

Hope-To-Home Family Information

This sheet will be used during your consultation with an AASK Social Worker. In order to determine the best plan for your family we'll discuss your current situation (household, health, living space, support system, community contacts); a little about your history (experiences with family and others, relationships, life accomplishments and challenges); and your knowledge and questions about the homestudy process and about AASK.

Please mail or fax to Family Coordinator: 8201 Edgewater Drive, Suite 103 Oakland CA 94621
Fax:(510)553-1747. A staff person will contact you to schedule a meeting at the AASK's office in Oakland.

How did you hear about AASK? _____ email address _____

Applicant

Name(s): _____

Address (street): _____

(city) _____, CA, 9_____, Country: _____

Home Phone: () _____ Work/cell Phone: () _____ for _____

Fax number : () _____ () _____ for _____

House Members:

Name	Relationship to Applicant	Birthdate(Age)	Occupation
1. _____	<u>Self</u>	_____ ()	_____
2. _____	_____	_____ ()	_____
3. _____	_____	_____ ()	_____
4. _____	_____	_____ ()	_____

Ethnicity of household (check all that apply): African-American Euro-American
 Asian-American Latina/o Other _____ (please specify)

Working hours of parent(s): _____ Are you planning to get pregnant? Yes No

Date of marriage/partnership: _____ Religion/spirituality: _____

Who might raise the child if you were incapacitated? _____

Have you previously applied to adopt a child? [] yes [] no

Have you previously adopted a child? [] yes [] no

Have you had any prior marriages? [] yes [] no

Can you obtain certified copies of birth/death/marriage/divorce decrees? [] yes [] no

Do you have children living with other caregivers? [] yes [] no

Have you experienced infertility? [] yes [] no

Does any household family members have any type of health problem? [] yes [] no

Do you or any household members have any criminal or child abuse history? [] yes [] no

Has any household member experienced a mental health issue of any kind? [] yes [] no

Who do you turn to for emotional and practical support? _____

Child/ren desired:

Age: _____ Ethnicity: _____ Number: _____ Gender: _____

What prior experiences do you have with children? _____

Signature(s): _____

Date: _____

Office Use Only Interviewed: _____ by: _____

Contract given date: _____ App given date: _____

Release Info signed: _____

Social Worker Notes: _____
