

PS-MAPP Family Profile

Part II – Profile for a Single Person

My Family Now – About Family Relationships

1. Are you a single parent?

Yes No

2. If you are a single parent, how long have you been a single parent? What were the circumstances that led to this?

3. For each emotional feeling shown below, how do you express or show that to others? If you are a parent, describe some ways you and your children show these feelings with each other.

Happiness: _____

Affection: _____

Sadness: _____

Anger: _____

Disappointment: _____

Love: _____

Frustration: _____

Stress: _____

4. How do you think becoming a foster parent or adoptive parent will affect the following situations:

a. The amount of free time you have? _____

b. The condition of your home? _____

c. The amount of time you have with any children already in your home? _____

d. How chores are divided up in your family? _____

e. The amount of money you have? _____

f. Your relationships with friends? _____

g. The way you express feelings of anger, disappointment, stress, and sadness?

5. What do you imagine will be the impact of fostering or adopting for you?

a. The most positive? _____

b. The least positive? _____

6. Who do you go to for help when you are feeling lonely or worried?

7. If you were in some kind of crisis (financial, health, medical, emotional, etc.) to whom would you turn for help?

8. What reaction does the person or the persons mentioned above have to your desire to become a foster parent or adoptive parent? If you do not know their reaction, what do you think their reaction would be?

9. Childcare:

a. What will your childcare plan be after a child is placed with you?

b. What is your current childcare plan when you are not at home, if applicable?

10. If you were to get married, what impact would being a foster parent or adoptive parent have on your marriage plans?

11. What role does religion or spirituality play in your family life?

12. Are you affiliated with a particular religion and denomination?

Yes No

What is your level of participation?

13. How difficult would it be for you to help a child participate in a religion other than your own or the child has no religion and does not want to participate in your religion?

If the child has no formal religious experience, would you consult with the child's parents as to their wishes for their child?

Yes No

14. What would you do to help the child feel comfortable in your home and neighborhood?

15. If you have discussed your desire to foster or adopt children with your close relatives, how did they react?

If you have not, do you plan to discuss this with them?

Yes No

16. Would the child you described be accepted by your relatives, friends, and neighbors?

Yes No

Why or why not?

17. How would you help the child fit into your family while feeling good about who the child is?

18. What are your experiences with people who are a different culture from you or your family? What experiences have you had with other races and cultures?

19. How will you **help** a child maintain connections with a culture that is different from your own?

Would you consult the child's parents to assist you in maintaining the child's culture?

Yes No

20. If you had a serious illness, injury, or you died, what arrangements have you made or would you make for the care of:

a. Your child, if applicable? Is the arrangement in a written agreement or only a verbal agreement with someone? Please specify.

b. A child you are fostering or adopting?

My Family Now – About the Home and Community

1. Imagine that we are going to describe your home and neighborhood to a child we are going to place with you, or to the parents of that child. How would you like for us to describe your home and community?

2. Every family has rules (for example: no swearing, no walking around the house barefoot, using the computer). What are some examples of your family rules?

a. What rules can sometimes be broken? _____

b. What rules can never be broken? _____

3. Describe any pets you have. Please give the type of pet, name, and how long the pet has been in your family.

Are their required shots and immunizations currently up-to-date?

Yes No

4. If a child is placed with you and was afraid of your pets, or became allergic to the pet, what would you do?

Has any of your pets ever hurt or bitten someone?

Yes No

If yes, what is your plan to prevent this from happening?

5. How do you plan to handle privacy and nudity in your home?

6. What is your relationship with your neighbors?

7. Do you own any weapons or firearms?

Yes No

If yes, where do you store them?

8. Please identify the people who most regularly visit your home or whose homes you regularly visit.

9. How long have you lived at your present residence? _____

a. Was your present residence built before 1960? Built in 1978 or before?

Yes No Yes No

b. Do you know if your residence is free of lead paint?

Yes No Unknown

c. Where are your smoke detectors, carbon monoxide detectors, and fire extinguishers located in your residence?

10. Type of home (check one):

Apartment Duplex Single-family home
 Mobile home Other: _____

11. Do you have private well water?

Yes No If yes, how often is it tested?

12. How do you get to the following places?

Grocery store _____
Doctors' offices _____
Hospital _____
Department store _____
Place of worship _____

13. Do you have a car seat that meets current safety requirements for infants and toddlers and a booster seat for children up to the age of 6?

Yes No

If you intend to foster or adopt children between the ages of 0 and 6, and do not have car seats, how will you arrange to have car seats for them to use?

14. How many children can your vehicle safely hold? _____

15. What are the ways in which a new child placed in your home might cause some problems or concerns in keeping your home and housekeeping standards?

16. If you have a computer, where is it located? What are your rules for using the computer?
