



Seniors and People with Disabilities
Children with Developmental Disabilities

Autobiographical Information Child Foster Care

A separate form should be filled out by each son and daughter who is 18 years of age or older and still living at home with the Applicant and Co-Applicant. Please feel free to attach additional pages if necessary.

This questionnaire is **completely confidential** for your privacy. After you have filled it out, please return it to the Certifier in the attached envelope.

Name: _____ Age: _____ Date: _____

Address: _____
 Street City State Zip

1. Please list five words that describe your personality.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

2. For the most part, which members of your family do you get along with the best?

3. For the most part, with which members of your family do you tend to have the most arguments or disagreements?

Name: _____

Date: _____

4. What do you see as the biggest problem in your family, and how is it being handled?

5. How, and for what, were you disciplined for as a child? Who in your family was usually the one to discipline you?

6. What responsibilities or household chores do you have in your family today?

7. What age of your childhood did you enjoy the most? Why?

8. How would you describe your family?

9. What has been the biggest challenge for you in your life, and how have you handled it?

Name: _____

Date: _____

10. Do you currently use drugs or alcohol? Yes No

11. If yes, how often do you use, and are your parents aware of your drug/alcohol problem?

12. Have drugs or alcohol ever been a problem for you in the past? Yes No

13. If yes, how did you resolve the problem

14. Do you smoke? Yes No

15. If yes, please describe the number of cigarettes you smoke per day and how long you have been smoking.

16. Have you ever experienced physical or sexual abuse? Yes No

17. If you have, would you be willing to discuss the circumstances around the abuse with the Certifier?

18. Have you ever received counseling or treatment for emotional or behavioral problems? Yes No

19. If so, please describe.

Name: _____

Date: _____

20. Have you ever had any involvement with the juvenile or adult corrections systems? Yes No

21. If so, please describe.

22. Did you graduate from High School? Yes No

23. If not, when did you leave school?

24. Do you attend school now? Yes No

25. If yes, what school do you attend?

26. What future educational plans do you have?

27. Are you currently employed? Yes No

28. If yes, where do you work, and what type of work do you do?

29. What future vocational plans do you have?

30. Do you contribute financially to your parents' household? Yes No

31. Are you: Single Married Divorced Separated Engaged

32. Do you have any children? Yes No

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Name: _____

Date: _____

33. If yes, list their names, ages, dates of birth, and where they live now.

34. If you have children and they don't live with you, how often do you see them?

35. If you have children, what methods of discipline do you use with them?

36. What part do you have in making the decisions that affect your family?

37. How much contact do you expect to have with any children who may be placed into your parents' home in foster care?

38. Do you expect to do any babysitting or provide any respite care for any of the children who may be placed in your parents' home in foster care?

Name: _____

Date: _____

39. What problems do you imagine may result if a child is placed in your parents' home in foster care?

40. What adjustments do you think your family will have to make when a new child is placed in the home?

41. What do you think is the purpose of foster care?

Thank you for taking the time to fill out this questionnaire. Your Certifier will read this and ask clarifying questions, if applicable, to complete the Home Study. If there are questions that feel uncomfortable answering, please note that you would like to speak to your Certifier personally about them.