

**HUMAN SERVICES AGENCY
RESOURCE FAMILY APPROVAL
SELF ASSESSMENT**

I. GENERAL INFORMATION:

Applicant's Name:		Address:	Phone:
Gender:	Age:	Date of Birth:	Ethnicity:
Child(ren) Name (if child specific):		Address:	Phone:
Gender:	Age:	Date of Birth:	Ethnicity:

II. FAMILY ASSESSMENT

A. Family Composition and Historical Information:
1. Please list the members of your family of origin (i.e., parents, step-parents, grandparents and siblings, etc.):
2. Who primarily raised you and what was your relationship like with your parent(s) or primary caregiver(s)?
3. How would you describe your childhood?
4. What was your parents'/caregivers' relationship like when you were a child?
5. Who primarily provided discipline for you and what kind of discipline was used?
6. Briefly describe what school was like for you:
7. Are there any difficulties from that time that continue to cause you concern or distress as an adult?

8. Briefly describe what were your early dating experiences were like:
9. Were you ever physically, emotionally or sexually abused? Have you ever experienced domestic violence/intimate partner violence? If any of these occurred, what kind of support did you have following these events?
10. What were your experiences with alcohol and/or drugs as a teenager/young adult? Do you currently use any of these? If so, briefly describe your current experiences, how often (frequency) and how much (amount).
11. Briefly describe each of your previous significant relationships (i.e., marriages, domestic partnerships, other significant relationships, etc.). How did each begin and end?
12. Provide the names, ages and locations of all of your siblings. Also indicate how often you have current contact with them (i.e. daily, weekly, monthly, etc.):
13. How would you rate your health on a scale of one to ten (1-10)? Please briefly explain your rating:
14. List any surgeries you have had, and/or other occasions when you were hospitalized:
15. List all medications you are currently using:
16. List any significant health issues that your immediate family members have had:

17. Is anyone in your family involved in any criminal or civil legal proceedings?

B. Current Marriage/Partnerships (if applicable):

18. How long did you know your partner before you were married or established a partnership with them?
Were there any significant adjustments that occurred in the beginning of this relationship?

19. What interests do you and your partner share?

20. What do you see as strengths in your relationship? What have been or what currently are the concerns in this relationship?

21. How do you handle disagreements in your relationship? How often do they occur?

22. Describe a stressful time in your relationship and how you both worked through it:

23. Have you had any separations in your relationship? If so, how long?

24. Have you participated in couple's counseling? If so, describe your experience:

C. Family Support Systems:

25. How supportive are the members of your household about your wishes to become a Resource Family? How do you think it will impact them to have a child placed in the home?

26. How supportive are your extended family members and friends about your wishes to become a Resource Family?

27. Do you know others who have become a Resource Family or provided permanency for a child?

D. Minor Children, Minor Children in the Home/ Adult Children/ Other Adults in the Home

28. List any **minor** children or any **unrelated minor** children that are living in the home. Provide ages and grade level:

29. List any **adult** children. Provide ages, occupation, where they are living, and frequency of their contact:

30. List any **other adults** living in the home. Provide relationship to Applicant(s), ages, gender, and occupations:

E. GENERAL AND SPECIALIZED PARENTING ASSESSMENT

31. How would you describe your parenting style? If you do not have parenting experience, what positive qualities do you possess that you think will make you an effective parent?

32. What kinds of discipline have you used with your children in the past? If not currently parenting, share your philosophy of discipline. What kind of discipline will you use as a Resource Family?

33. How do you feel about participating in therapy with a child?

34. How did your parents discuss the subject of sex? How did you or how would you explain this topic to a child?

35. What are the family rules, if any, regarding computer/cell phone use?

36. How would you help a child with learning disabilities or other special needs?

37. How would you support a child's reunification with his/her parents or guardians?

38. While caring for a child during family reunification, what type of relationship would you be willing to have with the child's birth relatives, former foster parents, birth siblings or other important people from their past?

39. Should you provide permanency for a child (legal guardianship or adoption), what kind of information do you think you would share with the child about their birth family and why they were removed from their care?

40. What are your thoughts about children who identify as lesbian, bi-sexual, gay, transgender or questioning (LBGTQ)?

41. How do you feel about helping a child remain connected to their culture and ethnic background? Would you be willing to observe these traditions or integrate them into your family lifestyle?

F. MOTIVATION AND PERMANENCY EVALUATION

42. What are your reasons for wanting to become a Resource Family?

43. What are your thoughts and feelings about adoption or legal guardianship as a permanent plan for a child?

44. Are you able to have children biologically? If not, have you sought or are you seeking fertility treatment?

45. Have you ever cared for a child other than your own? If so, why was this necessary and how long ago did this occur?

46. What will you tell others when they ask about becoming a Resource Family?

47. Do you have any fears about becoming a Resource Family?

G. EMPLOYMENT AND PERSONAL FINANCES
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48. What is your current occupation and what are your feelings about your work life? What are your work hours?
49. Will becoming a Resource Family affect your current employment status? If so, how?
50. How would you describe your current financial status? Have you ever experienced a period of financial instability? Have you ever filed for bankruptcy?

SIGNATURES

Applicant Name:	Date:
Applicant Signature:	
RFA Social Worker Name:	Date:
RFA Social Worker Signature:	
RFA Supervisor Name:	Date:
RFA Supervisor Signature:	