



# Foster Parent Applicant Questionnaire

**Please Print. Answer each question as completely as possible. Attach additional pages if necessary.**

**Each foster parent applicant is to complete their own questionnaire.**

Date:        /        /

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: (        )        -       

Alternate Telephone Number: (        )        -        E-Mail Address: \_\_\_\_\_

## **MOTIVATION**

Tell us why you became interested in fostering and/or adopting:

## **CHILDHOOD & ADOLESCENCE**

1. Who raised you? \_\_\_\_\_

Please provide the individual(s) first and last name and your relationship. \_\_\_\_\_

2. Were you adopted? ☐ YES ☐ NO If yes, at what age? \_\_\_\_\_

Was your mother married at the time of adoption? ☐ YES ☐ NO

3. Were there any extended separations from your primary caregivers? ☐ YES ☐ NO

4. How often did you move or relocate as a child? ☐ 1-2 times ☐ 3-6 times ☐ 7-10 times ☐ 10 or more times

5. List any siblings (biological, adopted, half or step):

6. Describe the relationship with your mother/primary caretaker. Include the level of closeness and involvement (e.g., loving, distant, overprotective, and abusive/neglectful).

7. Mother/primary caretaker's ability to manage her life was (check one):

☐ Excellent ☐ Good ☐ Fair ☐ Poor

8. Describe the relationship with your father/primary caretaker. Include the level of closeness and involvement (e.g., loving, distant, overprotective, and abusive/neglectful).

First Name:

Last Name:

Date of Birth:

/ /

9. Father/primary caretaker's ability to manage his life was (check one):

☐ Excellent ☐ Good ☐ Fair ☐ Poor

10. Please rate how strongly you agree with the below statements by choosing from 1 being Not at All to 5 being Completely.

a. As a child I found it easy to be close to my parent/caregiver. I trusted my parents/caregivers and was comfortable depending on them. I did not worry about being abandoned by my parents/caregivers or about them getting too close.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

b. As a child I was uncomfortable being close to my parents/caregivers. I found it difficult to trust my parents/caregivers completely or to depend on them. I got nervous when my parents/caregivers wanted to become too close. My parents/caregivers often wanted to be closer than I wanted them to be.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

c. As a child I often found my parents/caregivers did not want to get as close as I would have liked. I often worried that my parents/caregivers didn't really like me and wanted to distance the relationship. I preferred to do a lot with my parents/caregivers and this desire sometimes overwhelmed them.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

d. Please provide additional comments to support or clarify your answers above

11. Describe your parents or primary caregiver's relationship with each other:

12. Have your parents/primary caregivers had any addictions? ☐ YES ☐ NO

13. Who disciplined you as a child?

14. Do you feel the discipline you received growing up was appropriate? ☐ YES ☐ NO

15. Tell us about the values that your parents or primary caregivers held as they raised you:

a) Have some or all your values changed since you were raised as a child? ☐ YES ☐ NO

b) If yes, list some of your values:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

16. Tell us about your parents' or primary caregiver's view towards sexuality when you were a child or teen:

17. Describe your life as a child/teen including comments about your personality, activities in which you participated and family life.

18. Have you ever been abused (physically, emotionally, or sexually), assaulted or molested as a child or teen?

☐ YES ☐ NO

If yes, what was the relationship to the person that abused you? \_\_\_\_\_

19. Have you ever received counseling or mental health treatment as a child or teen? ☐ YES ☐ NO

20. Have you ever experienced any problems in your childhood that currently cause stress? ☐ YES ☐ NO

### **ADULTHOOD**

1. Describe your early dating experiences including sexual experiences. How did these experiences impact your life?

2. List dates and names of your previous marriages/domestic partnerships or other significant relationships (mother or father to your child):

3. Have you ever had legal or personal conflict regarding custody of your children? ☐ YES ☐ NO

4. Share about your relationship with your spouse/partner before you were married or started your relationship:

a) Describe your role in your relationship (Manager, Planner, Peacemaker, Money Manager, etc.):

b) How would you describe your spouse/partner's personality? (Nice, Cold, Affectionate, Shy, etc.):

First Name:

Last Name:

Date of Birth:

/ /

c) What do you and your spouse/partner argue most about?

d) Have you ever been physically injured (pushing, striking, kicking, biting, etc.) by your spouse/partner?

☐ YES ☐ NO

e) Have you ever separated or threatened to separate from your spouse/partner? ☐ YES ☐ NO

f) Is your marriage/partnership cooperative?

Rate by choosing from 1 being Not at All to 5 being Completely

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

g) My marriage/partnership is...

Rate by choosing from 1 being Terrible to 10 being Terrific

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ N/A

5. Have you ever received counseling or mental health treatment as an adult? ☐ YES ☐ NO

6. Do you have others who could provide you sound advice regarding conflicts in your marriage/partnership?

☐ YES ☐ NO ☐ N/A

7. Have you ever been physically, emotionally, or sexually abused, assaulted, or molested as an adult?

☐ YES ☐ NO

If yes, what was the relationship to the person that abused you? \_\_\_\_\_

8. Have you ever been criminally charged for, investigated for, or suspected of child neglect, child physical or child sexual abuse? ☐ YES ☐ NO

9. Have you ever been arrested, charged, or convicted for any crimes? ☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

10. Have you experienced any problems as an adult that currently cause stress?

☐ Addiction

☐ Family/Spouse Relationships

☐ Financial/Work

☐ Death/Other Loss

☐ Health

☐ Domestic Violence/Other Abuse

☐ Other (Please describe):

11. Check one or more races to indicate what you consider yourself to be:

☐ American Indian or Alaskan Native

☐ Native Hawaiian

☐ Other Asian

First Name: _____	Last Name: _____	Date of Birth: ____ / ____ / ____
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<input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Chinese <input type="checkbox"/> White <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean	<input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Race
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12. Are you Spanish/Hispanic/Latino?

☐ No, not Spanish/Hispanic/Latino  
☐ Yes, Mexican, Mexican American, Chicano  
☐ Yes, Puerto Rican  
☐ Yes, Cuban  
☐ Yes, Other Spanish/Hispanic/Latino

13. Are you bi-lingual?

☐ No, English speaking only  
☐ English- Spanish, Cuban, Dialects of Puerto Rico  
☐ English- Portuguese  
☐ English- Somali, Arabic, or other dialects  
☐ English- other: \_\_\_\_\_

**INTERESTS**

In which hobbies or interests do you participate in your leisure time?

**FAMILY**

1. Describe your current relationship with your parents/primary caregiver since becoming an adult including comments as to why it is a positive or negative relationship?

2. Describe your current relationship with your siblings including comments as to why it is a positive or negative relationship:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Do you have family or close friends that live locally? ☐ YES ☐ NO

4. Describe your current relationship with your children (if any) including areas of strength and areas that cause tension in your relationship:

5. Has anyone in your immediate family (spouse/partner, children, or other household members) ever used illegal drugs or had problems with any addictions? ☐ YES ☐ NO

6. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been physically, emotionally, or sexually abused, assaulted, or molested? ☐ YES ☐ NO

7. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been criminally charged for, investigated for, or suspected of child neglect, child physical or child sexual abuse? ☐ YES ☐ NO

8. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been arrested, charged, or convicted for any crimes? ☐ YES ☐ NO

9. Primary Language spoken and/or written in your household: \_\_\_\_\_

10. Do you identify with any religious practices or beliefs? ☐ YES ☐ NO

a. If yes, what religious beliefs do you identify with? \_\_\_\_\_

b. How religious are you? Rate by choosing from 1 being Not at All to 5 being Completely

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

11. Tell us about how your family spends time together:

### **HOME/NEIGHBORHOOD**

1. My relationship with my neighbor(s) is (check all that apply):

☐ Close/Regular Contact ☐ No Contact/Distant ☐ Strained

2. Do you have concerns about your neighbors/neighborhood that could be a problem for children in your home? ☐ YES ☐ NO

If yes, please explain:

3. Describe your involvement in your local community (social, political, or religious, etc.):

First Name:

Last Name:

Date of Birth:

/ /

4. Describe your friendships (Do you have close friends? Few friends? No friends?):

**PARENTING CAPACITY**

1. What things do you think you do well as a parent?

2. Do you have others who could give you sound advice regarding parenting? ☐ YES ☐ NO

3. Do you have others who could support you if you needed help with childcare? ☐ YES ☐ NO

4. List people you know who are willing to be alternative caregivers in case of emergency:

5. Do you have others who could help you with money to pay bills? ☐ YES ☐ NO

6. Do you have others to help you "burn off steam" outside the home? ☐ YES ☐ NO

7. How do you think your friends and extended family will treat a foster/adopted child in your home?

8. Select the age groups in which you feel most comfortable:

Infants (0-2)

☐ YES ☐ NO

Toddlers (3-5)

☐ YES ☐ NO

Middle Childhood (6-12)

☐ YES ☐ NO

Teenagers (13+)

☐ YES ☐ NO

9. Are you willing to take a child that identifies as LGBTQI+?

☐ YES ☐ NO

10. Are you willing to take a child who does not speak English well?

☐ YES ☐ NO

11. Are you willing to parent a child with the following needs?

Medically needy

☐ YES ☐ NO

Needs mental health services

☐ YES ☐ NO

Bedwetting

☐ YES ☐ NO

Encopresis (involuntary defecation)

☐ YES ☐ NO

First Name: _____	Last Name: _____	Date of Birth: ____ / ____ / ____
Enuresis (involuntary urination)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Special diet/dietary restrictions	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pregnant	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Special accommodations for physical disability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hearing impaired or deaf	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Visually impaired or blind	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Autism	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Developmental or Intellectual Disability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Frequent temper tantrums	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Impulsivity and/or hyperactivity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Psychosis	<input type="checkbox"/> YES	<input type="checkbox"/> NO
School difficulties (poor attendance, achievement, or behavior issues)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Emotional control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Stool smearing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Oppositional	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Attachment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Poor social skills	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Anxiety	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Depression	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sleep problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Constant supervision required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physical aggression	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vandalism or destroying property	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Suicide risk	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Self-mutilation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Runaway	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fire setting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sexually reactive behavior (a history of sexual abuse or reactive behaviors)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Substance use (nicotine, alcohol, prescription, illegal)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sexual aggression	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cruelty to animals	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Stealing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Delinquent behavior	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Foster Home Case File

CS-0962, Rev. 04/22



RDA 2877

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- |                               |  |
|-------------------------------|--|
| Intense anger                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Habitual lying                | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Fear of animals               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Self-harm                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Making false accusations      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Extreme attention seeking     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Negative peer association     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| History of family criminality | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Danger to others              | <input type="checkbox"/> YES <input type="checkbox"/> NO |

12. Are you willing to take a child who:

- |  |  |
|--|--|
| Requires a stay-at-home parent                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Requires frequent visitation with parents/caregivers | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Birth parents are incarcerated                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is committed to extra-curricular activities          | <input type="checkbox"/> YES <input type="checkbox"/> NO |

13. Are you willing to accept sibling groups?

☐ YES ☐ NO

14. Ethnicity or race of a child you are willing to accept:

- |                                  |  |
|----------------------------------|--|
| Hispanic/Latino                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| American Indian/Alaska Native    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Black or African American        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Native Hawaiian/Pacific Islander | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| White                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| No Preference                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |

15. Do you feel that your employment or (other activities) could interfere in your ability to be a foster parent (supervision needs, transporting to appointments, attending meetings, visitation, etc.)? ☐ YES ☐ NO

If yes, please explain:

16. Do you have others who could support you if you needed help with transportation? ☐ YES ☐ NO

17. Do you have a concern that your health issues may interfere in your ability to be a foster parent (supervision needs, transporting to appointments, attending meetings, visitation, etc.)? ☐ YES ☐ NO

a) If yes, please explain:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

b) Do you have a primary care physician? ☐ YES ☐ NO

c) Do you currently have any medical conditions or are currently under a doctor's care? ☐ YES ☐ NO

If yes, please explain:

d) Are you currently taking any prescription medications? ☐ YES ☐ NO

If yes, please explain:

e) Are you regularly using any over the counter medications?

If yes, please explain:

f) Do you smoke? ☐ YES ☐ NO

g) Alcohol and Drug History and Frequency: If checked explain.

☐ Alcohol ☐ Hallucinogens ☐ Marijuana ☐ Sedatives ☐ Barbiturates ☐ Steroids

☐ Amphetamines ☐ Tobacco ☐ Huffing ☐ Opioids ☐ Other

Explanation: \_\_\_\_\_

18. What is the highest level of education that you have obtained?

### **SELF ASSESSMENT**

**Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**

Do you have parenting experience? ☐ Yes ☐ No

If yes, skip to question 13.

1. Overall I will be very satisfied at becoming a parent.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. I can rely on my spouse/partner when parenting gets tough.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐  
N/A

4. I expect my partner to bond with the child.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐  
N/A

5. My partner and I will meet every parenting challenge together.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐  
N/A

6. A child in my home will bond with me.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. A child will transition easily into my home. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. I will find parenting gratifying. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
9. I expect a child will follow the reasonable rules I set. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
10. I will know what to do as a parent ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
11. I expect I will be able to manage my emotions, even when a child is challenging. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
12. My love for a child will be immediate and strong. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

**Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**

**If faced with a problem...**

13. I take action to try and get rid of the problem. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
14. I try to come up with a strategy about what to do. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
15. I put aside other activities to concentrate on this. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
16. I force myself to wait for the right time to do something. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
17. I ask people who have had similar experiences what they did. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
18. I talk to someone about how I feel. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
19. I look for something good in what is happening. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
20. I learn to live with it. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
21. I seek God's help. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
22. I get upset and let my emotions out. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
23. I refuse to believe that this has happened. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
24. I give up and attempt to get what I want. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
25. I turn to work on other substitute activities to take my mind off things. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
26. I drink alcohol or take drugs, to think about it less. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
27. When I want to feel less negative emotion, I change the way I'm thinking about the situation. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
28. When I want to feel more positive emotion, I change the way I feel about the situation. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
29. I control my emotions by not expressing them. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
30. I keep my emotions to myself. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

**Rate your level of agreement by choosing from 1 being Not at All to 5 being Completely.**

31. Extroverted/enthusiastic? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
32. Critical/quarrelsome? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- |  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 33. Dependable/self-disciplined?                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 34. Anxious/easily upset?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 35. Open to new experiences/complex?                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 36. Reserved/quiet?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 37. Sympathetic/warm?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 38. Disorganized/careless?                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 39. Calm/emotionally stable?                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 40. Conventional/uncreative?                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 41. I want to be close and connected to foster children/parents. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**How much does each of the statements describe you? Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**

- |   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 42. I think of myself as emotionally expressive.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 43. I keep my feelings to myself.   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 44. I display my emotions to other people.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 45. I hold my feelings in.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 46. I hardly ever expect things to go my way.   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 47. I rarely count on good things happening to me.                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 48. I expect more good things to happen to me than bad.                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 49. I expect a child in our family would adopt our heritage and culture over their own. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 50. I value educational success in children above all else.                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**How often do you feel? Rate your level of agreement by choosing from 1 being Very Slightly to 5 being Extremely.**

- |                   |                            |                            |                            |                            |                            |
|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 51. Interested?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 52. Upset?        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 53. Scared?       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 54. Enthusiastic? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 55. Determined?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 56. Afraid?       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**For applicants who are parents or who have fostered a child. Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- |  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 57. I value obedience.                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 58. I discourage negotiation with children.                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 59. I explain my rules as I set them.                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 60. I am open to reasonable input from my child.             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 61. I am warm.   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 62. I am responsive to my child's needs.                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 63. I am very accepting of my child's behavior.              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 64. I offer unconditional support.                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 65. If a child fears me but still obeys, it's OK.            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 66. I believe in corporal punishment for misbehavior.        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 67. Giving children choices helps them learn responsibility. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 68. If I set limits, my child will dislike me.               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 69. I allow freedom with little responsibility.              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 70. I find parenting/fostering satisfying.                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 71. I am confident in my parenting abilities.                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature