

# Home Study Questionnaire

(Please use a separate piece of paper if needed)

## Personal History:

Where were you born and raised? \_\_\_\_\_

Please provide information regarding parents and siblings (names, ages, family structure, etc)

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How did your parents encourage you? What methods of discipline or punishment were you exposed to as a child?

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Where and when did you graduate high school? What is your level of education and what have you studied?

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Describe your employment and work life experience.

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What do you consider to be significant events in your life?

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Discuss previous marriages/significant relationships. Is there ongoing contact? Are children involved? Discuss any visitation arrangements in place.

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Describe your health (physical, mental, and emotional). Describe any past abuse you may have experienced.

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What are your hobbies and talents? What are your goals for the future? (Educational, career, and/or relationships)

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## Relationships

Check the box that best describe your relationship status:

- Not Applicable                       In a Relationship                       Married

Check the boxes that best describe your significant other:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Not Applicable            | <input type="checkbox"/> Energetic                  | <input type="checkbox"/> Predictable        |
| <input type="checkbox"/> Religious                 | <input type="checkbox"/> Distant                    | <input type="checkbox"/> Argumentative      |
| <input type="checkbox"/> Appreciative / Thoughtful | <input type="checkbox"/> Athletic                   | <input type="checkbox"/> Competitive        |
| <input type="checkbox"/> Affectionate              | <input type="checkbox"/> Workaholic                 | <input type="checkbox"/> Sarcastic          |
| <input type="checkbox"/> Compassionate             | <input type="checkbox"/> Prejudiced                 | <input type="checkbox"/> Flexible           |
| <input type="checkbox"/> Introverted               | <input type="checkbox"/> Cautious                   | <input type="checkbox"/> Abusive            |
| <input type="checkbox"/> Emotional                 | <input type="checkbox"/> Outgoing / Social          | <input type="checkbox"/> Moody              |
| <input type="checkbox"/> Friendly                  | <input type="checkbox"/> Quick Tempered             | <input type="checkbox"/> Stubborn           |
| <input type="checkbox"/> Rigid                     | <input type="checkbox"/> Anxious / Worrier          | <input type="checkbox"/> Tolerant / Patient |
| <input type="checkbox"/> Self-Centered             | <input type="checkbox"/> Domineering / Controlling  | <input type="checkbox"/> Honest             |
| <input type="checkbox"/> Gentle / Kind             | <input type="checkbox"/> Supportive / Understanding | <input type="checkbox"/> Dependable         |

Check the boxes that describe the various roles you and your spouse / partner play in the relationship:

{ -----Roles You Play in Relationship-----}

- Not Applicable  
 Head of Household  
 Organizer / Plan the Schedule  
 Peacemaker  
 Risk Taker  
 Compromiser  
 Decision Maker  
 Money Manager

{-----Roles Spouse/Partner Plays in Relationship-----}

- Not Applicable  
 Head of Household  
 Organizer / Plan the Schedule  
 Peacemaker  
 Risk Taker  
 Compromiser  
 Decision Maker  
 Money Manager

Check the boxes that describe the major areas of conflict between you and your spouse / partner:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Not Applicable     | <input type="checkbox"/> Discipline of Children | <input type="checkbox"/> Religion            |
| <input type="checkbox"/> Finances           | <input type="checkbox"/> Chemical Use           | <input type="checkbox"/> Emotional Closeness |
| <input type="checkbox"/> Family Involvement | <input type="checkbox"/> Household Chores       | <input type="checkbox"/> Work                |
| <input type="checkbox"/> Infidelity         | <input type="checkbox"/> Values                 | <input type="checkbox"/> Time Together       |
| <input type="checkbox"/> Politics           | <input type="checkbox"/> Personal Expectations  | <input type="checkbox"/> Friends             |

Check the boxes that best describe the way you typically react when you have a major disagreement with you spouse / partner:

- |  |   |
|--|---|
| <input type="checkbox"/> Not Applicable                  | <input type="checkbox"/> Reach an agreement through mutual give and take        |
| <input type="checkbox"/> Agree to disagree               | <input type="checkbox"/> Take time to think things over before discussing       |
| <input type="checkbox"/> Sometimes yell and shout        | <input type="checkbox"/> Give in and attempt to smooth things over              |
| <input type="checkbox"/> Leave the house to cool off     | <input type="checkbox"/> Seek outside help such as a counselor or clergy person |
| <input type="checkbox"/> Become silent                   | <input type="checkbox"/> Things get physical (pushing, shoving, hitting)        |
| <input type="checkbox"/> Sometimes pound or break things | <input type="checkbox"/> Try to outwit spouse / partner                         |
| <input type="checkbox"/> Change the subject              | <input type="checkbox"/> Other:   |

**CHILDREN IN THE HOME**

NAME	RELATIONSHIP TO APPLICANT #1	RELATIONSHIP TO APPLICANT #2	CUSTODY STATUS

Describe each child's characteristics, including, personality, educational situation, and health. Discuss each child's attitude toward foster/adoptive plan and how such placements are likely to impact the child.

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**ABSENT OR PART TIME CHILDREN:**

If you have other children who do not live in the home, include information about them, including their age, quality of your relationship with them, their attitude about foster care or an adoption, and how often they are in the home.

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**Non-Applicant Adults Living in the Home:**

Please list all non-applicant adults living in the home as well as their relationship to the applicant(s).

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## PERSONAL CHARACTERISTICS

Cite examples of your ability to set aside your own needs.

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What are your personal strengths?

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What are your weaknesses?

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How do you deal with stressful situations, including specific strategies you use to cope with stress?

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Describe your ability to make and keep commitments.

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Please give a description and an example of how you have handled grief and loss.

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Describe your flexibility. Give an example.

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## SUPPORT SYSTEM:

Please describe your current support system and supports you have available to you in the community.

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|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Have minimal social circle / friends        | <input type="checkbox"/> | Regular attendance at religious services    |
| <input type="checkbox"/> | Have many friends                           | <input type="checkbox"/> | Occasional attendance at religious services |
| <input type="checkbox"/> | Active in my cultural community             | <input type="checkbox"/> | Active in community organizations           |
| <input type="checkbox"/> | Regular involvement in social organizations | <input type="checkbox"/> | Aware of support services in the community  |
| <input type="checkbox"/> | Other:                                      |                          |   |

How will you prepare your extended family, friends, and other support networks to receive a foster/adoptive child?

Who will provide day care and/or respite care?

**PARENTING SKILLS:**

Describe your parenting skills and abilities. What kind of previous experience with child supervision and parenting have you had?

Do you understand what is developmentally appropriate for children of different ages? Explain and give examples.

Check the boxes that describe parenting methods you utilize:

- |  |   |
|--|---|
| <input type="checkbox"/> Time outs   | <input type="checkbox"/> Lecturing                    |
| <input type="checkbox"/> Calm discussion   | <input type="checkbox"/> Ignore the child's behavior  |
| <input type="checkbox"/> Make rules and consequences clear in advance            | <input type="checkbox"/> Take away privileges         |
| <input type="checkbox"/> Spanking  | <input type="checkbox"/> Raise my voice               |
| <input type="checkbox"/> Have spouse / partner handle discipline                 | <input type="checkbox"/> Grounding                    |
| <input type="checkbox"/> Threaten consequences in the future                     | <input type="checkbox"/> Send the child to their room |
| <input type="checkbox"/> Create an incentive plan for positive behavior          | <input type="checkbox"/> Add additional chores        |
| <input type="checkbox"/> Tell the child they should feel ashamed                 | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Physical punishment other than spanking Describe: _____ |   |
| <input type="checkbox"/> Physical restraint of the child Describe: _____         |   |

Describe your role as a "hands on" parent (Who plays with the child? Who helps the child with homework? Etc).

What experience have you had or are you willing to learn the unique skills needed to parent children with special needs.

**ADOPTIVE OR FOSTER PARENTING:**

What do you hope your family will experience in caring for foster or adoptive children?

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What are your concerns about becoming a foster or adoptive parent?

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Are you able to empathize with the grief and loss experienced by the birth parent?

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How are you able to verbalize your feelings about parenting another person's birth child?

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Discuss support services you are aware of and how you will access services as a foster or adoptive parent.

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Briefly describe the type of child you would like to care for. What type of care would you like to provide (respite, long term, emergency shelter, crisis nursery)?

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Please describe your home (number of bedrooms, yard, pets, neighborhood, etc).

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**PERMANENCY PLANNING:**

What do you know about the legal aspects of the child welfare system (including parental rights, parental roles, and the process of concurrent permanency planning)?

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How will you preserve the child's connections with their birth family?

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Do you understand loss and attachment theory and how multiple moves affect the child's sense of trust, stability, and the child's behavior?

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For adoptive and foster families willing to adopt, are you willing to continue your parenting role into the child's adulthood if necessary? Do you understand that adoption provides legal bonds and responsibilities?

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**FAMILY LIFE**

Describe your daily routine (including work and school hours, transportation, evening activities, etc.)

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Discuss the house rules, expectations, and boundaries. How are they communicated to the family members and foster children?

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How are family decisions made?

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Describe mealtime at your home (typical meals, expectations, routines, special diets, etc).

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Describe social and recreational activities, including celebrations and holiday activities.

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Discuss your religious and spiritual practices.

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What changes to your lifestyle will you make in order to meet the child's cultural experiences and needs?

**FAMILY FINANCES:**

Is your current income sufficient to meet the needs of current household members? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received information about Northstar benefits (Foster Care, Kinship Assistance, Adoption Assistance)?

Yes \_\_\_\_\_ No \_\_\_\_\_