3. Length of relationship with applicants.
4. Description of the responses from referents.

**HEALTH AND MEDICAL INSURANCE**

*For each of the applicants include the following:*

**Name:**

1. Date of most recent physical exam and TB clearance. Overall health of applicant (describe any diagnosis and treatments and prognosis)
2. Name and type of medical insurance. Will adopted child be covered?

**ADOPTION ASSISTANCE PROGRAM**

*Document that the family was informed of AAP and eligibility criteria. If possible, mention if the family will apply for and/or qualify for the basic rate and for special needs.*

Mr. and Mrs. Someone were informed of AAP and eligibility criteria during the Pre-Approval training and on 00/00/2014 RFA program social worker also reviewed the AAP with them. They will apply for the program at the appropriate time.

**NONRECURRING ADOPTION EXPENSES REIMBURSEMENT**

*Document that the family was informed of the nonrecurring adoption expense reimbursement program.*

Example for wording:

On 00/00/2014 the nonrecurring adoption expenses reimbursement for special needs children was explained to the applicant/s and they were informed to keep their receipts.

**HOMESTUDY AND INTER‑COUNTRY ADOPTION LIMITATIONS**

The applicant/s was informed of the following:

*The Adoption Program of the Santa Clara County Social Services Agency, Department of Family and Children’s Services, is licensed by the State of California. The terms of that license do not include international or independent adoption services. Any attempt to use a Santa Clara County Social Services Agency DFCS Adoption Home study for purposes of either an international or independent adoption immediately invalidates the home study and rescinds the approval of the family as an adoptive home.*

**CLEARANCE OF CRIMINAL RECORD AND EXEMPTION**

*For each of the applicants and extra adults in the home include the following information:*

**Name**

1. Include criminal records history DOJ, FBI, CACI, and if exemption has been approved.
2. Child Protective Services history, CWS/CMS, if any.
3. DMV record.

**RISK ASSESSMENT**

*For each of the applicant/s and extra adults in the home include the following information:*

1. Include past and current alcohol and other substance use and abuse history.
2. Physical, emotional, sexual abuse and family domestic violence history.
3. Past and current physical and mental health of the applicant.

**RIGHT TO APPEAL**

The applicant/s has been made aware of their rights to appeal a denial of the Resource Family Approval program application.

The applicant/s understands that an approved Resource Family Approval program application does not guarantee a child placement.

The applicant/s was made aware that: Welfare agencies may not on the basis of race, color, national origin, religion, political affiliation, marital status, sex, age or handicap provide aid, benefits or services to an individual or group which is different than that provided to others unless such aid, benefits or services are authorized by State or federal laws or executive order.

**SUMMARY AND CONCLUSION**

1. Social Worker recommendation for approval or not
2. Include family strengths
3. Areas of need or concern
4. Child requested or number of children the applicant/s is approved for.

Submitted by

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Great Service, RFA Social Worker Date

Approved by

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Superior, Social Work Supervisor Date