

## FOSTER AND ADOPTION SERVICES - QUESTIONNAIRE

**Applicants Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Explanation (if more room is needed, please attach sheet of paper)																				
1. Number of foster placements during current and past 3 years:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Current</td> <td style="width: 10%;">#</td> <td style="width: 10%;">_____</td> <td style="width: 10%;">Age range</td> <td style="width: 10%;">_____</td> </tr> <tr> <td>20</td> <td>#</td> <td>_____</td> <td>Age range</td> <td>_____</td> </tr> <tr> <td>20</td> <td>#</td> <td>_____</td> <td>Age range</td> <td>_____</td> </tr> <tr> <td>20</td> <td>#</td> <td>_____</td> <td>Age range</td> <td>_____</td> </tr> </table>	Current	#	_____	Age range	_____	20	#	_____	Age range	_____	20	#	_____	Age range	_____	20	#	_____	Age range	_____
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20	#	_____	Age range	_____																	
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2. Number of adoptions during current and past 3 years:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Current</td> <td style="width: 10%;">#</td> <td style="width: 10%;">_____</td> <td style="width: 10%;">Age range</td> <td style="width: 10%;">_____</td> </tr> <tr> <td>20</td> <td>#</td> <td>_____</td> <td>Age range</td> <td>_____</td> </tr> <tr> <td>20</td> <td>#</td> <td>_____</td> <td>Age range</td> <td>_____</td> </tr> <tr> <td>20</td> <td>#</td> <td>_____</td> <td>Age range</td> <td>_____</td> </tr> </table>	Current	#	_____	Age range	_____	20	#	_____	Age range	_____	20	#	_____	Age range	_____	20	#	_____	Age range	_____
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3. Do any placements involve physically or mentally challenged children? If yes, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
4. Do any placements involve children who are medically fragile? If yes, how many? Please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
5. How many caseworkers/social workers work with children in foster placement?																					
6. What is the maximum number of cases each case worker handles?																					
7. Average length of foster placement:																					
8. What percentage of your budget is allocated to foster care/adoption?	%																				
9. What is selection procedure for foster/adoptive parents?	Please attach a copy of procedure																				
10. Does the selection include health verification and <b>full</b> 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?																					
12. How frequently are homes visited? Are these scheduled or nonscheduled?																					
13. Do visits include a consultation with the foster child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alone <input type="checkbox"/> In a Group																				
14. Are foster parents considered:	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
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																				
15. Do foster parents carry individual foster care liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
16. Describe the types of training/education offered to foster parents.  How often is training done?																					