ARIZONA DEPARTMENT OF CHILD SAFETY

FOSTER CARE/ADOPTION ASSESSMENT GUIDE

The Guide is a tool used by the Department of Child Safety (DCS) to assess your skills, experiences, stability, motivation, and other factors as they relate to parenting a foster or adoptive child. The assessment is intended to promote discussion and an exchange of information between you and the licensing/certification specialist. The goal of this information exchange is two-fold:

- To assist you in learning about your abilities to parent a child, and
- To assist the specialist in making recommendations regarding your application.

Completion of the Assessment Guide is necessary to assist the licensing/certification specialist in writing your Home Study. The information you provide during the assessment process will only be used by DCS to evaluate you for licensure/certification.

Please answer all questions in detail. You may complete the form electronically, on-screen, or print a paper version to complete by hand writing. Please write on the back of the page or attach additional pages, if necessary.

HISTORY OF APPLICANT 1

Your full legal name: ______________________________

NAME OF MOTHER	PRESENT WHEREABOUTS
NAME OF FATHER	PRESENT WHEREABOUTS
NAME OF STEP-MOTHER	PRESENT WHEREABOUTS
NAME OF STEP-FATHER	PRESENT WHEREABOUTS
NAME OF SIBLING	PRESENT WHEREABOUTS
NAME OF SIBLING	PRESENT WHEREABOUTS
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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request.

1. Describe your relationship with your parents/step-parents and siblings.

2. What types of situations are stressful for you?

3. How do you manage that stress?

4. What types of situations cause you to feel angry?

5. How do you express and manage your anger?

6. Who or where do you turn when you need support or assistance with a problem?

7. Will your sources of support or assistance be available to you with the addition of a foster or adoptive child to your household?

8. Have you ever parented someone else's child? ☐ Yes ☐ No If Yes, please explain:

9. Describe experiences and/or training that you have had with people with the following challenges:
   - Medical/health challenges:

   - Behavioral/emotional challenges:

   - Developmental delays or disabilities:

   - Physical disabilities:

10. What methods of discipline do you use or plan to use?

PHYSICAL, EMOTIONAL AND MENTAL HEALTH

1. Do you have any ongoing or chronic medical or physical conditions? ☐ Yes ☐ No If Yes, please explain:
2. Have you ever been treated by a psychologist, psychiatrist, or a therapist? ☐ Yes ☐ No If Yes, please explain:
3. To the best of your knowledge, has any other household member ever been treated by a psychologist, psychiatrist, or a therapist? ☐ Yes ☐ No If Yes, please explain:
4. What medications (prescription and over-the-counter) do you routinely take?
5. Have you ever sought individual, marital, family, or relationship counseling? ☐ Yes ☐ No If Yes, describe the reason for and the outcome of the counseling:
6. Describe any incidents of domestic violence in your current family.
7. Have you ever been sexually victimized? ☐ Yes ☐ No If Yes, please explain:
8. Have you ever been physically or emotionally abused/assaulted? ☐ Yes ☐ No If Yes, please explain:
9. Do you drink alcohol? ☐ Yes ☐ No If Yes, please describe the frequency and amount:
10. Do you have a history of substance abuse, addiction or use of illegal drugs? ☐ Yes ☐ No If Yes, please explain:
11. Do you currently use illegal drugs or substances? ☐ Yes ☐ No If Yes, please explain:

12. Does any other household member have a history of illegal drug use, substance abuse, or addiction? ☐ Yes ☐ No
If Yes, please explain:

13. To the best of your knowledge, does any other household member currently use illegal drugs? ☐ Yes ☐ No
If Yes, please explain:

CURRENT AND PRIOR MARRIAGES

1. If you are currently married, please describe your relationship with your spouse.

2. Have you ever been separated due to marital problems? ☐ Yes ☐ No If Yes, please explain:

3. Have you been previously married? ☐ Yes ☐ No If yes, please explain. Write on the back or attach additional pages for more marriages.

   Name of former spouse: ______________________________

   Date of marriage: ____________________ Date of termination: ____________________

   Circumstances of termination: ☐ Death ☐ Divorce ☐ Other: ____________________

   If divorced, describe your current relationship with your ex-spouse:

4. Do you have minor children from a previous marriage or relationship who do not live with you? ☐ Yes ☐ No
Please describe the visitation arrangement, if any:

Information: The spouse completes this section about himself or herself when the applicants are a married couple.

HISTORY OF APPLICANT 2 – *If applicable. If not, proceed to Current Household and Social Relationships on page 8.*

Please answer all questions in detail. Please write on the back of the page or attach additional pages, if necessary.

Your full legal name: ______________________________

NAME OF MOTHER	PRESENT WHEREABOUTS
NAME OF FATHER	PRESENT WHEREABOUTS
NAME OF STEP-MOTHER	PRESENT WHEREABOUTS
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3. How do you manage that stress?

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6. Who or where do you turn when you need support or assistance with a problem?

7. Will your sources of support or assistance be available to you with the addition of a foster or adoptive child to your household?

8. Have you ever parented someone else's child? ☐ Yes ☐ No If Yes, please explain:

9. Describe experiences and/or training that you have had with people with the following challenges:
   - Medical/health challenges:
   - Behavioral/emotional challenges:
   - Developmental delays or disabilities:
   - Physical disabilities:

What methods of discipline do you use or plan to use?

PHYSICAL, EMOTIONAL AND MENTAL HEALTH

1. Do you have any ongoing or chronic medical or physical conditions? ☐ Yes ☐ No If Yes, please explain:

2. Have you ever been treated by a psychologist, psychiatrist, or a therapist? ☐ Yes ☐ No If Yes, please explain:

3. To the best of your knowledge, has any other household member ever been treated by a psychologist, psychiatrist, or a therapist? ☐ Yes ☐ No If Yes, please explain:

4. What medications (prescription and over-the-counter) do you routinely take?

5. Have you ever sought individual, marital, family, or relationship counseling? ☐ Yes ☐ No If Yes, describe the reason for and the outcome of the counseling:

6. Describe any incidents of domestic violence in your current family.

7. Have you ever been sexually victimized? ☐ Yes ☐ No If Yes, please explain:

8. Have you ever been physically or emotionally abused/assaulted? ☐ Yes ☐ No If Yes, please explain:

9. Do you drink alcohol? ☐ Yes ☐ No If Yes, please describe the frequency and amount:

10. Do you have a history of substance abuse, addiction or use of illegal drugs? ☐ Yes ☐ No If Yes, please explain:

11. Do you currently use illegal drugs or substances? ☐ Yes ☐ No If Yes, please explain:

12. Does any other household member have a history of illegal drug use, substance abuse, or addiction? ☐ Yes ☐ No If Yes, please explain:

13. To the best of your knowledge, does any other household member currently use illegal drugs? ☐ Yes ☐ No If Yes, please explain:

CURRENT AND PRIOR MARRIAGES

1. If you are currently married, please describe your relationship with your spouse.

2. Have you ever been separated due to marital problems? ☐ Yes ☐ No If Yes, please explain:

3. Have you been previously married? ☐ Yes ☐ No If yes, explain. Please write on the back or attach additional pages for more marriages.

   Name of former spouse: ______________________________

   Date of marriage: ____________________ Date of termination: ____________________

   Circumstances of termination: ☐ Death ☐ Divorce ☐ Other: ____________________

   If divorced, describe your current relationship with your ex-spouse:

4. Do you have minor children from a previous marriage or relationship who do not live with you? ☐ Yes ☐ No
   Please describe the visitation arrangement, if any:

CURRENT HOUSEHOLD AND SOCIAL RELATIONSHIPS

1. Do you anticipate any changes to your household in the next three months?

2. Who or what do you plan to use for child care and babysitting for a foster or adoptive child?

3. What role will each household member have in caring for a foster child?

4. How does each adult household member express frustration and anger?

5. Who will have the most responsibility for the care and supervision of a foster child?

CHILDREN LIVING IN THE HOME

Please write on the back of the page or attach additional pages, if there are more than two children living in the home.

Child's name: ____________________

1. Describe the child's personality.
2. Describe school achievements and/or concerns.
3. Describe health or emotional concerns.
4. Describe the child’s interests and activities.
5. Describe the child’s relationship with siblings and other children.
6. Describe the child’s relationship with you, as parent(s).

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2. Describe school achievements and/or concerns.

3. Describe health or emotional concerns.

4. Describe the child’s interests and activities.

5. Describe the child’s relationship with siblings and other children.

6. Describe the child’s relationship with you, as parent(s).

MOTIVATION AND COMMITMENT

1. Describe why you are considering parenting a child other than your own at this time.

2. Did you have any concerns about parenting a child other than your own at this time? ☐ Yes ☐ No

3. Did family or friends express concerns with your decision? ☐ Yes ☐ No If Yes, how will you resolve this issue?

4. How do you or your family believe you will benefit from parenting a foster or adoptive child?

5. How do you see parenting a child other than your own affecting your life (such as time availability or flexibility)?

FOSTER PARENT TEAM PARTICIPATION RESPONSIBILITIES AND RIGHTS

Instruction: If you are applying for foster home licensing or for both foster home licensing/adoption certification, please complete this section.

The case plan goal of foster care is usually to reunify the foster child with the child's parents or family. The foster child's progress and case planning is reviewed and managed by a team of individuals. A team may include: family members, case manager, foster care licensing worker, counselor, attorney(s), foster parent(s), child, etc.

1. The law requires regular reviews of a child's progress in foster care. These reviews are usually held on weekdays during regular business hours. Examples of such reviews are: Foster Care Review Board (FCRB) meetings (twice each year), court hearings (usually twice each year), case plan staffings (usually twice a year), and team meetings. Foster parents have a right to receive notice of most court hearings. Policy requires that foster parents be informed of Foster Care Review Board hearings, case plan staffings, and other team meetings.

   What is your reaction to active participation in-person, by telephone, or by written information, at court hearings and at these meetings?

2. Regular visits and other forms of contact between a foster child and his or her parents, extended family, and siblings are essential, unless DCS and the court determines that they are harmful to the child, to achieve the goal of reunification. A visitation plan is required by law, policy, and best practice.

   What are your feelings about visits between the foster child and his or her family members?

3. As a Team member, you are generally expected to have some interaction with the child's family members, such as written and telephone contact.

   What are your feelings about interacting with the child's family members?

4. Foster parents are expected to provide routine transportation for activities that may include school functions, medical appointments, counseling, and visits with family members.

   Do you anticipate any problems meeting this responsibility for routine transportation needs?

5. Foster parents have many important responsibilities related to the education of the foster child, including homework assistance, tutoring, parent-teacher meetings, extracurricular activities, etc.

   Do you anticipate any problems meeting this educational services responsibility?

6. A foster child has the right to choose to participate or not to participate in religious activities.

   How would you meet the religious preferences of a child placed in your home? How will you accommodate a child who chooses to not participate in your religious activities?

PLACEMENT PREFERENCES

This section will be reviewed with you during personal interviews.

Name of Applicant(s): ______________________________

YES	NO	MAYBE	NOTES
Racial and Ethnic Preference			
			White
			American Indian
			Black or African American
			Hispanic or Latino
			Asian
			Native Hawaiian or other Pacific Islander
			Other:
			No Preference
Medical / Physical / Developmental Conditions			
			Daily prescribed medication:
			Injection (i.e., insulin):
			Oral/Topical (pills, creams):
			Medical needs/conditions:
			Monitoring equipment (such as apnea monitor)
			Tube feeding
			Asthma/allergies
			Bandages/cast
			Burns/wounds
			Cancer/Leukemia
			Ear Infections
			Heart problems
			HIV/AIDS
			Lice
			Respiratory problems
			Special diet
			Substance exposed
			Therapy needs
			Counseling
			Physical/occupational
			Speech/language
			Disability
			Autism
			Cerebral Palsy
			Communication impairment
			Epilepsy
			Intellectual or cognitive disability
			Sensory impairment (vision and hearing)
			Physically challenged
			Needs assistance with daily living skills, not age appropriate (i.e., 5-10 year old who needs help):
			Dressing
			Bathing
			Eating
			Toileting

Name of Applicant(s): ______________________________

YES	NO	MAYBE	NOTES
Educational/Behavioral/Emotional Conditions			
			Learning Disabled
			ADHD
			Dyslexia
			Speech and language challenge
			Academic skill disorder
			Behavioral/Mental Health
			Eating disorder
			Depression
			Suicidal
			Bi-polar
			Schizophrenic
			Abusive to animals
			Abusive to self/others
			Alcohol/drug/substance use or abuse
			Aggressive
			Bedwetting
			Defiant/oppositional
			Depressed
			Destructive to property
			Excessive demanding of attention
			Excessively shy/withdrawn
			Fire setting
			Gang association
			Hoards/sneaks food
			Hyperactive
			Lies/manipulative
			Obsessive/compulsive
			Poor social skills
			Runaway
			Soils/wets pants
			Steals
			Temper tantrums
			Tobacco use
			Uses profanities
			Verbally abusive
Sexual Identity/Lifestyle Issues/Sexual Behaviors			
			Gay/Lesbian/Transgender
			Girl on birth control
			Girl with young child
			Masturbates
			Piercing/tattoos
			Pregnant girl
			Sexually active (with opposite sex)
			Sexually active (with same sex)
			Sexually acts out
			Victimizes others sexually
Possible Transportation above Routine Needs (such as to special medical / counseling / therapy)			
			One time weekly
			Two-three times weekly
			Four or more times weekly