



Questionnaire For Prospective Foster/Adoptive Parents

Each adult foster/adoptive parent applicant must individually and thoroughly complete a Questionnaire. Information presented in this Questionnaire will be used throughout the Home Study process to assist Therapeutic Family Life in the screening of licensing applicants.

Date of Questionnaire: _____

Name of Applicant: _____

1. List all previous addresses within the last ten years (include dates of residence and zip codes):

2. Identify members of your family no longer living in the home (include all biological children even biological children from previous relationships) TFL is required to send and obtain a reference letter for all children that are no longer currently living in the home:

Name Date of Birth Relationship to you Address and Phone Number

3. Regarding the people listed in question # 2, what is the reason for their departure, where are these people now and how often are you in contact with them?

4. Please list those persons other than your own or foster children who have lived with you anytime in the past 15 years.

Name

Date of Birth

Relationship to you

a. _____

b. _____

5. Identify any visitors who visit your home frequently (2 or more times a month) **TFL is required to obtain a cleared DFPS background check prior to their contact with foster children):**

Name

Date of Birth

Relationship to you

Address and Phone Number

6. Are you a United States citizen?

Yes

No

If no, please answer questions a. - d.

a. In what country does your citizenship reside? _____

b. How long have you lived in the United States? _____

c. Do you have a Green Card?

Yes

No

d. What are your plans, if any, for applying for U.S. citizenship? Please explain.

7. If you did not complete High School, please explain reasons for not graduating as well as any information applicable regarding GED achievement.

8. Describe and discuss your personality.

a. **How do you relieve stress?** _____

b. **How do people know when you're angry?** _____

1) **Sad?** _____

2) **Happy?** _____

3) **Under stress?** _____

c. **How do you handle your frustration/anger?** _____

d. **How do you resolve conflict with others?** _____

9. Discuss how as a foster parent you would handle the following types of behaviors in a child:

a. **Lying:** _____

b. **Hyperactivity:** _____

c. **Stealing:** _____

d. **Physical aggression:** _____

e. **An older child who tantrums:** _____

f. **Withdrawal:** _____

g. **Refusal to attend church:** _____

h. **Running away:** _____

i. **Child who Masturbates:** _____

- j. Cursing:** _____

- k. Bedtime problems:** _____

- l. Poor school performance:** _____

- m. Oppositional/Defiant:** _____

- n. Argumentative:** _____

- o. Child who engages in destroying your property:** _____

- p. Child sexually perpetrating another child in home:** _____

10. Discuss your motivation to foster parent or adopt: _____

11. If you have children:

a. How will your children's lives change as a result of your decision to foster or adopt?

b. How have you prepared/discussed with your own children your decision to foster parent or adopt? What was their response?

12. How do you expect your life to change, if you become a foster/adoptive parent, in the following areas:

a. Free time? _____

-
- b. Condition of your home? _____
-
- c. Amount of money you have? _____
-
- d. The way you express your feelings within the home? (ex. feelings of anger, sadness, frustration, stress)
-
-
-

13. Describe your home: (number of rooms, who stays in what rooms, etc.)

14. Do you own a pool or have any bodies of water nearby your home? Yes No

If yes, please answer questions a-d

- a. Do you have fence or wall that is at least 4 feet high to enclose the pool area? Yes No
- b. Is the gate self closing and self latching? Yes No
- c. Do you have a door that leads from the home to the pool that is only accessible to adults or children over 10 years old can reach? Yes No
- d. Do you have 2 life saving devices available? Yes No
- e. Is the pool above ground? Yes No
- If yes
- 1) Does it have a barrier that prevents a child's access? Yes No
- 2 Is it inaccessible to children when it is not in use? Yes No
- f. Describe any additional safety precautions:

15. Do you own a trampoline? Yes No

(TDFPS Minimum Standards prohibit foster families from owning trampolines.)

16. How will you and your family be affected by routine agency monitoring of the home as a foster parent and during the adoptive post-placement supervisory period? How do you think frequently scheduled case worker visits/phone calls will affect your family?

17. What are your feelings towards the reduced amount of privacy as a result of this monitoring and visits? How do you feel about TFL being actively involved with decisions involving the children in your home?

18. Do you work outside of your home? If so, please describe your employment and responsibilities.

19. Do you make it a practice to celebrate Christian holidays, and if so how are they usually celebrated? (i.e. Christmas, Easter, etc.)

20. Please describe the nature of your typical family activities - what types of activities your family is involved in, how often activities are performed, favorite vacation places, etc.

21. Describe your neighborhood community: (include comments regarding ethnic and socioeconomic composition).

22. How do you feel about an agency worker from Therapeutic Family Life being actively involved with your family and decisions concerning the children placed in your home while foster parenting and during the adoption post-placement supervisory period? (case workers regularly monitoring the home and progress of children, frequent home visits, etc.)

23. What do you feel will be the biggest challenge for you in foster parenting or adopting a special needs child?

*** Married Applicants please complete following section.**
*** Single Applicants may proceed to pg. 13 to complete section for Single Applicants.**

MARRIED APPLICANTS

24.) Describe your relationship with your spouse including mutual goals and strengths:

25.) Discuss areas within your relationship you feel could be improved:

26.) What are major areas of disagreement in your relationship and how are they resolved?

27.) What types of activities do you enjoy with your partner?

28.) Describe your spouse's personality, including strengths and weaknesses.

29.) How are the important decisions made in your relationship, and how are any disagreements resolved?

30.) What disagreements, if any, do you have with your spouse regarding discipline methods? How are these differences resolved?

31.) How much consideration and discussion have you and your spouse had regarding

foster parenting and/or adopting? Are you both equally motivated and committed to be equally involved in the parenting of foster/adoptive children?

32.) Are you and your spouse physically capable of having biological children at this time?

Yes No

If yes, what are your plans regarding having birth children in the future? Please explain.

SINGLE APPLICANTS

31.) Are you currently involved in a dating relationship? Yes _____ No _____

If yes, please explain the seriousness and commitment level of your relationship as well as any discussions of marriage:

**32.) How often would the foster children in your home have contact with this person?
Describe the nature of this contact:**

33.) Have you discussed with your dating partner your desire to foster parent? What was their reaction and response?

34.) How will you balance a dating life (either currently or in the future, if not presently dating) with being a foster or adoptive parent?

35.) Do you intend to take children on outings with your dating partner, or will you be using child care arrangements? Please explain. Describe the type of child care arrangements that would be used.

Thank you for your interest in fostering with our agency. Please call our office for any clarification needed regarding this Questionnaire or for any other questions.

Please return Questionnaire to the closest regional office:

<p>Therapeutic Family Life-Austin 1340 Airport Commerce Drive Suite 480 Austin, TX 78741 Phone:512-451-7310 Fax: 512-451-0394</p>	<p>Therapeutic Family Life-Conroe 200 River Point, Ste. 310 Conroe, TX 77304 Phone: (936) 756-1800 Fax (936) 756-1808</p>	<p>Therapeutic Family Life-Kerrville 101 Fairway Kerrville, Texas 78028 Phone: (830) 257-4734 Fax: (830) 257-4784</p>
<p>Therapeutic Family Life-Nederland 1417 S. Highway 69 Nederland, TX 77627 (409) 722-3000 Fax (409) 722-3012</p>	<p>Therapeutic Family Life-Houston 5301 Hollister, Ste. 300 Houston, TX 77040 Phone: (713) 861-1500 Fax (713) 861-3777</p>	<p>Therapeutic Family Life-Temple 3513 SW HK Dodgen Loop Suite 203 Temple, Texas 76502 Phone:(254) 773-3313 Fax: (254) 773-3322</p>
<p>Therapeutic Family Life-Arlington 2229Avenue J, Suite 105 Arlington, Texas 76011 (817) 265-2328 Fax (817) 469-8345</p>	<p>Therapeutic Family Life-San Antonio 7704 S Loop 1604E Elmendorf, TX 78112 Phone: (210) 348-6544 Fax (210) 348-6370</p>	