

Adult Foster Care Home Study

Please answer the following questions to the best of your ability. There are no right or wrong answers. The information you provide will be treated in a confidential manner and will be a part of the overall licensing process. Applicants and co-applicants should complete a separate questionnaire

Your Name:		
Birth Date:		Phone:
Address:	City:	ZIP:
II. Motivation		
A. Why do you want to be	come a foster care provider?	
B. What can you offer a fo	oster adult?	
III. Health		
Describe your current hea	lth status:	
Describe any relevant hea	Ith history:	

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Describe any current or past history of receiving counseling:
IV. Social History
Parents: Address:
Occupations:
Describe your parents' relationship with each other:
Were they affectionate towards you? How was affection expressed?
Describe some of the rules in your home and how they were enforced:
How were you disciplined?
Describe your childhood:
Describe your adolescence:
What is the highest grade you completed? Did you like school?
Where did you live growing up?
Were your parents religious? Are you?
Did you have any siblings? If yes, please describe your relationship with them while growing up:
Besides family, what other people had a major impact on your life?

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Describe your current relationship with your family:		
V. Marital Relationship		
How did you meet your spouse?		
Describe your marriage:		
What are your spouse's strengths and weaknesses?		
How has your marriage changed since you were first married?		
How are duties divided – who does what?		
Describe your social life as a couple:		
Who assumes the dominant role in your relationship?		
How are major decisions made in your family?		
What is the most difficult adjustment you have made since a married person?		
What are most of your differences about and how do you handle them?		
What is the greatest strength in your marriage?		
VI. Previous Marriage		
Were you previously married?		
What caused the termination of the marriage?		

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How were the reactions handled by yourself, children, family?		
Are there any lingering difficulties from your previous marriage, and if so, how are they dealt with?		
How is your current marriage different?		
VII. Children		
Describe your children including name, age and personality:		
How do you show affection to your children?		
What are/were some of the rules in your home and what happens if a rule is broken?		
What values have you tried to instill in your children and how have you done this?		
What types of problems do/did you have with your children?		
What types of things upset you as a parent?		
What reactions/concerns have your children had in regard to foster adults?		
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What are your children's reactions to have foster adults in the home? How will it change their lifestyle?		
Describe yourself:		
Strengths:		
Weaknesses:		
What are your hobbies or community activities?		
Describe a typical day:		
What are things you can improve about yourself?		
How do you think others would describe you?		
How do you handle your emotions? Sad, happy, angry, frustrated:		
Is there an emotion that is more difficult to handle than others?		
What type of coping methods do you use (i.e. alone time, reading, watching TV, yelling, talking to someone, etc.?):		
What kinds of behaviors will you not allow in your home?		

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What experience have you had with separation?		
How will you handle a foster client leaving your home?		
What are your values in the area of sexuality?		
What would you do if a foster adult was acting out sexually?		
What if a foster adult became seductive to you or a family member?		
Have you ever been sexually abused or exploited?		
IX. Work Activities		
List your last 5 jobs:		
Current occupation and work schedule:		
Do you have any career plans or changes?		
Do you enjoy your current job?		
What are your plans for balancing your job and adult foster care?		
Do you work better with a group or self-directed?		
If you had to follow a rule that you did not agree with what would you do?		

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How do you view the county's role with the Adult Foster Care program? ______ X. Drug and Alcohol Use Describe your use of alcohol: Describe your experience with illegal drugs: Will your use of alcohol have a negative effect on the health, right or safety of an adult Have you ever had a problem with drugs or alcohol? _____ If yes, describe: _____ Have any of your family members had a problem with drugs or alcohol? _____ What experience have your children had with drugs and alcohol? ______ XI. The Foster Adult What experience have you had with vulnerable adults? Will you have house rules? _____ Examples: _____ How do you think a foster adult will affect your life/family? ______ What kind of structure could you provide an adult resident?

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How would you handle an aggressive foster adult?		
What behaviors are you not willing or unable to deal with in your foster home?		
Are there any disabilities you are unwilling or unable to deal with in your home?		
How would you encourage independence in an adult resident?		
What would you expect/allow of a foster adult regarding religion?		
If a foster adult is a different religion than you, would you enable him/her to participate in their own church activities?		
How will you express affection to a foster adult?		
What kind of affection will you allow a foster adult to show?		
How do you feel about an adult resident being sexually active?		
How would you handle a foster adult if she/he was involved in a homosexual relationship?		
XII. Supervision		
How do you get along with someone that supervises you?		
Have you ever had a chance to supervise others? Describe:		
Do you feel you would have a problem dealing with confidentiality?		

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How would you handle a situation where you disagreed with the placement worker on the placement or a goal for the foster adult?		
What type of resident are you interested in?		

REMINDER: All providers and employees need 12 hours of training per year. Make sure you keep records on fire drills, placements, training and incident reports.

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