

# The Children's Aid Home Programs of Somerset County Inc.

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(Family Approval Document Section II)

## RESOURCE PARENT AUTOBIOGRAPHY

<b>FULL LEGAL NAME (first, middle, last):</b>	
<b>NICKNAME/CHOSEN NAME:</b>	
<b>PREFERRED PRONOUNS:</b>	
<b>GENDER:</b>	<b>Date:</b>
What brought you to our agency and what is your knowledge of our programs?	
If you have considered any other agencies, or have you been affiliated with other foster care agencies in the past, please list and explain.	

**YOUR EDUCATIONAL HISTORY – include elementary through college, and any trade schools.**

<u>Name of school</u>	<u>Years attended</u>	<u>Grades completed</u>	<u>Diploma/Degree received</u>	<u>Any additional training</u>

**YOUR EMPLOYMENT HISTORY**

Please list all current and previous jobs. Include the company, job title, dates employed, city, and state. If necessary, use a separate sheet to add additional jobs and work experience.

1.
2.
3.
4.

Other than yourself, please list everybody, including foster children, who reside in your home. Also list any children you have who no longer reside with you, and where they live now.

(Corresponding to Family Approval Document Section II, IV, and V)

Name	Date of birth	Relationship to you	How long have they lived with you?	For adult children, where do they live now?

**RESOURCE PARENT’S BACKGROUND INFORMATION:**

**YOUR PARENTS**

Parent’s full name:	Parent’s full name:
Birthdate:	Birthdate:
Place of birth:	Place of birth:
Occupation/career:	Occupation/career:
Current address:	Current address:

**YOUR SIBLINGS**

*(You can use a separate sheet to add additional siblings)*

Full name of sibling:	Marital status:	
Birthdate:	Occupation:	
Current address:		
Partner’s name:	Partner’s occupation:	
Children of sibling:		
Name:	Gender:	Birthdate:
Name:	Gender:	Birthdate:
Name:	Gender:	Birthdate:

Full name of sibling:	Marital status:
Birthdate:	Occupation:
Current address:	
Partner’s name:	Partner’s occupation:
Children of sibling:	

Name:	Gender:	Birthdate:
Name:	Gender:	Birthdate:
Name:	Gender:	Birthdate:

Full name of sibling:		Marital status:
Birthdate:	Occupation:	
Current address:		
Partner's name:		Partner's occupation:
Children of sibling:		
Name:	Gender:	Birthdate:
Name:	Gender:	Birthdate:
Name:	Gender:	Birthdate:

**PREPARATION FOR FOSTER CARE/ADOPTION**

(Corresponding to Family Approval Document Section VI)

Please list books read, training, or research, you have done to prepare for foster care/adoption.

Describe your experiences and/or training supporting an individual's specific mental, physical, and/or developmental needs.

**ATTITUDES TOWARD PERMANENCY**

(Corresponding to Family Approval Document Section VIII)

1. What factors are motivating you to provide permanency to a child in care? If infertility or miscarriages played a role in your motivations, please explain.

2. Why are you interested in providing permanency to a child in need of out-of-home care?

3. Describe any experience or encounters you have had with children who have special needs and/or who have been in placement in the past or present.

4. Describe your understanding of the needs of children in placement, and the specialized care they may require?

5. Describe a specific situation or occurrence that led to your decision to provide permanency for child in placement.

6. Explain your understanding of the commitment needed to parent a child with special needs.

7. How have you shown your commitment when confronted with difficult situations in the past?

8. How will that experience help you to parent a child in your home?

9. Have you had experience corresponding with birth parents in current or past placements? If so, please explain.

10. What methods would you use to build a relationship with the birth family and kin?

11. How would you negotiate difficult situations with the birth family and kin?

11a. Provide an example of a situation where you had to make a compromise or negotiate.

12. Would you consider a Post-Adoption Contact Agreement (PACA)? (A PACA is a legally binding agreement to maintain contact with the birth family after an adoption).

13. Describe any personal experiences that have prepared you for parenting children in substitute care.

14. What can you use from the above experiences to aid you in providing permanency for a child with special needs?

15. If your child or someone in your home has special needs, how have you supported them?

16. Describe your support system (i.e. extended family, church, agency involvement). How will these supports be utilized after the placement of a child? Please be specific.

17. Once permanency occurs, there will be decreased agency involvement. Describe your plan for support after this decreased involvement occurs.

18. Have you ever experienced a previous adoption and/or foster care disruption? If so, describe the circumstances of the disruption.

19. What did you do to try to prevent the disruption or to mitigate harm to the child and family that may have resulted from the disruption?

**FAMILY STRENGTHS**

(Corresponding to Family Approval Document Section IX)

1. Describe your childhood home or homes. Where were they located, and who resided within each home?

2. Give examples of any childhood events or experiences that have strongly impacted your outlook, values, or relationships in positive and/or negative ways.

3. Did your family celebrate holidays? If so, list and describe.

4. How were you disciplined as a child?

5. What about the discipline you received as a child was effective and appropriate, or ineffective and inappropriate?

6. Write something about yourself that will provide a better understanding about you as a person, and as a parent (personality, values, etc.).

7. Give an example of how you have demonstrated the above qualities in general, and more specifically as a parent.

8. If applicable, describe your partner's strengths.
9. Discuss any significant grief and/or loss you have experienced in your life and how you have worked through those difficult times. For example, the loss of a job, home, pet, loved one, income, or relationships.
10. Please describe your day-to-day stress and the resources you use to manage it.
11. Please describe a difficult time in your life and how you resolved it. If it has not been resolved, please describe how you manage it.
12. What special accomplishments have you achieved in your life? How do your accomplishments demonstrate attributes that may contribute to the success of parenting a child with special needs?

**HEALTH INFORMATION**

(Corresponding to Family Approval Document Section X)

1. Does anyone in your household have special medical needs or conditions? This includes significant health concerns such as cancer, heart disease, high blood pressure, diabetes, etc. If so, what are they and how are their needs being met?
2. Does anyone in your household have special mental health needs or conditions? If so, what are they and how are

their needs being met?

3. Is anyone in your family on any medication? If so, please list the medications and what they are for.

4. Is anyone in your household diagnosed with a communicable disease? If so, how is the disease treated?

5. Are there any specific family issues resulting from any of the above health conditions/mental health needs that you feel would impact your ability to parent a child with special needs either positively or negatively?

## **HOME ENVIRONMENT**

(Corresponding to Family Approval Document Section XI)

1. Do you own or rent your residence?

2. Describe the following: the style of the home (i.e. two story, ranch), the interior of the home (including room layout), the sleeping arrangements for the children placed in the home, the outside space surrounding the home (including any detached buildings and play/recreational equipment).

3. How do you heat your home (coal, gas, oil, etc.)?

4. Describe your water source (well water, public)



5. Does anyone in your household smoke? If so, please list how much per day and describe where around your home you allow smoking.

6. Please list and describe your pets (type, names, age, behaviors, and temperament).

7. If you are currently married, how did you meet your spouse? How long was the courtship and what was your courtship like? What date did you get married? Provide information about your marital relationship, including the strengths and weaknesses of each partner.

8. Write about your interests and hobbies, both as an individual and as a couple.

9. Please describe your communication style with your partner. Include how decisions are made and how disagreements resolved.

10. If you and your current partner have ever been separated, describe what led to the separation, and how you resolved that situation.

11. Explain any current problems in your marriage/relationship, such as, but not limited to, not getting along, infidelity, financial stress, recent trauma, etc.?

12. Describe how you demonstrate a caring relationship with your partner.

13. If you were previously married or had a previous significant relationship, describe what issues led to the break-up. How did you attempt to address the problems in the previous relationship? Do any of your past relationships impact how the members of your current household interact?

14. If you have children from a previous marriage or relationship, provide the names of any children from that relationship. If applicable, describe any co-parenting practices that you and your ex-partner employ.

15. If you are a stepparent, describe your relationship with your stepchildren. Also, describe the relationships between any stepsiblings.

16. If applicable, describe how current family members interact with previous partners and children from previous marriages not living in the household.

17. Please describe how the interactions identified above would impact a child with special needs.

18. Please describe your interactions with members of your household. Specifically, please address the following: does any child prefer one parent over the other? Who fights the most and with whom? Who is perceived as a favorite? What roles does each child play within the family?

19. Describe your parenting style and experience.

20. In your experience, what method(s) of discipline works best for each child in your home?

21. If applicable, if your approach to disciplining your own children is different than what you are permitted to use with foster children, how will you navigate the differences among the children to mitigate resentment or conflict?

22. What are your goals/aspirations for your foster or adopted child?

23. What are your views on education – immediate and long-term? What are you expecting from the child?

24. Will you be incorporating religion into your child's life? If so, explain?

25. Describe how each household member feels about fostering/adopting a child. from the foster care system?

25a. Also, how have the children in your home been prepared for the arrival of a foster sibling.

26. Complete the following sentence: The care, guidance, and protection of the children in my home are currently being met through:

27. If applicable, describe any unmet needs of children currently in your home. And if so, what are you doing to address/resolve these issues.

28. How will you address trans-racial or trans-cultural needs of a child?

29. Discuss your ability and willingness to parent a child who currently, or in the future may, identify as a person belonging to the LGBTQIA+ community? Include any limitations or barriers that may play into your position (such as religion, family, or community influences, etc.)

30. What childcare arrangements do you have available? Please discuss when you would use childcare, who you would use, and where the childcare would occur.

31. How will the composition of your home and family, family functioning, and degree of openness in your community affect your child with special needs placed in your home.

32. If permanency is achieved, do you intend to continue to foster additional children? How would you plan for the individual needs of all children?

**COMMUNITY**

(Corresponding to Family Approval Document Section XII)

1. Please describe your neighborhood (i.e., urban, suburban, or rural). Do you consider your neighborhood safe? Why or why not.

2. What school would the child be attending? If you know, what programs do the school offer to support a child with special needs?

3.) What does your community offer to meet the social and cultural needs of a child placed in your home?

**RESOURCES** (Corresponding to Family Approval Document Section XIII)

1. What support groups or other resources are available in your community or area for foster/adopted children or foster adoptive/parents? Are you open to utilizing resources?

2. Have you accessed and utilized community services in the past? If so, please describe.

3. What respite plan has been developed?

Please list any comments or questions that you may have.