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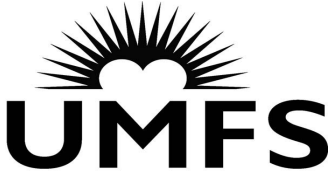
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RESOURCE PARENT QUESTIONNAIRE

NAME: _____

SECTION I

PHYSICAL DESCRIPTION & PERSONALITY

Ethnicity _____

Height _____

Weight _____

Hair color _____

Eye color _____

GIVE TWO ADJECTIVES TO DESCRIBE YOURSELF _____

GIVE TWO ADJECTIVES OF HOW OTHERS MAY DESCRIBE YOU _____

HOBBIES

Do you have hobbies? _____

Do you go on vacations? _____

What do you enjoy doing? _____

DO YOU HAVE SIBLINGS? If so, please list by birth order, including current names and ages of each sibling, marital status, occupation, and where they live.

Name	Age	Marital Status	Occupation	City, State

INFORMATION ON YOUR PARENT 1 (birth mother/father)

Name _____

Place and date of birth _____

Occupation _____

Relationship growing up _____

Current relationship _____

Use three adjectives to describe this parent (include positive and negative)

Is your parent retired? _____

Is your parent deceased? (If yes, include year) _____

INFORMATION ON YOUR PARENT 2 (birth mother/father)

Name _____

Place and date of birth _____

Occupation _____

Relationship growing up _____

Current relationship _____

Use three adjectives to describe father (include positive and negative)

Is your parent retired? _____

Is your parent deceased? (If yes, include year) _____

INFORMATION ON ADDITIONAL PARENT(S) (adopted/step) or other Primary caregiver, as applicable

Name _____

Place and date of birth _____

Occupation _____

Relationship growing up _____

Current relationship _____

Use three adjectives to describe father (include positive and negative)

Is your parent retired? _____

Is your parent deceased? (If yes, include year) _____

RELATIONSHIP TO FAMILY

Relationship with parents _____

Relationship with siblings _____

How does your family feel about your plans to foster/adopt? _____

What happy memories do you have of your childhood?

Do you have unhappy memories of your childhood?

Have you experienced any significant loss in your lifetime (i.e., death of an immediate family member, death of a child, death of a partner) _____

How did you feel about school? (Grades, favorite subjects, friends) _____

Highest Level of Education (identify schools by name and year graduated)

Junior High _____

High school _____

Associates Degree or Trade School _____

Bachelor's Degree _____

Master's Degree _____

Doctoral Degree _____

CHRONOLOGICAL TIMELINE OF LIFE FROM BIRTH TO PRESENT

Where have you lived? (Include years)

City, State	Years

Where have you worked? (Include years and titles)

Place Worked	Title	Years

Have you served in the military? (If yes, identify branch of service, position held and years of service)

How were you parented? (What was style of Mom?/Dad?) _____

Who disciplined you as a child? How? (For example withholding of privileges, spanked, reprimanded, open communication)

Do you or would you parent in the same way or differently than your parents? _____

PREVIOUS MARRIAGES YES _____ NO _____

(If yes, name of previous spouse, date of marriage, date of divorce, reason for divorce)

Previous Spouse	Date of Marriage	Date of Divorce	Reason for Divorce

VIOLATIONS

Have you ever been convicted or arrested for a felony or misdemeanor? _____

Have you ever been reported for child abuse or neglect? _____

If yes, please explain.

SECTION II (if applicable)

CURRENT RELATIONSHIP (Marriage or partnership)

Year and location of where you met your spouse/partner _____

How did you meet? _____

What attracted you to your spouse/partner? _____

Has the thing that attracted you or interested you in your spouse/partner changed in any way since you got married or established your committed relationship?

Year married and location of marriage (include city and state) _____

Year you began living in the same home _____

Use two adjectives to describe your spouse/partner _____

What are your spouse's/partner's strengths and weaknesses? _____

All couples have differences, what do you argue about? _____

How do you resolve differences? _____

What are the strong points in your marriage/relationship? _____

Have you ever been separated from your current spouse/partner? _____

What is the plan for a child in your home in the event you become incapacitated or your relationship is dissolved?

Has any member of your family been involved in treatment or counseling related to alcoholism, drug abuse, mental illness, financial problems, school problems, marital/relationship problems?

SECTION III

PARENTING SKILLS AND FAMILY LIFE

Do you have children? YES _____ NO _____

If yes, describe each child's personality, how he or she performs in school and what extra-curricular activities each is involved in.

Do any of your children live somewhere other than in your residence? If yes, where and how often do you have contact with them?

What parenting style is most apparent in your home? (Positive, punitive, control, freedom)

How do you parent? Or, if you are not currently a parent, how do you envision parenting?

Do you have previous experience working with children? _____

Have you ever cared for foster children or adopted a child? _____

What motivated you to apply to become a foster/adoptive parent? _____

Have you ever experienced fertility issues? _____

What is your family's attitude about attending required ongoing training? _____

CHILD CARE

***Remember 24 hours a day, 7 days a week supervision is required for all placements regardless of the age.**

Who will provide care for the foster/adoptive child or children? (Detailed explanation, include before and after school care if applicable, emergency care if child is ill)

SECTION IV

RELIGION

What is your religious affiliation? _____

Do you attend services? _____

What role (if applicable) does a spiritual being play in your life? _____

SECTION V

HOME ENVIRONMENT

Do you have pets? Yes or No

If yes, what breed(s) _____

What type of neighborhood do you live in? _____

How far are the nearest community resources such as libraries, shopping, fire station, etc.?

What hospital services your community? _____

Describe your home (number of bedrooms, baths, levels, basement) _____

What are your zoned schools?

Elementary School	Middle School	High School

SECTION VI

INCOME AND FINANCIAL RESOURCES

Please describe any financial hardships or stressors that you are currently experiencing.

SECTION VII

MEDICAL INFORMATION

Was there any experience of physical, sexual, emotional or substance abuse in your family of origin?

If so, how did this affect you? _____

Are you affected by any medical condition that we should be aware of? _____