

**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.

3. Have you ever applied for foster care or adoption previously? Have you ever had an adoption homestudy completed?

4. If yes to question #3, what agency did you work with and what was the outcome?

Agency Location	Outcome of Contact

5. If you are married or a part of a couple, what losses have you experienced together? For example, have you experienced the loss of fertility or the death of a close family member or friend during your time together as a couple?

6. How did you cope with the losses you experienced 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

3. Have you ever filed for bankruptcy?

Yes No If "yes," please describe when and why it occurred.

4. Will you be able to financially provide for your family as well as for one or more additional children for six to eight weeks until the first foster care maintenance payment arrives?

Yes No

Comments:

5. List all sources of family income in the table:

Income amount (before taxes)	Earned by	Source of income
Total Monthly Income		\$

6. Does your family have medical and vehicle insurance coverage?

Yes No

Please list the type of coverage and insurance company:

Auto: _____

Home: _____

7. Are you willing to place an adopted child on your health insurance coverage?

Yes No

Comments:

Medical and Personal Information on Household Members:

1. Is any family member currently under the regular care of a doctor?

Yes No If "yes," please explain:

2. Is anyone in your family taking medicine prescribed by a doctor?

Yes No If "yes," please list medications and reasons for taking them

Name of person taking medication	Name and dosage of medication	Reason for medication

3. Does any family member have any serious or chronic medical condition?

Yes No If "yes," please explain.

4. Does any family member now have, or previously had, nervous or emotional difficulties?

Yes No If "yes," please explain.

5. Is any family member currently under the care or receiving services from a psychologist, psychiatrist or other therapist?

Yes No If "yes," please explain.

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 how much alcohol is consumed?

Yes No If "yes," what is the frequency and approximately how much alcohol is 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?

Yes 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 the 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 _____

School Reference:

Name of School _____

Child's Name and Grade Level _____

Teacher's Name _____

Street Address _____

City/State/Zip _____

Telephone _____

Email _____

Relative Reference:

Name _____

Relationship _____

Street Address _____

City/State/Zip _____

Telephone _____

Email _____

References

Personal Reference:

Name _____

Street Address _____

City/State/Zip _____

Telephone _____

Email _____

Other Reference:

Name _____

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.

3. Please also write a short letter or note to the parents of a child who may be placed with you. In this note, please tell the parents some things about yourself that would help them trust you to take care of their child.

4. Scrapbook. Many foster and adoptive families have found another fun way to help prepare a child to move into their homes. The family makes a scrapbook or album with pictures of where family members and the child would sleep, eat, play, etc. Notes here and there might tell what the family does for fun or where the child will go to school. This album can really help you and the child welfare worker make the placement less scary for the child. Why not start yours today?

All information in this Profile is true and complete to the best of my knowledge.

Date

Signature

Signature

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