



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

1476 North Center Avenue ~ P.O. Box 1195
Somerset, PA 15501

(814) 443-1637 or (814) 445-2009 ~ Fax # (814) 445-8481

RESOURCE PARENT AUTOBIOGRAPHY

Date:

FULL NAME:

NICKNAME:

BIRTHDATE:

BIRTHPLACE:

ADDRESS:

CITY, CO, STATE:

PLEASE LIST ALL PEOPLE LIVING IN YOUR HOME:

INCLUDE NAME, AGE, RELATIONSHIP TO YOU – IF THEY ARE FOSTER CHILDREN, HOW LONG HAVE THEY LIVED WITH YOU.

Name Date of birth Relationship How long?

Name	Date of birth	Relationship	How long?

YOUR IDENTIFYING INFORMATION:

RACE:

HAIR COLOR:

WEIGHT:

SEX:

EYE COLOR:

HEIGHT:

AGE:

RESOURCE PARENT'S BACKGROUND INFORMATION:

PARENTS

Full Name of your Parents:

MOTHER:

BIRTHDATE:

FATHER:

BIRTHDATE:

Birth Place of your Parents:

MOTHER:

FATHER:

Present Residence of your Parents:

MOTHER:

FATHER:

Resource Parent's Sibling Information:

(you can use the back of this sheet to add additional siblings)

Full Name of Sibling:

BIRTHDATE:

PRESENT ADDRESS(City & State):

SIBLING'S SPOUSE:

CHILDREN OF SIBLING:

NAME SEX BIRTHDATE

Full Name of Sibling:

BIRTHDATE:

PRESENT ADDRESS(City and State);

SIBLING'S SPOUSE:

CHILDREN OF SIBLING:

NAME SEX BIRTHDATE

Full Name of Sibling:

BIRTHDATE:

PRESENT ADDRESS(City and State)

SIBLING'S SPOUSE:

CHILDREN OF SIBLING:

NAME SEX BIRTHDATE

*****If there are additional please draw an arrow and add them to the back of this page!**

MARRIAGE

Date of marriage, description of relationship, strengths and weaknesses, communication, decision making, separations, counseling, any problems, etc.)

Description of your home (age, exterior, interior layout, play areas, water source, heating system, pets, extras, housekeeping, number of bedrooms& bathrooms, acreage, safety features (smoke alarms, fire extinguishers, pool fence, neighborhood, etc.)

FINANCIAL STATEMENT FOR PROSPECTIVE FAMILIES – can be filled out on either autobiography

Annual Salaries before taxes:

Father:

Mother:

Please List amounts currently in bank accounts (estimated before monthly bills are paid):

Savings:

Checking:

Do you feel that you are emotionally and financially stable? Explain:

FAMILY HEALTH HISTORY:

(significant health concerns, examples: cancer, heart disease, high blood pressure, Crohn's disease, etc.)

You:

Mother:

Father:

Siblings:

Other significant family health history:

EMPLOYMENT HISTORY: (Current and Previous– positions, dates, places, city and state)

1.

2.

3.

4.

EDUCATION: (your history, dates and locations)

DESCRIPTION: Self, personality, values, etc.

Describe your family life (current) – average day, weekend, recreational interests, social life, community relationships, etc.

INTERESTS: (your interests together and separate)

FAMILY VALUES AND STRENGTHS: (Your family values now)

Parenting Skills / Experience with children / Your relationship with your children (if applicable):

What brought you to our agency and what is your knowledge of our programs?

FAMILY BACKGROUND

What was it like growing up, family values, family traditions, your fondest memories, holidays, family interests, your responsibilities growing up, struggles, etc.)

MOTIVATION

WHY ARE YOU SEEKING TO FOSTER OR ADOPT A SPECIAL NEEDS CHILD:

**** (If you are adopting/fostering a family member, discuss the bond you have with the child and how you plan to have the birth parents involved or not involved in the child's life)**

WHAT IS YOUR AWARENESS OF THE NEEDS OF "SPECIAL NEEDS" CHILDREN?

HOW WILL YOUR INTERACTION AS A FAMILY BE IMPACTED BY THE ADDITION OF A CHILD WITH SPECIAL NEEDS?

DESCRIBE YOUR ABILITY TO ACCEPT A FOSTER/ADOPTIVE CHILD AS HE/SHE IS:

HOW WILL THE MAKEUP OF YOUR HOME AND COMMUNITY AFFECT YOUR CHILD WITH SPECIAL NEEDS?

IF YOU HAVE CHILDREN LIVING IN THE HOME, WHAT ARE THEIR FEELINGS ABOUT ADOPTING A SPECIAL NEEDS CHILD?

PREPARATION FOR FOSTER CARE/ADOPTION: (list books read, training, research, etc.)

IS EVERYONE IN YOUR HOME IN AGREEMENT WITH YOUR PLAN TO FOSTER OR ADOPT?

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

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

What role does Religion currently play in your life? (support system, morals, beliefs, etc.)

Will you be incorporating Religion into your child's (children's) life? How?

What experience has your family had in dealing with stress and problem solving?

What steps would you take within your family to solve a problem/stressful situation?

How do you plan to parent a child? How are you planning to discipline?

Child care plans, where and when?

FAMILY'S USE OF RESOURCES

Please list the people or organizations that are your biggest support system and how you can see them helping you:

Your extended family and friends can be an important resource for you. What is their level of preparation for your interest in adopting/fostering of a child?

If you are an active member of a church or community organization, how can they be an important resource for you?

What resources are available in your community or area for foster/adopted children or foster/adoptive parents?

Are there any special needs such as a physical/mental illness within your family unit?

Discuss any grief and loss or significant struggles you have experienced that have made you a stronger person?

**Could these experiences help you relate to a special needs child experiencing grief and loss in their life?
Discuss:**

Is your family currently experiencing problems? If yes, explain
Examples: not getting along, infidelity, financial, recent trauma, etc.

PLEASE LIST YOUR QUESTIONS / COMMENTS:

Thank You!