

NORTHERN CALIFORNIA FAMILY CENTER  
FOSTER PARENT QUESTIONNAIRE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

This questionnaire is another significant part of the N.C.F.C. Crisis Foster Home Program. This information will help us to get to know you and your family and also help us match a child to your home. Please answer all questions that apply to you and to your situation. There are no correct or incorrect responses. If more space is needed in answering questions, please use back of this form or additional note paper.

1. Please give a physical description of yourself (including your ethnic background).

2. Please describe your personality.

3. Please describe your average day.

4. Please describe your work (in or out of the home) and your feelings about it.

5. a. Please describe your own hobbies, leisure time, interests, and activities. What do you do for fun?

NCFC FOSTER PARENT QUESTIONNAIRE CONTINUED

b. What are your family activities?

6. Please describe your family's traditions such as: meal times, bed times, celebrations, holidays, etc.

7. Please describe your home, neighborhood, and community.

8. a. What principles/religion/belief guide(s) your life?

b. If you attend church, which church and what is your level of involvement?

NCFC FOSTER PARENT QUESTIONNAIRE CONTINUED

c. Do you belong or are you involved in any outside organizations (other than church)?

9. How do you reward yourself?

10. How do others misinterpret you?

11. Who do you expect to show you the most appreciation?

12. When in a crisis, whom do you consult?

13. How often do you telephone or visit your parents?

NCFC FOSTER PARENT QUESTIONNAIRE CONTINUED

14. How are you like your mother?

15. How are you like your father?

16. a. Please briefly describe your own family background: your parents, brothers, and sisters; when you left home; etc.

b. What is your relationship with them now?

c. How were you disciplined as a child?



NCFC FOSTER PARENT QUESTIONNAIRE CONTINUED

21. How do you handle most disagreements with your spouse?

22. What are the strengths in your marriage?

23. How are decisions made in your home?

If you have children, please answer the following questions.

24. Please describe each of your children including appearance, personality, age, grade in school, employment, interests, etc.

25. Do you give your children an allowance? How much per child?

NCFC FOSTER PARENT QUESTIONNAIRE CONTINUED

26. How do you discipline/correct your children?

27. What are your strong points in relation to parenting?

28. What areas in parenting do you want to improve?

If there are others in your household besides your spouse or children, please answer the following questions.

29. Please describe them including appearance, personality, age, grade in school, employment, interests, etc.

30. What particular areas usually cause disagreements with them?

NCFC FOSTER PARENT QUESTIONNAIRE CONTINUED

31. I wish to have a foster child in my home at this time because:

32. I believe the most difficult thing about having foster children in my home would be:

- |  |   |
|--|---|
| <input type="checkbox"/> Working with the parents      | <input type="checkbox"/> Increased responsibility |
| <input type="checkbox"/> Letting the child return home | <input type="checkbox"/> Adjustment of own        |
| <input type="checkbox"/> Getting to know a "stranger"  | <input type="checkbox"/> children to a child in   |
| <input type="checkbox"/> Lack of privacy               | <input type="checkbox"/> the home                 |
| <input type="checkbox"/> Working with the agency       |   |
| <input type="checkbox"/> Other _____                   |   |
- 
- 
- 

33. Which of the following behaviors do you feel you could work with? (Check all applicable behaviors.)

- |  |  |
|--|--|
| <input type="checkbox"/> Lying or cheating             | <input type="checkbox"/> Stealing                  |
| <input type="checkbox"/> Profanity                     | <input type="checkbox"/> Fits of temper            |
| <input type="checkbox"/> Destroying property           | <input type="checkbox"/> Fire setting              |
| <input type="checkbox"/> Defiance                      | <input type="checkbox"/> Anxiety                   |
| <input type="checkbox"/> Hyperactive                   | <input type="checkbox"/> Running away              |
| <input type="checkbox"/> Shy/withdrawn                 | <input type="checkbox"/> Daydreaming/fantasizing   |
| <input type="checkbox"/> Depression                    | <input type="checkbox"/> Fears or phobias          |
| <input type="checkbox"/> Bed wetting                   | <input type="checkbox"/> Excessive crying          |
| <input type="checkbox"/> Cutting school                | <input type="checkbox"/> School problems           |
| <input type="checkbox"/> Learning disabilities         | <input type="checkbox"/> Inability to make friends |
| <input type="checkbox"/> Speech difficulty             | <input type="checkbox"/> Drug use                  |
| <input type="checkbox"/> Suicidal thoughts or attempts | <input type="checkbox"/> Masturbation              |
| <input type="checkbox"/> Problems in sexual adjustment | <input type="checkbox"/> Sex play/promiscuity      |
| <input type="checkbox"/> Too dependent                 | <input type="checkbox"/> Too independent           |

NCFC FOSTER PARENT QUESTIONNAIRE CONTINUED

I hereby certify that the above statements are true with my signature below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date