

**FOSTER CARE**

**HOME STUDY OUTLINE**

Family Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

**PERSONAL INFORMATION**

***WIFE***

Date of individual interview: \_\_\_\_\_

Date of joint interview: \_\_\_\_\_

Date of home study: \_\_\_\_\_

**Description**

- |                     |                |                 |
|---------------------|----------------|-----------------|
| 1. Height _____     | 5. DOB _____   | 9. Roll # _____ |
| 2. Weight _____     | 6. SSN # _____ |                 |
| 3. Eye color _____  | 7. Race _____  |                 |
| 4. Hair Color _____ | 8. Tribe _____ |                 |

Place of Birth: \_\_\_\_\_

**Personality and Attitude**

How would you describe yourself? \_\_\_\_\_  
\_\_\_\_\_

How would your spouse (or others) describe you? \_\_\_\_\_  
\_\_\_\_\_

What is your religion and how do you practice it?  
\_\_\_\_\_  
\_\_\_\_\_

If you are involved in church, which church do you attend?  
\_\_\_\_\_

What is the name of your Pastor/Priest?  
\_\_\_\_\_

**Childhood relationships**

Who raised you? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your childhood relationships with:

Parents? \_\_\_\_\_  
\_\_\_\_\_

Siblings? \_\_\_\_\_  
\_\_\_\_\_

Relatives? \_\_\_\_\_  
\_\_\_\_\_

**Parents of Host Home Mother**

Father's name \_\_\_\_\_

Address \_\_\_\_\_

Area code & phone number \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_

If deceased, what year? \_\_\_\_\_

Cause of death \_\_\_\_\_

What is his current occupation? \_\_\_\_\_  
\_\_\_\_\_

What are his hobbies/interest? \_\_\_\_\_  
\_\_\_\_\_

What is his religious preference? \_\_\_\_\_  
\_\_\_\_\_

Describe his personality traits? \_\_\_\_\_  
\_\_\_\_\_

Was he ever physically or sexually abused as a child or adult? \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain

Has he ever been accused of physical or sexual abuse? \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain

Describe your relationship with your father \_\_\_\_\_  
\_\_\_\_\_

Mother's name \_\_\_\_\_

Address \_\_\_\_\_

Area code & phone number \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_

If deceased, what year? \_\_\_\_\_

Cause of death \_\_\_\_\_

What is her current occupation? \_\_\_\_\_

What are her hobbies/interest? \_\_\_\_\_

What is her religious preference? \_\_\_\_\_

Describe her personality traits? \_\_\_\_\_

Was she ever physically or sexually abused as a child or adult? \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain

Has she ever been accused of physical or sexual abuse? \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain

Describe your relationship with your mother \_\_\_\_\_

**Siblings of Host Home Mother**

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_

If deceased, what year? \_\_\_\_\_

Cause of death \_\_\_\_\_

Does he/she have history of any serious medical, behavioral or emotional problems?  
\_\_\_\_\_ No \_\_\_\_\_ Yes, Explain \_\_\_\_\_

Was he/she ever physically or sexually abused as a child or adult?  
\_\_\_\_\_ No \_\_\_\_\_ Yes, Explain \_\_\_\_\_

Has he/she ever been accused of physical or sexual abuse? \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain \_\_\_\_\_

Has he/she ever been arrested or convicted of a criminal act? \_\_\_\_\_ No \_\_\_\_\_  
Yes, Explain \_\_\_\_\_  
\_\_\_\_\_

Does he/she use drugs or drink alcohol? \_\_\_\_\_ No \_\_\_\_\_ Yes,  
Explain \_\_\_\_\_  
\_\_\_\_\_

What is your relationship with him/her? \_\_\_\_\_  
\_\_\_\_\_

Is he/she married? \_\_\_\_\_

Does he/she have any children? (first name and age) \_\_\_\_\_  
\_\_\_\_\_

What is his/her current occupation? \_\_\_\_\_

Describe his/her personality traits \_\_\_\_\_

Has he/she ever been seen by a counselor/psychologist? \_\_\_No \_\_\_\_\_ Yes, Explain  
\_\_\_\_\_  
\_\_\_\_\_

**Disciplinary styles and techniques**

What do you consider to be appropriate discipline? \_\_\_\_\_  
\_\_\_\_\_

How do you discipline your child(ren)? \_\_\_\_\_  
\_\_\_\_\_

**Emotional Health History**

Do you have a history of any serious medical, behavioral or emotional problems? \_\_\_\_\_  
\_\_\_\_\_

If handicap exists, how does it affect ability to function as a therapeutic host home  
parent? \_\_\_\_\_

Care and supervision? \_\_\_\_\_  
\_\_\_\_\_

Behavior management? \_\_\_\_\_  
\_\_\_\_\_

Were you ever under professional care for any condition which required the use of  
prescribed drugs and/or narcotics? If so, explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever received psychological or psychiatric counseling? If so, explain.

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When? \_\_\_\_\_

RELEASE OF INFORMATION REQUIRED TO GET LETTER FROM COUNSELOR.

**Legal information**

Have you ever been arrested or convicted of a crime in this state or any other state? \_\_\_\_\_

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Have you ever spent time in jail or received traffic tickets? \_\_\_\_\_

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Have you lived in this state for at least five years? If not, list the states in which you have lived in the last five years. \_\_\_\_\_

SWYS WILL CONDUCT A BACKGROUND CHECK WITH OSBI, DMV CHECK, AND FINGER PRINTING CHECK WITH THE FBI.

**Employment Record**

Current Employment \_\_\_\_\_

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Length of Current Employment \_\_\_\_\_

Does current employment allow flexible hours?

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Determine satisfaction derived from employment \_\_\_\_\_

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What is your family's annual gross income? \_\_\_\_\_

**Education**

What is your highest level of education? \_\_\_\_\_

If you have a college degree(s), list them here.

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**Marital Status**

Single, Married, Widowed, Divorced \_\_\_\_\_

If married, provide your marriage date \_\_\_\_\_

If divorced, provide your divorce date \_\_\_\_\_

How is your relationship with your husband/significant other?

\_\_\_\_\_  
\_\_\_\_\_

Have you been married before? If so, list to whom, length of marriage, and reason for divorce.

\_\_\_\_\_  
\_\_\_\_\_

**Weapons**

Do you possess weapons/firearms? \_\_\_\_\_

If so, how many do you possess? \_\_\_\_\_

Explain the safety precautions you use within your home.

\_\_\_\_\_

**Transportation**

What kind of transportation do you use? \_\_\_\_\_

DL # \_\_\_\_\_

**Placement Child Preference**

Age \_\_\_\_\_ Gender \_\_\_\_\_ Special Needs \_\_\_\_\_

What is your motivation toward being a Host Home Family?

\_\_\_\_\_  
\_\_\_\_\_

What are your expectations being a Host Home Family?

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

**HUSBAND**

Date of individual interview: \_\_\_\_\_

Date of joint interview: \_\_\_\_\_

Date of home study: \_\_\_\_\_

**Description**

1. Height \_\_\_\_\_

5. DOB \_\_\_\_\_

9. Roll # \_\_\_\_\_

2. Weight \_\_\_\_\_

6. SSN # \_\_\_\_\_

3. Eye color \_\_\_\_\_

7. Race \_\_\_\_\_

4. Hair color \_\_\_\_\_

8. Tribe \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Personality and Spirituality**

How would you describe yourself? \_\_\_\_\_

\_\_\_\_\_

How would your spouse/others describe you? \_\_\_\_\_

\_\_\_\_\_

What is your religion and how do you practice it?

\_\_\_\_\_

\_\_\_\_\_

If you are involved in church, which church do you attend?

\_\_\_\_\_

What is the name of your Pastor/Priest?

\_\_\_\_\_

**Childhood relationships**

Who raised you? \_\_\_\_\_

\_\_\_\_\_

How would you describe your childhood relationships with:

Parents? \_\_\_\_\_

\_\_\_\_\_

Siblings? \_\_\_\_\_  
\_\_\_\_\_

Relatives? \_\_\_\_\_  
\_\_\_\_\_

**Parents of Host Home Father**

Father's name \_\_\_\_\_

Address \_\_\_\_\_

Area code & phone number \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_

If deceased, what year? \_\_\_\_\_

Cause of death \_\_\_\_\_

What is his current occupation? \_\_\_\_\_  
\_\_\_\_\_

What are his hobbies/interest? \_\_\_\_\_  
\_\_\_\_\_

What is his religious preference? \_\_\_\_\_  
\_\_\_\_\_

Describe his personality traits? \_\_\_\_\_  
\_\_\_\_\_

Was he ever physically or sexually abused as a child or adult? \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain

Has he ever been accused of physical or sexual abuse? \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain

Describe your relationship with your father \_\_\_\_\_  
\_\_\_\_\_

Mother's name \_\_\_\_\_

Address \_\_\_\_\_

Area code & phone number \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_

If deceased, what year? \_\_\_\_\_

Cause of death \_\_\_\_\_

What is her current occupation? \_\_\_\_\_  
\_\_\_\_\_

What are her hobbies/interest? \_\_\_\_\_  
\_\_\_\_\_

What is her religious preference? \_\_\_\_\_  
\_\_\_\_\_

Describe her personality traits? \_\_\_\_\_  
\_\_\_\_\_

Was she ever physically or sexually abused as a child or adult? \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain  
\_\_\_\_\_

Has she ever been accused of physical or sexual abuse? \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain  
\_\_\_\_\_

Describe your relationship with your mother \_\_\_\_\_  
\_\_\_\_\_

**Siblings of Host Home Father**

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_

If deceased, what year? \_\_\_\_\_

Cause of death \_\_\_\_\_

Does he/she have history of any serious medical, behavioral or emotional problems?  
\_\_\_\_\_ No \_\_\_\_\_ Yes, Explain \_\_\_\_\_  
\_\_\_\_\_

Was he/she ever physically or sexually abused as a child or adult? \_\_\_\_\_ No \_\_\_\_\_  
Yes, Explain \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever been accused of physical or sexual abuse? \_\_\_\_\_ No \_\_\_\_\_ Yes,  
Explain \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever been arrested or convicted of a criminal act? \_\_\_\_\_ No \_\_\_\_\_  
Yes, Explain \_\_\_\_\_  
\_\_\_\_\_

Does he/she use drugs or drink alcohol? \_\_\_\_\_ No \_\_\_\_\_ Yes,  
Explain \_\_\_\_\_

What is your relationship with him/her? \_\_\_\_\_  
\_\_\_\_\_

Is he/she married? \_\_\_\_\_

Does he/she have any children? (first name and age) \_\_\_\_\_  
\_\_\_\_\_

What is his/her current occupation? \_\_\_\_\_

Describe his/her personality traits \_\_\_\_\_

Has he/she ever been seen by a counselor/psychologist? \_\_\_No \_\_\_ Yes, Explain  
\_\_\_\_\_  
\_\_\_\_\_

**Disciplinary styles and techniques**

What do you consider to be appropriate discipline? \_\_\_\_\_  
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If handicap exists, how does it affect ability to function as a therapeutic foster parent? \_\_\_  
\_\_\_\_\_

Care and supervision? \_\_\_\_\_  
\_\_\_\_\_

Behavior management? \_\_\_\_\_  
\_\_\_\_\_

Were you ever under professional care for any condition which required the use of prescribed drugs and/or narcotics? If so, explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever received psychological or psychiatric counseling? Explain.  
\_\_\_\_\_  
\_\_\_\_\_

When? \_\_\_\_\_

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What kind of transportation do you use? \_\_\_\_\_

List your DL # \_\_\_\_\_

**Placement Child Preference**

Age \_\_\_\_\_ Gender \_\_\_\_\_ Special Needs \_\_\_\_\_

What is your motivation toward being a Host Home Family?

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What are your expectations being a Host Home Family?

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**Children in the Home**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

What grade in school and what school do they attend? \_\_\_\_\_

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Current interests? \_\_\_\_\_  
\_\_\_\_\_

What strengths and/or problems in parent-child authority-type relationships? \_\_\_\_\_  
\_\_\_\_\_

Describe the child's ability to get along with other children: \_\_\_\_\_  
\_\_\_\_\_

Describe the child's attitude toward children in placement: \_\_\_\_\_  
\_\_\_\_\_

Describe the child's ability to share their parent's time and attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_