GPSII/MAPP Family Profile Part 1 - General Information

	Prospective Parent 1	Prospective Parent 2
Name		
Date of Birth		
Race/Ethnicity		
Gender		
Occupation		
Employer		
Employer Address/ Phone		
Hours of work		
Highest Grade Level Completed		
Marital/Committed Status		
If married or committed, date and place of ceremony		
Religious Affiliation		
Email Address		

Home Address:	
Home Telephone:	Cell Phone Parent #1:
	Cell Phone Parent #2:

Directions to Your Home:		

My Family Now -- Others in the Home

(Use additional paper if necessary.)

Name	Date of Birth	Gender	Race/ Ethnicity	Occupation/ School Grade	Relationship to Parent 1	Relationship to Parent 2

My Family Now -- Our Adult Children Living Away From Home

(Please write names and addresses for each. Use additional paper if necessary.

If other than biological, specify relationship.)

1.	2.
3.	4.

Sensitive Subjects

As a partner in the foster care or adoption team, you may find that the special circumstances of the child placed in your home will require that you talk with the child or child welfare workers about what we call "sensitive subjects." These sensitive subjects concern things about which people don't often talk about. In foster care and adoption work, these sensitive subjects may be about separation, divorce, death, sexual issues including sexual abuse, mental illness, angry emotions, sad emotions, and the use of alcohol or drugs.

Because we are making a very important decision together about your family's fostering or adopting, we will be discussing subjects that often are not discussed outside the family. We don't want to offend you or make you feel uncomfortable, but we do need to know in order to help you and us in the decision-making process. With this explanation in mind, then, please answer the questions in the Profile as openly and as honestly as you can. Thank you.

Family Motivation and Personal Loss:

1.	What has initially brought you or motivated you to your decision to apply to become a foster and/or adoptive parent(s)?
2.	What type of experience do you have with children, either with children you are currently parenting or with other's children?

3.	Have you ever applied for foster care or adoption previously? Have you ever had an adoption previously? Have you ever had an adoption previously?				
4.	If yes to question #3, what agency did you				
	Agency Location	Outcome of Contact			
5.		, what losses have you experienced together? For of fertility or the death of a close family member or ple?			
6.	How did you cope with the losses you exp	erienced together?			

7.	What significant personal losses have you experienced as an individual in your lifetime? How did you cope with your emotions during this time(s)? Prospective Parent 1
	Prospective Parent 2

Has anyone in your family ever been convicted of a felony? Has anyone in your family ever been convicted of a felony? 1. [] No If "yes," please explain: []Yes **Financial Information on Household Members** 1. Please describe how financial decisions are made in your family and give an example: 2. Is your family experiencing heavy debt or financial stress due to creditors or lawsuits?

[] No If "yes," please describe how this is affecting you and your family.

[] Yes

3.	Have you ever filed for bankruptcy?				
	[] Yes	[] No	If "yes," please describe when and why it occurred.		
4.			inancially provide for your family as well as for one or more additional ht weeks until the first foster care maintenance payment arrives?		
	[] Yes	[]No			
	Comment	S:			

	Income amount (before taxes)	Earned by	Source of income
	Total Monthly Inco	me	\$
6.	Does your family hav	e medical and vehicle insurance c	overage?
	[] Yes [] No		
	Please list the type of	of coverage and insurance compa	any:
	Auto:		
	Home:		
7.	Are you willing to pla	ce an adopted child on your healt	th insurance coverage?
	[] Yes [] No		
	Comments:		

List all sources of family income in the table:

5.

Medical and Personal Information on Household Members:

1.	Is any fam	Is any family member currently under the regular care of a doctor?					
	[] Yes	[] No	If "yes," please explain:				
2.	Is anyone	in your fan	nily taking medicine prescribe	ed by a doctor?			
	[] Yes	[] No	If "yes," please list medicatio	ns and reasons for taking them			
	Name of person taki medication		Name and dosage of medication	Reason for medication			

3.	Does any ta	amily men	nber nave any serious	s or chronic meal	cal condition?	
3.	[] Yes	,	If "yes," please expla		cal condition?	
4.			nber now have, or pre		ous or emotional c	difficulties?
	[] Yes	[]No	If "yes," please expla	ain.		
5.	Is any fami psychiatris	ly membe torothert	er currently under the therapist?	e care or receivir	ng services from a	psychologist,
	[] Yes	[] No :	If "yes," please explai	n.		

6.	Does any family member use drugs (other than prescribed by a doctor)?		
	[] Yes [] No If "yes," please explain.		
7.	Has any family member received treatment for drug abuse?		
	[] Yes [] No If "yes," please explain.		
8.	Does any family member drink alcohol? If yes, what is the frequency and approximately ho much alcohol is consumed?		
	[] Yes [] No If "yes," what is the frequency and approximately how much alcohol consumed?		

9.	Has any family member received treatment for alcoholism?			
	[] Yes	[] No If "yes," please explain.		
10.	Has any family member experienced sexual abuse or attack?			
	-	[] No If "yes," please explain.		
11.	Has any family member ever been sexually involved with a child?			
	[] Yes	[] No If "yes," please explain.		

12.	Is any family member planning to be admitted to the hospital soon?			
	[] Yes	[] No If "yes," please explain.		
13.	Please list th	e name, address and phone of family physician(s):?		

References

Please give three references who have known you for three years or more. Relatives may be given, but only one reference should be a relative. Please include at least one reference from school personnel if you have school-age children, as well as one employer reference.

Employer Reference:		
	Name	
	Street Address	
	City/State/Zip	
	Telephone	
	Email	
Schoo	l Reference:	
	Name of School	
	Child's Name and Grade Level	
	Teacher's Name	
	Street Address	
	City/State/Zip	
	Telephone	
	Email	
	ve Reference:	
	Name	
	Relationship	
	Street Address	
	City/State/Zip	
	Telephone	
	Email	

References

Personal Reference:		
I	Name	
	Street Address	
	City/State/Zip	
	Telephone	
	Email	
Other Reference:		
I	Name	
9	Street Address	
	City/State/Zip	
-	Telephone	
	Email	

Special Projects

There are several things we need you to attach to the back of your Profile.

- 1. Please give us a picture of you and all members of your household (pets, too, if possible). We would like a picture of your house too, so you may want your picture to be in front of your house, or give us a second photo of the house itself. These photos may be used to prepare a child who would come to your family.
- 2. Please write a short letter to a child who might be coming to live with you, telling the child some things that you think they might want to know about your family. The picture and letter would be used by a child welfare worker who places a child in your home to help prepare the child and the child's birth family for your family. You will have an opportunity to make any changes to this letter at the end of the meetings, if you wish.

		Signature
	Date	Signature
All ir	nformation in this Profile is true a	nd complete to the best of my knowledge.
4.	child to move into their homes. T family members and the child wo the family does for fun or where	optive families have found another fun way to help prepare a The family makes a scrapbook or album with pictures of where ould sleep, eat, play, etc. Notes here and there might tell what e the child will go to school. This album can really help you ke the placement less scary for the child. Why not start yours
	to take care or their crima.	
3.		r note to the parents of a child who may be placed with you ts some things about yourself that would help them trust you

All adults who will share parenting responsibilities must sign the Profile.