



Waukesha County Department of Health & Human Services
FOSTER PARENT LICENSING SERVICES

FOSTER FAMILY ASSESSMENT

Name: _____

Date: _____

Worker: _____

This form is to be completed individually by each person applying for a Foster Care License. Please give as much detail as possible.



9. What did you do after high school? What is your work history? Do you wish you would have done anything different as far as your work history?

10. How would you describe your spouse or significant other? How did you meet? Any divorces?

11. Do you have any criminal arrests or auto violations?

Parent

2. Adult General Functioning Element:

Describe yourself? What is your general attitude? Strengths and weaknesses?

What are your interests, activities, and hobbies?

What brings you joy and happiness?

What makes you angry? How do you resolve these feelings?

Tell me about your past/present problems, how did you resolve them, or are now dealing with them?

Describe your beliefs and attitudes of people of different races, cultures, and/or religion?

3. Parenting -- Discipline Element:

Describe your parenting practices, for example, your expectations and goals for children, needs for children?

Describe your philosophy of discipline and methods you use. Please give some examples.

How do you want your child to be like you or not like you?

4. Parenting General Element:

What does “being a parent” mean to you?

How is/are your child/ren doing at school? At home? What are his/her chores?

How are you involved in your child/ren’s school activities?

Has anyone been out to your home for child abuse or neglect issues?

Child

5. Child Functioning Element:

Physical description, general temperament and maturity, typical behaviors, peer relationships, performance in school.

Child 1; Name:		Age:		<i>(Enter "N/A" if no child exists.)</i>
Child 2; Name:		Age:		<i>(Enter "N/A" if no child exists.)</i>
Child 3; Name:		Age:		<i>(Enter "N/A" if no child exists.)</i>

Family

6. Family Functioning Element:

Describe the roles of yourself, spouse, and children within your home, for example, household chores, children's needs, family activities. Who is in charge and how are family decisions reached?

How do family members show they care about each other? How is affection demonstrated?

If married, described the best and worst aspects of your marital relationship? How do you resolve conflicts?

7. Family Support Network Element:

How do your brothers, sisters, friends, and neighbors feel about your becoming a foster parent?

Describe your involvement and activities in the community, school, church, and organizations?

8. Demographic Element:

Birth Family

9. Viewpoint of Birth Parents Element:

Why do you think some parents mistreat their children?

How do you feel about these people? What should be done to them?

Do you think a child abuser can change, and that the child can be returned?

How would you feel about working with the parents of a foster child?

10. Viewpoint of Foster Children Element:

What do you think a foster child will be like? What are his/her needs?

What types of behavior could you expect? How will you deal with these problems?

How do you think a foster child will feel about you?

Foster Family

11. Preparation Element:

How do your children and other family members feel about your becoming a foster parent?

What do you believe will be the rewards and stresses of being a foster parent?

What experiences or training have you had that you believe will help you in being a foster parent, for example, day care provider, nurse's aide, CPR, first aid, fire safety training, etc?

12. Motivation/Commitment Element:

Whose idea was it to become a foster parent, and why did you decide to apply now?

Are you willing to be involved in continuing education, meetings, and future training related to foster care?

Are you willing to provide transportation for a foster child's medical appointments, school activities, meetings, counseling, and visits with parents?

Intervention

13. Family Response Element:

What do you believe is the social worker's role? What would you like it to be?

Are you willing/able to change your schedule in order to work with a child and this Agency?

14. Resource Element:

Describe the resources in your community, such as library, hospitals, clinics, day care, etc.

Please list any training or support groups that you have attended within the last two years.