
(Local Agency Letterhead)

RESOURCE FAMILY ASSESSMENT

PARENTS

Father:
DOB:
SSN#:
Race:

Mother:
DOB:
SSN#:
Race:

CHILDREN IN THE HOME

Name, Gender, DOB, Race

ADDRESS

Street Address
City, State, Zip

SCHOOLS SERVED

Elementary
Middle
High
Private Schools (if applicable)

TELEPHONE NUMBERS

Home:
Father's Work:
Father's Cell Phone:
Mother's Work:
Mother's Cell Phone:

E-MAIL ADDRESS

Father's E-mail Address:
Mother's E-mail Address:

TRAINING/PREPARATION

Client's Name contacted Name of Agency for the purpose of having a Foster/Adoption Home Study completed to adopt type of child or specific child.

Parents submitted their application on Date of application and attended the required meetings/visits. During the home study process, the issues of foster parenting and adoptive parenting, children with special needs, separation and loss, birth parents, adoption as a lifelong experience, sexual, physical, emotional abuse, developmental disabilities and issues related to waiting children were addressed.

Adoption Only: Adoptive Parents Names were advised of the fee policy (Sec 5.1-A.4). The Adoptive Parents Names state they have or have never been rejected as prospective adoptive parents. The Adoptive Parents Names state they have or have never been the subject of an unfavorable home study. information regarding a previous adoption would be inserted here and the date of the final order of the adoption

AGENCY CONTACTS

Date _____ type of contact, home visit, office visit, who participated _____

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TYPE OF CHILD DESIRED -- OR -- CHILD-SPECIFIC INFORMATION (adoption/ICPC)

child's, age, gender, siblings, race, specific physical, mental and emotional needs they can accept, family background issues, behaviors they can and can't accept, degree: mild, moderate, or severe, activity level and personality, at risk placement, acceptance of previous relationships with foster and/or biological parents, family background issues such as drugs /mental illness, attitudes/awareness of cultural or racial differences and how will they assist their child in feeling positively about themselves and their culture (if applicable)

FAMILY BACKGROUND AND FAMILY RELATIONSHIPS

FATHER

Father's age, height, hair color eyes, hair color hair, and weighs Weight in lbs. pounds. He is described by his wife as Wife description of husband. He states others would describe him as Others would describe him. Father's Name enjoys Activities father enjoys.

Father was born Date of birth in Birth city, Birth state. Father is the Birth order child born to his parents, Father's Mother's Name and Father's Father's name. Father's father was/was not employed if employed describe Father's father's employment. Father describes his father as father describes own father. Father's mother was/was not employed if employed describe father's mother's employment . Father describes his mother as father describes own mother.

Father describes his parent's relationship as description of parents relationship Father describes his childhood as Description of childhood

Father learned the values of values learned. Conflicts in his family were handled how conflicts were handled. Communication about feelings was style and openness .Describe expressions of affection. Discipline was usually administered by who administered discipline and included what was included in discipline. Father feels the discipline he received was feelings regarding discipline received.

if siblings; names, relationship growing up, strengths/ stressors of the relationship now, where they live, how often they see, attitude toward placement/birth parents how they will support the placement, who will have a relationship with the child

same information about parents

significant life events, past personal losses, how coped and who offered support, problem solving style, what the person identifies as his needs and how individual meets those needs

EDUCATION AND EMPLOYMENT

dates and places of graduation, degrees, extracurricular activities, feelings about education

Father's Name (served, did not serve) in the military. military services, dates and type of discharge current employment and feelings about job

MEDICAL

Father's Name was seen by Doctor's name on date seen by doctor who assessed Father's Name to have (normal life expectancy, to be free from communicable disease and to be in health status physical and mental health to assume responsibility for the care of a child or ___children

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additional medical information

When asked if he had a history of substance abuse, mental illness, sexual or child abuse or domestic violence, even if it didn't result in an arrest or conviction, Father's Name stated, "response".

MOTHER

Mother's Name is a age year old female who stands Height of Mother tall, has eye color eyes, hair color hair, and weighs Weight in lbs. pounds. She is described by her husband as Husband description of wife. She states others would describe her as Others would describe her. Mother's Name enjoys Activities mother enjoys.

Mother's Name was born Date of birth in Birth city, Birth state. Mother's Name is the Birth order child born to her parents, mother's mother's name and mother's father's name. Mother's Name father was employed Mother's father's employment. Mother's Name describes her father as mother describes own father. mother's Name mother was employed mother's mother's employment. Mother's Name describes her mother as mother describes own mother.

Mother's Name describes her parent's relationship as description of parents relationship Mother's Name describes her childhood as Description of childhood

Mother's Name learned the values of values learned. Conflicts in her family were handled how conflicts were handled. Emotions were emotions. Discipline was usually administered by who administered discipline and included what was included in discipline. Mother's Name feels the discipline she received was feels discipline was.

if siblings; names, relationship growing up, strengths and stressors of the relationship now, where they live, how often they see, and how they will support the placement, their attitude toward placement and birth parents, who will have a relationship

same information about parents

significant life events, past personal losses, how coped and who offered support, problem solving style, what the person identifies as his needs and how individual meets those needs

EDUCATION AND EMPLOYMENT

dates and places of graduation, degrees, extracurricular activities, feelings about education

Mother's Name (served, did not serve) in the military. military services, dates and type of discharge current employment and feelings about job

MEDICAL

Mother's Name was seen by Doctor's name on date seen by doctor who assessed mother's name to have normal life expectancy, to be free from communicable disease and to be in health status physical and mental health to assume responsibility for the care of a child or ___children

additional medical information

When asked if she had a history of substance abuse, mental illness, sexual or child abuse or domestic violence, even if it didn't result in an arrest or conviction, Mother's name stated, "response".

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MARRIAGE/RELATIONSHIPS

discuss previous marriages, verify dates and location of previous marriage and divorce, why marriage ended, what they learned about themselves in the marriage, children from previous marriage, who has custody, relationship with children, how often seen

Mr. and Mrs. Couples last name met in place they met, dated for length of time dated and were married on date married in city married in ,state married in. Father's Name says he was attracted to Mother's Name. Mother's Name says she was attracted to Father's Name.

Mother's Name describes their marriage as wife's description of marriage. Father's Name describes their marriage as husband's description of marriage.

more description of marriage

CHILDREN

name and describe children, how they came into the family, date of birth, temperament, height, weight, interests, school, special needs, expectations, children's activities, involvement of parents: for children not in the home; feelings about foster care and/or adoption, current relationship and how they were parented

general information about the health of all children in the home.

OTHER HOUSEHOLD MEMBERS

name, DOB, relationship with family, length of time in home, special needs, gender, CPS, Criminal Record, TB test, ideas regarding adoption, involvement with child

FAMILY LIFE/PARENTING SKILLS

experience with children, any training or classes, views on child rearing, each person's feelings on discipline techniques to be used, expressions of affection, ability to delay gratification

Statement about who will care for child in the event of the adoptive parent(s) incapacity or death

FINANCES

Should include (1) statement stating that based on the information provided the family appears to live within their means, (2) how this was determined, and (3) any other relevant financial information. the following are examples of what may be included.

Income:

Father's Name
Salaried gross annual income husband gross annual income
Verified by Income verification
Other Income Other Income

Mother's Name

Salaried gross annual income wife's Gross annual income
Verified by how is income verified
Other Income Other Income

Total Monthly Income: Total Monthly Income

Savings: Savings
Savings

Value of home: Value of home Amount owed: Amount owed

Health Insurance: Health Insurance

Life Insurance

Father's Name amount of Life Insurance

Name of Company Name of Company

Mother's Name amount of Life Insurance

Name of Company Name of Company

Expenses:

Rent Rent /Mortgage /Mortgage

Loans: Loans

Credit Cards: Credit Cards

Utilities: Utilities

Car: Car

Other : Other

HOME ENVIRONMENT

The Couples last name reside in city or county. Their home has number of and type of rooms, describe child's room and if they will share a room and with whom Housekeeping standards are excellent, adequate, not adequate. description of neighborhood regarding age and ethnicity, describe fire safety plan, where smoke alarms are located and if there are fire arms where they are kept and locked Include info. on fire inspection. The Couples last name home is within distance to community resources of all community resources. There is sufficient space for # of family members family members. This home meets the standards and regulations of the Commonwealth of Virginia in regard to adequate space, safety and health.

BACKGROUND CHECKS

Filed in the case record is verification that Father's Name is not listed in the Central Registry of the Virginia Child Abuse and Neglect Information System.

Father's Name Criminal History Record Report was requested and received, according to Virginia Code, and is filed in the case record.

Father's Name submitted a copy of his driving record from the Division of Motor Vehicles and he has a poor/fair/excellent driving record: if poor - explain and indicate any DUI infractions driving record.

Filed in the case record is verification that Mother's Name is not listed in the Central Registry of the Virginia Child Abuse and Neglect Information System.

Mother's Name Criminal History Record Report was requested and received, according to Virginia Code, and is filed in the case record.

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Mother's Name submitted a copy of her driving record from the Division of Motor Vehicles and she has a poor/fair/excellent driving record: if poor - explain and indicate any DUI infractions driving record.

REFERENCES

3 non-relative references

Number of references references were received regarding the Couples last name. They have known the Couples last name for minimum years to maximum years years.

Father's Name is described as parenting skills, how they interact with children, how they show affection, equally committed, acceptance of extended family, stability of marriage

Mother's Name is described as parenting skills, how they interact with children, how they show affection, equally committed, acceptance of extended family, stability of marriage

Based on observation, interviews and written materials, Name of worker concurs with the assessment of the references.

MOTIVATION TO FOSTER/ADOPT

Each person's reason for wanting to foster parent and/or adopt, process they went through before calling the agency, what they expect to receive from the child, what they expect the child to get from them, infertility issues addressed if applicable, experience with adoption, awareness of adoption as a life long experience, understanding of separation and loss and/or abuse and neglect, understanding of early deprivation and related disabilities, understanding of risks associated with adoption, readings, questions they feel their child will have, how to tell child about his/her adoption, feelings about counseling, feelings about search

IMPRESSIONS/ RECOMMENDATIONS

summary of strengths, concerns if any, has/have participated in all of the required meetings and interviews necessary for a foster/ adoptive home study. Based upon the above gathered information, interviews and observations Agency name recommends Couples last name as foster/adoptive parents for age, gender, number, age range, special needs agency is willing to provide supervision of the placement as required or requested.

RECOMMENDATION:

On this date **Date**, Couples last name are Approved/Denied as foster/adoptive parents by **Agency name**.

Prepared by: Name of worker

Approved by: Approved by - name of Director/Supervisor/Designee