

Foster/Adoption Family Profile

Interview Date: _____

This worksheet will be used during your personal interview with social workers. 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 (familial experiences, relationships, life challenges); and your knowledge and questions about children with special needs, the adoption/foster process, and AASK.

Please mail to the Family Coordinator:
8201 Edgewater Drive, Suite 103, Oakland, CA 94621
or fax: (510) 553-1747
A staffperson will contact you to schedule your interview.

How did you hear about AASK?: _____ email address: _____

Applicant Name(s): _____

Address (street): _____

(city, ZIP): _____ CA 9 _____ County _____

Home Phone: (____)____-_____ Work Phone: (____)____-_____ for _____

Fax Number: (____)____-_____ (____)____-_____ for _____

Are you applying to be an adoptive or foster parent?

Household Members:

Name	Relationship to Applicant	Birthdate (Age)	Occupation
1. _____	self	___/___/___ ()	_____
2. _____	_____	___/___/___ ()	_____
3. _____	_____	___/___/___ ()	_____
4. _____	_____	___/___/___ ()	_____
5. _____	_____	___/___/___ ()	_____
6. _____	_____	___/___/___ ()	_____

Ethnicity of household (check all that apply): African-American Euro-American

Asian-American Latina/o Native American (_____ tribe. Enrolled? Y/N)

Languages spoken: _____

Ethnicity of extended family, friends, neighbors, etc. (check all that apply):

African-American Euro-American

Asian-American Latina/o Native American (_____ tribe. Enrolled? Y/N)

Languages spoken: _____

Does Your home have a pool, pond or any body of water? yes no

Number of bedrooms: _____ Family includes: smoker cat/dog (respiratory concerns)

Working hours of parent(s): _____

Do you drive?: yes no

Date of marriage/partnership: _____

Who does your family call for help/support? _____

Who might raise the child if you were incapacitated? _____

Religion(s)/Spirituality: _____

Strengths and skills, especially as a potential parent of a child with special needs (include parenting experience):

Thinking ahead: At the interview, we will also discuss the following:

- 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 certificates/divorce decrees? Yes No
- Do you have children living with other caregiver(s)? Yes No
- Have you experienced infertility? Yes No
- Are you currently trying to birth a child, or plan to in the future? Yes No
- Does any household family member have any type of health problem? Yes No
- Do you, any family member -- or **anyone** who will have contact with the child -- have **any** criminal or child abuse history? Yes No
- Has alcohol or drug use impacted the personal or work life of **any** family member? Yes No
- Has **any** family member, child or adult, experienced abuse -- physical or sexual -- or neglect? Yes No
- Has any family member experienced a mental health issue of any kind? Yes No
- Has any household member had: counseling [], psychiatric treatment [], or substance abuse treatment[]?
- Has any family member experienced a recent (or up-coming) divorce, job change, move, legal action, death or illness? Yes No

Child's Special Needs Profile

Again, your answers are only a basis for discussion; in no way are you locked into your choices. Most people change their minds a few times during the process as they learn more about special needs.

Child/ren to be Adopted: Age: _____ to _____ . Number: _____
 Sex (*circle*): Male Female Either Both Ethnicity: _____

Would you consider parenting a child with one or more of the following:

Special needs:	Yes	No	Behaviors:	Yes	No
Developmental Delay (situational; expected to improve)	<input type="checkbox"/>	<input type="checkbox"/>	Lying	<input type="checkbox"/>	<input type="checkbox"/>
Learning/Attention Problem	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>
Survivor of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	Stealing	<input type="checkbox"/>	<input type="checkbox"/>
Adverse Background: parent's mental health history	<input type="checkbox"/>	<input type="checkbox"/>	Running away	<input type="checkbox"/>	<input type="checkbox"/>
Adverse Background: addiction	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawal/depression	<input type="checkbox"/>	<input type="checkbox"/>
Pre-natal alcohol exposure	<input type="checkbox"/>	<input type="checkbox"/>	Sexual acting out	<input type="checkbox"/>	<input type="checkbox"/>
Pre-natal drug exposure	<input type="checkbox"/>	<input type="checkbox"/>	Hitting/kicking	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability: mobility	<input type="checkbox"/>	<input type="checkbox"/>	Screaming	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability: sensory (vision, hearing)	<input type="checkbox"/>	<input type="checkbox"/>	Disobedience	<input type="checkbox"/>	<input type="checkbox"/>
Medical problem requiring many med. visits/meds/equipment	<input type="checkbox"/>	<input type="checkbox"/>	Incontinence	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Disability (permanent)			Substance use	<input type="checkbox"/>	<input type="checkbox"/>
			Cruelty to animals	<input type="checkbox"/>	<input type="checkbox"/>
			Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>
			Swearing	<input type="checkbox"/>	<input type="checkbox"/>
			Hoarding/other food issues	<input type="checkbox"/>	<input type="checkbox"/>

Signatures(s): _____ Date: _____

Office Use Only: Interviewed: _____ by : _____
Ok'd for training: _____ Cert only: _____
Appl. Sent: _____ Release Info signed: _____
Social Worker Notes: _____