name of family: 

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

Infants – 6 weeks to 12 months old

Toddlers – 1 years to 2 years old

Pre-School – 3 years to 5 years old

Elementary – 6 to 10 years old

Pre-Teens – 11 to 12 years old

Teens – 13 to 16 years old

Older Teens – 16+ years old

For Adoptive Parents Only:

Age most preferred: 

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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>African American</td>
<td>Caucasian</td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>Non English Speaking</td>
<td></td>
</tr>
<tr>
<td>Hispanic American</td>
<td>Muti-Racial/Cultural (Specify)</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

* Are you able to speak a language other than English?  
  Yes  No

If yes, please specify:

For Foster Parents Only:
Other Placement Considerations:

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Will Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>
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.

- [ ] Neglect
- [ ] Emotional abuse
- [ ] Abandonment
- [ ] Physical abuse
- [ ] Multiple placements
- [ ] Teen Pregnancy and/or birth
- [ ] Sexual abuse
- [ ] 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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Will Consider</th>
<th>Have Had Experience With</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral Palsy</td>
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<tr>
<td>Cystic Fibrosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscular Dystrophy</td>
<td></td>
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</tbody>
</table>
Paralysis
Fetal Alcohol Syndrome
Prenatal Exposure to Drugs/Alcohol
Seizure Disorder
Sickle Cell Disease
Sickle Cell Trait
Spina Bifida
Allergic to animals
Allergic to smoke
Asthma/Respiratory problems
Heart Disease or Defect
Juvenile Diabetes
Medically Fragile
Physical Deformities
Wheelchair Restricted
Brain Damage
Down’s Syndrome
Attention Deficit Disorder (ADD)
Attention Deficit Hyperactivity Disorder (ADHD)
Learning Disabilities (Mild)
Learning Disabilities (Significant)
Borderline Intelligence

Developmental Delays/Disabilities

<table>
<thead>
<tr>
<th>Condition</th>
<th>Will Consider</th>
<th>Have Had Experience With</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Retardation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Problems (Mild)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Problems (Significant)</td>
<td></td>
<td></td>
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<tr>
<td>Requires specialized medical equipment (e.g. oxygen tank)</td>
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</table>

**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.

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Will Consider</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is rejecting of closeness and affection (pushes away, says he/she hates you)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clingy with adults, even strangers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is unemotional (unable to show feelings; to cry, laugh, show anger, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Is unable to have fun or to participate in child like activities (sees self as “little adult”)</td>
<td></td>
<td></td>
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<tr>
<td>Is withdrawn and sullen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daydreams; is in his/her own world</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is fearful</td>
<td></td>
<td></td>
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<tr>
<td>Regresses to infantile behavior (e.g. sucks thumb, uses baby talk, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has tantrums (screams, yells, kicks, etc.) which are out of control</td>
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<tr>
<td>Cries easily (when teased, when things don’t go his/her own way, when slightly hurt, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is jealous when not getting attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is whiny and demanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is impulsive; does not think before he/she acts; has poor judgment</td>
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<td></td>
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<tr>
<td>Is hyperactive (easily excited, constantly in motion, tapping foot, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Is loud and boisterous</td>
<td></td>
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<tr>
<td>Is irresponsible (undependable, forgetful, unwilling to accept responsibility for mistakes)</td>
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<tr>
<td>Blames others to avoid consequences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tells “tall tales” to impress others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tattles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lying</td>
<td></td>
<td></td>
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<tr>
<td>Is rejected or avoided by peers</td>
<td></td>
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<tr>
<td>Is a follower; tries to please others and is easily lead</td>
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</tbody>
</table>
Is clumsy and awkward in appearance and behavior
Acts out in school and neighborhood
Has poor school record and poor attitude toward school
Has poor self image
Has poor personal hygiene
Complains of imagined aches and pains
Has sleeping problems (refuses to go to bed, does not sleep, nightmares, cries in sleep)
Night walking/sleep walking
Wets bed at night (age inappropriate)
Wets and/or soils pants (age inappropriate)
Is critical of things in the home (e.g. complains about food)
Has eating problems (hoards food, gorges food, has sloppy eating habits)
Has a diagnosed eating disorder
Shows no respect (interrupts others, says “shut up”, has bad manners and bad attitude)
Is verbally defiant of authority & will not follow rules
Often swears and uses foul language
Is bossy and domineering; wants to be in control
Controls others by manipulation and intimidation
Hurts others (kicks, bites, scratches, hits, etc.)
Hurts him/her self (bangs head, scratches self, etc.)
Breaks and destroys the possessions of others
Breaks and destroys his/her possessions
Spits
Masturbates in private
Masturbates in public
Is boy/girl crazy
Exposes self sexually to other children and adults ☐ ☐
Involves other children in sex play ☐ ☐
Acts seductively toward adults ☐ ☐
Is sexually active ☐ ☐
Talks about death and/or suicide ☐ ☐
Has attempted suicide ☐ ☐
Threatens to run away or attempts to do so ☐ ☐
Stealing ☐ ☐
Smokes cigarettes ☐ ☐
Smokes marijuana or other drugs ☐ ☐
Cruel to animals ☐ ☐
Sets fires ☐ ☐
Has poor interaction with other children, including siblings (intimidates, steals, fights, etc.) ☐ ☐
Has a history of substance abuse ☐ ☐

**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:

Is currently involved in counseling. ☐ ☐
Will likely need periodic therapy at various stages of his/her growth. ☐ ☐
Will likely need ongoing therapy throughout his/her childhood and into adulthood. ☐ ☐
May need to live in residential treatment outside of the family in adolescence. ☐ ☐
May need psychiatric hospitalization at some stage in his/her childhood and/or adult life. ☐ ☐

**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. ☐ ☐
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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

Would you be willing to participate in therapy with the child you are fostering?

Would you be willing to transport the child you are fostering to therapy?

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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>WC</th>
</tr>
</thead>
<tbody>
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</table>

Allow the child I am fostering to keep pictures of his/her birth parents privately in his/her possession.

Place pictures of the foster child’s birth parents openly in my home.

Speak openly, positively and often about the child’s birth parents.

Send pictures of the child, the child’s schoolwork and school projects to the birth parents through the social worker.

Have the child draw pictures or make projects in your home to be sent to his/her birth family.
With the social worker’s approval, send such material directly to the birth parents.

With social worker’s approval, include pictures of yourself and correspondence with such material.

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.

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.e. eating likes and dislikes, medical problems, allergies, hair care, bedtime routine, who the most important people in his/her life are, etc.).

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”.

With social worker’s approval, participate in case planning conferences at which the birth family will be participating.

With social worker’s approval, transport child to visits with parent.

With social worker’s approval, interact respectfully and cooperatively with birth parents during visit.

With social worker’s approval, invite the birth parents to attend doctor appointments for their child together with you.

With social worker’s approval, invite the birth parents to attend their child’s school, sports, church functions, etc., along with me.

With social worker’s approval, invite the birth parents to visit the child I am fostering in my home.

In the event of a successful reunification, I would be open to maintaining a meaningful relationship with the child I have fostered.

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.

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.

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……….**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>WC</th>
</tr>
</thead>
</table>
| ☐   | ☐  | ☐  | Failed to send her/his child to school regularly
| ☐   | ☐  | ☐  | Failed to meet her/his child’s medical needs
| ☐   | ☐  | ☐  | Failed to provide her/his child with basic needs
| ☐   | ☐  | ☐  | Abandoned her/his child for long periods of time
| ☐   | ☐  | ☐  | Failed to protect her/his child from physical abuse
| ☐   | ☐  | ☐  | Failed to protect her/his child from sexual abuse
| ☐   | ☐  | ☐  | Abused her/his child emotionally
| ☐   | ☐  | ☐  | Abused her/his child physically
| ☐   | ☐  | ☐  | Abused her/his child sexually
| ☐   | ☐  | ☐  | Has committed domestic violence
| ☐   | ☐  | ☐  | Is incarcerated for domestic violence
| ☐   | ☐  | ☐  | Has a history of substance abuse
| ☐   | ☐  | ☐  | Is actively abusing alcohol or drugs
| ☐   | ☐  | ☐  | Is incarcerated for drug possession/sale
| ☐   | ☐  | ☐  | Is incarcerated for assault, armed robbery, etc.
| ☐   | ☐  | ☐  | Is mentally retarded
| ☐   | ☐  | ☐  | 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.
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
☐ ☐ sharing information with the child regarding their parents?
☐ ☐ exchange of pictures and correspondence with birth family through a third party?
☐ ☐ limited contact with specific adult members of extended birth family (grandparents, aunt/uncle, etc.)?
☐ ☐ 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