

RESOURCE FAMILY BACKGROUND QUESTIONNAIRE
Foster and Adoptive Resource Family Services – County of San Diego, HHSA
Version for those without computers

APPLICANT INFORMATION

Last Name	First Name	Foster License #
-----------	------------	------------------

I. EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19				
Name and Location of High School	Graduation/GED Date	Name of College	Degree/Course	Date Completed
What were your school experiences like? For example what did you like/not like about school? Grades? Subjects of interest?				

(If additional space is needed, please continue on another sheet of paper)

II. EMPLOYMENT HISTORY

Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Name of Employer	Work Hours:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Describe your current job, work schedule, salary, time-off flexibility, your past employment history, and your future career plans.								

(If additional space is needed, please continue on another sheet of paper)

III. CHILDHOOD, FAMILY COMPOSITION AND RELATIONSHIPS

1. Where were you raised?	_____
2. Your birthparents names:	_____
3. # Full brothers and sisters:	# Half siblings: _____ # Step siblings: _____
4. Siblings names:	_____
5. Were you were raised by someone other than your biological parent(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please state who and reasons that led to your parent(s) not raising you.	_____

RESOURCE FAMILY BACKGROUND QUESTIONNAIRE
Foster and Adoptive Resource Family Services – County of San Diego, HHSA
Version for those without computers

6. Describe your parents' relationship during your childhood, and their current relationship.
7. What was your relationship with your parents like?
8. What kind of daily involvement did your parents have with you?
9. What is your current relationship like with your parents?
10. Describe your relationship with your siblings growing up and now?
11. How were you and your siblings disciplined?
12. Who was in charge of the discipline in your family?
13. Will you use the same discipline that your parents used? <input type="checkbox"/> Yes <input type="checkbox"/> No. Why or why not?
14. Describe your personality as a child and now:

RESOURCE FAMILY BACKGROUND QUESTIONNAIRE
Foster and Adoptive Resource Family Services – County of San Diego, HHSA
Version for those without computers

15. What were your interests as a child and what are your current interests, activities, talents, and hobbies?	
16. Describe your home life during childhood, provide positive and negative memories:	
17. Were you ever the victim of any type of physical, sexual, emotional abuse or neglect as a child? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain.	
18. Have you helped family members or friends deal with problems such as drug/alcohol abuse, criminal activity, child abuse, or domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please describe.	
19. Describe a personal family crisis that happened during your childhood.	
20. How did this affect you and your family?	
21. Who helped you cope?	
22. What age did you decide to leave home? Why?	

(If additional space is needed, please continue on another sheet of paper)

RESOURCE FAMILY BACKGROUND QUESTIONNAIRE
Foster and Adoptive Resource Family Services – County of San Diego, HHSA
Version for those without computers

IV. MARRIAGE/RELATIONSHIPS

1. Are you currently in a relationship with a spouse or significant other? Yes No.

2. How did you meet your spouse/significant other?

3. What does your family/in laws/significant others think of your relationship?

4. Describe your spouse/significant other's personality.

5. How are the day to day responsibilities of your family divided? Who does what?

6. How are decisions made in your family?

7. What do you have conflicts about?

8. How do you resolve differences?

9. Discuss any prior marriage(s)/significant relationships.

RESOURCE FAMILY BACKGROUND QUESTIONNAIRE
Foster and Adoptive Resource Family Services – County of San Diego, HHSA
Version for those without computers

10. Why did this relationship(s) end and what did you learn?

(If additional space is needed, please continue on another sheet of paper)

V. CHILDREN

1. List your children, including step children.

2. Describe your relationship with your children, past and present.

3. Describe your experience raising children.

(If additional space is needed, please continue on another sheet of paper)

VI. PARENTING APPROACH

1. Please describe your discipline style/techniques.

2. What values will you teach?

3. Describe any experience you have had with special needs children.

4. If you were to adopt a child, how and when would you tell your child that he/she is adopted?

RESOURCE FAMILY BACKGROUND QUESTIONNAIRE
Foster and Adoptive Resource Family Services – County of San Diego, HHSA
Version for those without computers

5. In general, what information about your child's birthparents would you be comfortable sharing with your child?
6. What are your opinions about adopted children searching for their birthparents?
7. How would you feel about nurturing/adopting a child of a different race/culture?
8. How would your friends/family feel about this?
9. How will you help a child develop a positive attitude about his/her racial/cultural background? Describe some specific examples.

(If additional space is needed, please continue on another sheet of paper)

VII. LIFESTYLE

1. What is your religious preference and practices?
2. Describe your typical week, as well as your favorite free time activities.
3. Who serves as your support system, and how are they helpful?

RESOURCE FAMILY BACKGROUND QUESTIONNAIRE
Foster and Adoptive Resource Family Services – County of San Diego, HHSA
Version for those without computers

4. Which family members, if any, are part of your support network?
5. How do you cope with stress, new situations, or sudden changes in your life?
6. What was your past alcohol/drug consumption?
7. If problematic, how have you dealt with it?
8. What is your present alcohol/drug consumption?
9. Have you ever been treated for an alcohol/drug problem? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain.
10. Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No. Convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain in detail.
11. Was it a <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor?
12. What changes have you made in your life in regards to this matter(s)?

(If additional space is needed, please continue on another sheet of paper)

RESOURCE FAMILY BACKGROUND QUESTIONNAIRE
Foster and Adoptive Resource Family Services – County of San Diego, HHSA
Version for those without computers

VIII. HEALTH ISSUES

1. Do you have any physical, mental, or medical health conditions you have that could impair your ability to provide daily care for a child? Yes No. If yes, please describe and state your alternative plan.

(If additional space is needed, please continue on another sheet of paper)

IX. RESOURCE FAMILY QUESTIONS

1. How did you become interested in being a Resource Family?

2. Have you ever been a licensed foster parent? Yes No. If yes, where, when and for how long?

3. Are you willing to assist with visitation between the children and their birth parents and or siblings? Yes No.

4. When you are away from home who will provide supervision for the children?

5. If you work full time who will provide regular childcare for the children?

6. Name of elementary school children will attend.

7. Name of junior high school children will attend.

8. Name of high school children will attend.

9. Will the children be bused to school? Yes No.

10. Do you have pets? Yes No. If yes, how many and what kind?

11. Do you smoke? Yes No. If yes, do you smoke inside your home? Yes No.

12. Do you allow others to smoke in your home? Yes No.

13. Describe any special cooking/eating habits, for example vegetarian, etc.

14. Do you, or does anyone in your home, provide daycare for unrelated children? Yes No.

15. If yes, is that person licensed? Yes No. If yes, name and phone number of licensing worker:

(If additional space is needed, please continue on another sheet of paper)

RESOURCE FAMILY BACKGROUND QUESTIONNAIRE
Foster and Adoptive Resource Family Services – County of San Diego, HHSA
Version for those without computers

Are you interested in nurturing a child for: *(check all that apply)*

- A short time
- As long as needed until a permanent plan is implemented
- A lifetime
- I am open to all possibilities

Is there anything else you would like to add?

Printed Name of Applicant

Signature of Applicant

Date