

FOSTER CARE AND ADOPTION INITIAL ASSESSMENT

***Demographic Information:**

Full Name: _____ Maiden Name: _____ DOB: _____

Spouse/Significant other's Full Name: _____ DOB: _____

Street Address: _____ Apt/Unit #: _____

City: _____ County: _____ Zip Code: _____

No# Years at this address: _____ No# Years lived in Florida: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Marital Status: **Single Married Divorced Domestic Partnership (Please Circle)**

***Interest:**

Foster Care Adoption (Please Circle)

Age Range Interested in: _____ Male/Female/Either: _____

(if adoption only and want under age 8 refer to 1-800-96 ADOPT)

***How did you hear about the Program?**

Media: **TV Commercial Billboard Face Book Website All Pro Dads (Please Circle)**

Church: _____ Foster Parent/Friend: _____
(Name of church) Do you attend church? If yes, denomination (Name of person)

Recruitment Event: _____ Contact: _____
(Event name/location) (Name of person they spoke with)

Child Specific: _____ Referral Source: **ICPC OTI CMO (Please Circle)**
(Child's Name)

Do you have previous experience with Fostering in Florida or any other State? **YES NO (Please Circle)**

If yes what was the name of the agency you were previously licensed with? _____

Do you have a contact name and number for the agency? _____

Did you close your home voluntarily or did the agency recommend your home be closed? _____

If agency recommended closure what was the reason: _____

Physical Environment/Financial Information:

Number of Adults in Home: _____ Number of Children: _____

List Names of Other Adult (18+) Household Members:

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

List Names of all Children:

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

Pets/Type/Breed: _____

Number of bedrooms in the home: _____ Number of available beds: _____

Do you have a pool? **YES NO (Please Circle)** Type of pool enclosure (screen or fence): _____

Do you own a Vehicle? **YES NO (Please Circle)** Do you have valid insurance? **YES NO (Please Circle)**

Source of Income: **Employment Disability Retirement Other:** _____

Are you able to meet your monthly expenses each month without assistance? **YES NO (Please Circle)**

If no, what assistance is needed to meet your expenses: **TANF Food Stamps Family Friends (Please Circle)**

Background Screening History:

*Has anyone in your home ever been arrested: **YES NO (Please Circle)**

Date of Arrests: _____ County/Town/City/State: _____

Reason for Arrests: _____

*Have you ever been the subject of an abuse report: **YES NO (Please Circle)**

Month/Year of Reports _____ County/Town/City/State: _____

Allegations/Findings: _____

*Has anyone in your home had an injunction/no contact order filed against them: **YES NO (Please Circle)**

If yes provide circumstances: _____

Signature of Staff Completing Form

Date

Selected In

Selected Out