

STATE OF RHODE ISLAND
Department of Children, Youth and Families

Adoption Foster Care Preparation Support
101 Friendship St.
Providence, RI 02903

Name of Family:		Provider Case ID:
Address:		
City:	State:	Postal Code:
Home Phone:	Cell Phone:	

Resource Family Matching Information

A questionnaire to be completed by applicant(s) for the purpose of matching a child with a family

* To be completed jointly, where applicants are a couple

Applicant #1:		Applicant #2:	
---------------	--	---------------	--

Characteristics of the child(ren) to be considered:

Gender:

No preference

Would prefer: Boy Girl

Would only accept: Boy Girl

For Foster Parents:

Place an **X** in front of **each** age category (**one or more**) that you feel would be the “**right fit**” for your family and situation. If you would **consider** fostering a child that may be a year or so older than the oldest category marked with an X, please place a **plus sign (+)** after the last X you put down. (Example: X+ Toddler 1 to 2)

_____	_____
Newborns – Up to 6 weeks old	Elementary – 6 to 10 years old
_____	_____
Infants – 6 weeks to 12 months old	Pre-Teens – 11 to 12 years old
_____	_____
Toddlers – 1 years to 2 years old	Teens – 13 to 16 years old
_____	_____
Pre-School – 3 years to 5 years old	Older Teens – 16+ years old

For Adoptive Parents Only:

Age most preferred:	_____	to	_____
Widest age range to be considered:	_____	to	_____

Siblings:

Are you considering siblings? Yes No

If yes, how large a sibling group would you consider? _____

Would you be open to helping a child remain connected with siblings in a situation where siblings are unable to be placed together? Yes No

Race and Culture:

Would you consider a match with a child of a different race or culture than your own?
 Yes No

If yes, please specify by checking the race(s) and/or culture(s) of children that you could effectively parent in the context of your home, extended family and community.

<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian		
<input type="checkbox"/> Asian American	<input type="checkbox"/> Non English Speaking		
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Muti-Racial/Cultural (Specify)		
<input type="checkbox"/> Native American	<input type="checkbox"/> Other (please specify)		

* Are you able to speak a language other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		

For Foster Parents Only:

Other Placement Considerations:

Yes No

 Would you be able to accept placement on short notice?
 If **no**, how much advanced notice would you need prior to placement?

For Adoptive Parents Only:

Would you consider a placement involving a degree of **legal risk**?

Mild Moderate No

Would you be able to accept placement on short notice? Yes No

If **yes**, how much advanced notice would you need prior to placement? _____

Would you consider a match, if you knew in advance that the child would require several months of visiting to make the transition into your home? Yes No

Issues concerning Birth Family

Children in care often have been born to parents who have certain problems or conditions, which may have been passed on genetically to their children.

Indicate by checking **Yes** or **No** in the **Will Consider Column**, if you would be willing to consider a placement with a child whose parent or parents have a history of:

<u>Condition</u>	<u>Will Consider</u>	
	<u>Yes</u>	<u>No</u>
Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>

Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Trait	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis of HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Mentally Retarded	<input type="checkbox"/>	<input type="checkbox"/>
Drug Addicted	<input type="checkbox"/>	<input type="checkbox"/>
Child's birth is a result of incest	<input type="checkbox"/>	<input type="checkbox"/>
Any life threatening condition, which may have been inherited by the child	<input type="checkbox"/>	<input type="checkbox"/>

Unknown Maternal Background

Unknown Paternal Background

Any other conditions not covered above?	
---	--

Issues concerning child's life experiences

Listed below are traumas frequently experienced by children who are in the child welfare system. Indicate by checking what you would be willing to consider in a child who has experienced such trauma.

- | | | |
|---|--|--|
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Multiple placements | <input type="checkbox"/> Teen Pregnancy and/or birth |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Residential treatment | |

Physical /Intellectual/ Medical issues regarding children

Below are listed a number of physical/intellectual or medical conditions, which may affect some children needing substitute care out of their home or waiting to be adopted.

Indicate by checking **Yes** or **No** in the **Will Consider** column, if you would be willing to consider a possible match with a child who suffers from the condition.

If you have had experience with a condition listed, please indicate this by marking a check under the heading **have had experience with.**

<u>Condition</u>	<u>Will Consider</u>		<u>Have Had Experience With</u>
	Yes	No	
HIV+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Alcohol Syndrome		<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Exposure to Drugs/Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Trait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spina Bifida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergic to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergic to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease or Defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically Fragile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Deformities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Restricted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down 's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Disorder (ADD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities (Mild)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities (Significant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borderline Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developmental Delays/Disabilities

<u>Condition</u>	<u>Will Consider</u>		<u>Have Had Experience With</u>
	Yes	No	
Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Problems (Mild)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Problems (Significant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires specialized medical equipment (e.g. oxygen tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify:

Behavioral/Emotional Challenges

Children who have survived abuse and neglect and been traumatized by separation from their birth families may exhibit challenging behaviors such as those listed below. Read over the list and think about the behaviors. Ask yourself how you feel about them and how your family might cope with such behaviors.

Check **WC** for **will consider** if you feel you and your family could tolerate the behavior, while working to help the child learn more accepting behaviors.

Check **No** if you could not cope with a behavior in the context of your existing family and which would cause you to decline a match with any child that exhibited such a behavior.

<u>Behaviors</u>	<u>Will Consider</u>	<u>NO</u>
Is rejecting of closeness and affection (pushes away, says he/she hates you)	<input type="checkbox"/>	<input type="checkbox"/>
Clingy with adults, even strangers	<input type="checkbox"/>	<input type="checkbox"/>
Is unemotional (unable to show feelings; to cry, laugh, show anger, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Is unable to have fun or to participate in child like activities (sees self as "little adult")	<input type="checkbox"/>	<input type="checkbox"/>
Is withdrawn and sullen	<input type="checkbox"/>	<input type="checkbox"/>
Daydreams; is in his/her own world	<input type="checkbox"/>	<input type="checkbox"/>
Is fearful	<input type="checkbox"/>	<input type="checkbox"/>
Regresses to infantile behavior (e.g. sucks thumb, uses baby talk, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Has tantrums (screams, yells, kicks, etc.) which are out of control	<input type="checkbox"/>	<input type="checkbox"/>
Cries easily (when teased, when things don't go his/her own way, when slightly hurt, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Is jealous when not getting attention	<input type="checkbox"/>	<input type="checkbox"/>
Is whiny and demanding	<input type="checkbox"/>	<input type="checkbox"/>
Is impulsive; does not think before he/she acts; has poor judgment	<input type="checkbox"/>	<input type="checkbox"/>
Is hyperactive (easily excited, constantly in motion, tapping foot, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Is loud and boisterous	<input type="checkbox"/>	<input type="checkbox"/>
Is irresponsible (undependable, forgetful, unwilling to accept responsibility for mistakes)	<input type="checkbox"/>	<input type="checkbox"/>
Blames others to avoid consequences	<input type="checkbox"/>	<input type="checkbox"/>
Tells "tall tales" to impress others	<input type="checkbox"/>	<input type="checkbox"/>
Tattles	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>
Is rejected or avoided by peers	<input type="checkbox"/>	<input type="checkbox"/>
Is a follower; tries to please others and is easily lead	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--------------------------|--------------------------|
| Is clumsy and awkward in appearance and behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Acts out in school and neighborhood | <input type="checkbox"/> | <input type="checkbox"/> |
| Has poor school record and poor attitude toward school | <input type="checkbox"/> | <input type="checkbox"/> |
| Has poor self image | <input type="checkbox"/> | <input type="checkbox"/> |
| Has poor personal hygiene | <input type="checkbox"/> | <input type="checkbox"/> |
| Complains of imagined aches and pains | <input type="checkbox"/> | <input type="checkbox"/> |
| Has sleeping problems (refuses to go to bed, does not sleep, nightmares, cries in sleep) | <input type="checkbox"/> | <input type="checkbox"/> |
| Night walking/sleep walking | <input type="checkbox"/> | <input type="checkbox"/> |
| Wets bed at night (age inappropriate) | <input type="checkbox"/> | <input type="checkbox"/> |
| Wets and/or soils pants (age inappropriate) | <input type="checkbox"/> | <input type="checkbox"/> |
| Is critical of things in the home (e.g. complains about food) | <input type="checkbox"/> | <input type="checkbox"/> |
| Has eating problems (hoards food, gorges food, has sloppy eating habits) | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a diagnosed eating disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows no respect (interrupts others, says "shut up", has bad manners and bad attitude) | <input type="checkbox"/> | <input type="checkbox"/> |
| Is verbally defiant of authority & will not follow rules | <input type="checkbox"/> | <input type="checkbox"/> |
| Often swears and uses foul language | <input type="checkbox"/> | <input type="checkbox"/> |
| Is bossy and domineering; wants to be in control | <input type="checkbox"/> | <input type="checkbox"/> |
| Controls others by manipulation and intimidation | <input type="checkbox"/> | <input type="checkbox"/> |
| Hurts others (kicks, bites, scratches, hits, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Hurts him/her self (bangs head, scratches self, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Breaks and destroys the possessions of others | <input type="checkbox"/> | <input type="checkbox"/> |
| Breaks and destroys his/her possessions | <input type="checkbox"/> | <input type="checkbox"/> |
| Spits | <input type="checkbox"/> | <input type="checkbox"/> |
| Masturbates in private | <input type="checkbox"/> | <input type="checkbox"/> |
| Masturbates in public | <input type="checkbox"/> | <input type="checkbox"/> |
| Is boy/girl crazy | <input type="checkbox"/> | <input type="checkbox"/> |

Exposes self sexually to other children and adults	<input type="checkbox"/>	<input type="checkbox"/>
Involves other children in sex play	<input type="checkbox"/>	<input type="checkbox"/>
Acts seductively toward adults	<input type="checkbox"/>	<input type="checkbox"/>
Is sexually active	<input type="checkbox"/>	<input type="checkbox"/>
Talks about death and/or suicide	<input type="checkbox"/>	<input type="checkbox"/>
Has attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
Threatens to run away or attempts to do so	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>
Smokes cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
Smokes marijuana or other drugs	<input type="checkbox"/>	<input type="checkbox"/>
Cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>
Sets fires	<input type="checkbox"/>	<input type="checkbox"/>
Has poor interaction with other children, including siblings (intimidates, steals, fights, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Has a history of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>

Therapy issues

Children who have been traumatized will need help in coping with their feelings about these experiences. They also will need help in adjusting to your family. This means that they and those caring for them will need to be involved in counseling at some level at various points in their lives.

Below, please indicate by checking **Yes** or **No**, if you would be willing to consider a possible match with a child who:

	<u>Yes</u>	<u>No</u>
Is currently involved in counseling.	<input type="checkbox"/>	<input type="checkbox"/>
Will likely need periodic therapy at various stages of his/her growth.	<input type="checkbox"/>	<input type="checkbox"/>
Will likely need ongoing therapy throughout his/her childhood and into adulthood.	<input type="checkbox"/>	<input type="checkbox"/>
May need to live in residential treatment outside of the family in adolescence.	<input type="checkbox"/>	<input type="checkbox"/>
May need psychiatric hospitalization at some stage in his/her childhood and/or adult life.	<input type="checkbox"/>	<input type="checkbox"/>

Sexual Orientation/Identity

Please indicate by checking **Yes** or **No**, if you would be willing to consider a possible match with a child who may be gay, lesbian, bi-sexual, transgender or questioning.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Following 3 pages are for Foster Parents only:

Children often benefit when their fostering resource parent participates in their treatment, learning how to best help the child cope with their situation.

Would you be willing to participate in therapy with the child you are fostering?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be willing to transport the child you are fostering to therapy?	<input type="checkbox"/>	<input type="checkbox"/>

Issues related to working with birth parents (Concurrent Planning):

Foster care is a protective service provided to families experiencing difficulties so severe that children must be removed from their homes for a planned, temporary period of time. **The primary goal of foster care is to reunify families.**

The family that chooses to become a fostering resource for another family’s child faces difficult challenges. They must nurture and protect that child, while at the same time, supporting the child’s relationship with the adults who pose a threat of harm to him/her. However, studies have shown that contact between the fostering resource family and the child’s birth family can be very beneficial for all parties. When the child can see that both families love them and can work together, it reduces the feeling that she/he must choose one family over the other. In cases where such contact has taken place, permanency for the child has often been achieved more quickly than it may have occurred otherwise. In some instances this permanency was the result of successful reunification with ongoing contact and support from the fostering resource family. In other instances it was the result of an “open adoption” with the fostering resource family becoming the child’s legal family, while supporting some degree of contact (direct or indirect) between the child, and his/her birth family. In “Concurrent Planning” both of these outcomes are seen as positive, but both outcomes are the result of meaningful interaction between the fostering resource family and the birth family. Also, both outcomes result in some degree of connectedness between the birth family and the fostering resource family, for the sake and benefit of the child.

Contact between fostering resource families and birth families is not indicated in every case and **should never take place without the social worker’s knowledge and consent.** Also, not every fostering resource family will wish to have direct contact with the birth family of every child they foster.

However, it is important that fostering resource families support the child’s relationship with his/her birth parents. The level at which foster families are willing and able to do this will vary from family to family and case to case.

Below please indicate the things you would be willing to do in order to promote and support the bond between the child for whom you are a fostering resource and the child’s birth parent.

Check **Yes** for those things that you would be willing to do and **No** for things that you would not be willing to do. If you would be open to doing some of these things, but feel that you would need more information about the case before making a decision, please indicates this by checking **WC for Will Consider.**

YES NO WC

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Allow the child I am fostering to keep pictures of his/her birth parents privately in his/her possession. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Place pictures of the foster child’s birth parents openly in my home. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speak openly, positively and often about the child’s birth parents. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Send pictures of the child, the child’s schoolwork and school projects to the birth parents through the social worker. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have the child draw pictures or make projects in your home to be sent to his/her birth family. |

<u>YES</u>	<u>NO</u>	<u>WC</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With the social worker's approval, send such material directly to the birth parents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With social worker's approval, include pictures of yourself and correspondence with such material.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Create a "Life Book" or "Memory Book" for the child that includes pictures of people and activities in your home and be prepared to let this book leave your home with the child.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With the social worker's approval, call the birth parents early in placement and ask for their help in learning as much as possible about the child you will be fostering (<i>i.e.</i> eating likes and dislikes, medical problems, allergies, hair care, bed time routine, who the most important people in his/her life are, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With social worker's approval, call birth family and invite them to contribute pictures and stories to the child's "Life Book" or "Memory Book".
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With social worker's approval, participate in case planning conferences at which the birth family will be participating.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With social worker's approval, transport child to visits with parent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With social worker's approval, interact respectfully and cooperatively with birth parents during visit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With social worker's approval, invite the birth parents to attend doctor appointments for their child together with you.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With social worker's approval, invite the birth parents to attend their child's school, sports, church functions, etc., along with me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With social worker's approval, invite the birth parents to visit the child I am fostering in my home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the event of a successful reunification, I would be open to maintaining a meaningful relationship with the child I have fostered.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the event of a successful reunification, I would be open to having the child I have fostered and his/her birth family visit me in my home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the event that reunification could not be effected, I would be willing to become the permanent, legal parent of the child I have fostered through adoption.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the event that I adopt the child I have fostered, I would be willing to maintain some degree of connectedness with the birth parents.

Birth parent behavior and its effect on contact:

Fostering resource families differ in their ability to accept the capacity of birth parents to change their behavior. Some of the behaviors that caused the removal of their children may be so distasteful to fostering resource families that they would be unable to work effectively with them toward reunification. Please honestly assess your own values and strengths and determine which of the behaviors exhibited by a birth parent that are listed below would cause you to decline to interact with a particular birth parent.

Please answer **Yes** or **No** regarding your willingness to work with parents who may have exhibited the behaviors listed below. If you feel that you would need more information about a situation before making a decision to work with a birth family, you may check **WC for Will Consider**.

I would be willing to work with a birth parent who.....

<u>YES</u>	<u>NO</u>	<u>WC</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failed to send her/his child to school regularly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failed to meet her/his child's medical needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failed to provide her/his child with basic needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abandoned her/his child for long periods of time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failed to protect her/his child from physical abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failed to protect her/his child from sexual abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abused her/his child emotionally
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abused her/his child physically
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abused her/his child sexually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has committed domestic violence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is incarcerated for domestic violence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a history of substance abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is actively abusing alcohol or drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is incarcerated for drug possession/sale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is incarcerated for assault, armed robbery, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is mentally retarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is mentally ill

Personal reflections on becoming a fostering resource family:

Please explain why you have chosen to consider fostering a child born into a family that has been unable to meet his/her needs and/or to keep him/her safe.

Please explain what role (initially and in the future) you see yourself playing in the life of the child for whom you hope to be a fostering family resource and in the life of her/his birth family.

This Page is for Adoptive Parents only:

Issues of openness in adoption:

Some degree of openness between adoptive and birth families can be beneficial to an adopted child. It can help reduce the losses that the child faces. It also can provide the child with the opportunity to have access to information, which may help him/her understand and cope with the realities that contributed to their having been adopted and to make healthy decisions regarding their own future.

At the same time, it must be acknowledged that openness can carry a risk to the integrity of the adoptive placement and to the relationship between adoptive parent and child.

When adopting a child, would you consider some degree of openness toward the birth family, such as:

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | sharing information with the child regarding their parents? |
| <input type="checkbox"/> | <input type="checkbox"/> | exchange of pictures and correspondence with birth family through a third party? |
| <input type="checkbox"/> | <input type="checkbox"/> | limited contact with specific adult members of extended birth family (grandparents, aunt/uncle, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | limited visits arranged through mediation? |

Personal reflections on parenting through Older/Special Needs Adoption:

As you consider parenting a child in the child welfare system who is waiting to be adopted, **what are the greatest hopes and expectations you have for your family, as it now exists, and for yourself, as a prospective parent?**

What are your gravest fears and concerns?

Signature Page

Foster Parent Applicant #1

Date: _____

Foster Parent Applicant #2

Date: _____

Adoptive Parent Applicant #1

Date: _____

Adoptive Parent Applicant #2

Date: _____

Clinical Training Specialist

Date of Class Attended

Please return completed form to:
Adoption Rhode Island
Two Bradford Street
Providence, RI 02903
Fax: 401-865-6001