



## FOSTER CARE/ADOPTION QUESTIONNAIRE \*

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	<i>Explanation. (If more room is needed, please use blank sheet of paper.)</i>
1. Number of years handling foster placements:	
2. Number of foster placements during current and past 3 years:	Current #__ Age range 20__ #__ Age range 20__ #__ Age range 20__ #__ Age range
3. A. Number of adoptions during current and past 3 years:  B. Describe involvement in adoptions:  C. Legal services contracted out? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current #__ Age range 20__ #__ Age range 20__ #__ Age range 20__ #__ Age range
4. A. Describe the types of training/education offered to foster parents:  B. Total number of foster parents trained:  C. Number of hours of training?  D. How often is training done?  E. Total number of certified foster families monitored:  F. Average length of foster home monitoring:  G. Retraining or supplemental training required?	          
5. Average workload for each case management employee:	
6. Are you responsible for the physical removal of the child from his or her natural parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* To be completed in connection with the Human Services Program Questionnaire

	<b>Explanation. (If more room is needed, please use blank sheet of paper.)</b>
7. Do any placements involve physically or mentally challenged children? If yes, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What percentage of your budget is allocated to foster care/allocation?	_____ %
9. A. What is selection procedure for foster/adoptive parents? B. Who decides selection procedure?	<b>Attach a copy of procedure</b>
10. Does the selection include health verification and <u>full</u> disclosure to foster/adoptive parents with respect to the child's health history and related background?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. How frequently are home inspections done? Are these scheduled or nonscheduled?	_____ <input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled
12. Does the inspection include a consultation solely with the foster child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are foster parents considered:	
Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can they work for other agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How are they paid? 1099?	
14. Do foster parents carry individual foster care liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the limit of habilitation the same as yours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are there written procedures outlining the steps to be taken in the event of alleged physical or sexual abuse?	<b>Please attach copy</b>
16. Are criminal background checks performed on adults/teens or visitors who will be residing in the home for more than two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is CPR/First Aid training required of the foster parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title