

**PROSPECTIVE KINSHIP and RESOURCE PARENT SELF STUDY**

(To be completed by each applicant individually. Please **print** clearly.)

As an applicant to become a kinship or resource parent with the Larimer County Department of Human Services, you will find yourself talking with the child, caseworkers, and other professionals about things you may rarely talk about with anyone. These tough topics and important issues may include separation, loss, death, divorce, violence (including child abuse), sexual issues (including sexual abuse), mental illness, strong emotions, and the use and abuse of alcohol and/or drugs.

The mutual decision we are making is a very important one. Because of the importance of that decision, we'll talk about subjects that are usually not discussed outside the family - and not at all in some families! It is not our intention to offend or discourage you, or to make you uncomfortable. It is our desire to help make the best possible decision together. Taking this into consideration, please answer the following questions about you and the members of your household openly, honestly and thoroughly, adding additional sheets if necessary. *This form can be sent to you electronically if you would prefer to complete it on your home computer.* **Thank You.**

**PART ONE: DEMOGRAPHIC INFORMATION**

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

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you like using email for communication? (Yes or No?) \_\_\_\_\_

Gender (Female or Male?): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Highest Grade of School Completed: \_\_\_\_\_ Where? \_\_\_\_\_

What Other Languages Do You Speak? \_\_\_\_\_

What Other Languages Do You Write? \_\_\_\_\_

**Other Adults In The Home:**

Name	Relationship to Applicant?	Is this a permanent living arrangement?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applicant's Past Residences:** Please list all the countries/cities/states where you have ever lived and approximate age while there. (Specific street addresses are not necessary.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

**Applicant's Occupational History:** Please list your current job and your two most recent jobs.

Place of Employment	Position	Dates of Employment	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Applicant's Special Interests/Talents/Hobbies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Relationship Status:** Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Dates of marriage or domestic partnership: From \_\_\_\_\_ To \_\_\_\_\_ Where? \_\_\_\_\_

**Previous Relationship Information:**  
Dates of marriage or domestic partnership: From \_\_\_\_\_ To \_\_\_\_\_ Where? \_\_\_\_\_  
How did the relationship end? \_\_\_\_\_  
Were there any children from this relationship? (Yes or No?) \_\_\_\_\_ If "Yes", where do these children now live? \_\_\_\_\_

**Extended Family Information:**

Parents/Step Parents	Where do they live?	Frequency of contact in your home?
_____	_____	_____
_____	_____	_____

Siblings/Step Siblings	Where do they live?	Frequency of contact in your home?
_____	_____	_____

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**PART TWO: HOME ENVIRONMENT**

1. Type of Residence (house, condo, apartment, manufactured home, etc.): \_\_\_\_\_

Square Footage: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

If large acreage property, how many acres do you have? \_\_\_\_\_

2. Are there companion animals (dogs, cats, birds, etc.) in the home? (Yes or No?) \_\_\_\_\_

If "Yes", give names, ages and breeds: \_\_\_\_\_

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3. Are there any other animals at your house, such as farm animals? (Yes or No?) \_\_\_\_\_

If "Yes", please describe: \_\_\_\_\_

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4. Are your pets good with children? (Yes or No?) \_\_\_\_\_

If "No", please explain: \_\_\_\_\_

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5. What would you do if you found a child being aggressive with one of your pets? \_\_\_\_\_

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**PART THREE: LEGAL INFORMATION**

1. Do you, or any adult in your home, have current criminal charges, either misdemeanor and/or felony?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you, or any adult in your home, ever been convicted of a misdemeanor and/or a felony?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you, or anyone in your home, adult or child, ever admitted to and/or been convicted of child abuse?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does any youth in your home (10 years of age or older) have current or past criminal charges or convictions, either misdemeanor and/or felony?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has any youth in your home (10 years of age or older) been convicted of a criminal offense, either felony and/or misdemeanor (including child sexual abuse)?

\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART FOUR: THOUGHTS OF BECOMING A KINSHIP OR RESOURCE PARENT**

1. What circumstances led you to want to become a kinship or resource parent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you think your spouse/partner is interested in becoming a kinship or resource parent as much as you are?

(Yes or No?) \_\_\_\_\_ Please explain: \_\_\_\_\_

3. Have you ever been in foster or kinship care?      YES    NO    If yes, at what age? \_\_\_\_\_

4. Were you adopted?      YES    NO    If yes, at what age? \_\_\_\_\_

5. Did or do you know anyone who was in foster or kinship care, or who was adopted?    YES    NO

Please explain \_\_\_\_\_

6. Please list any experience working with children. Include such things as Boy/Girl Scout Leader, Sunday School, Day Care Provider, Babysitting, etc. (Where and When?)

7. Please list any specialized training or classes you have attended that you feel will help you as a kinship or resource parent:

Name of training

Date

Length of Class

8. What do you imagine will be the most positive parts of being a kinship or resource parent?

9. What do you think will be the least positive or most difficult parts of being a kinship or resource parent?

**PART FIVE: PARENTING/FAMILY LIFE**

Applicants who have children (biological, adopted or step-children), should complete Part Five in its entirety. Please complete the following about each child under age 18 in your home, unless otherwise specified. Applicants who do NOT have children should skip part five, and go on to part six.

**Please answer the following questions for biological/adopted/step children CURRENTLY IN THE HOME:**

**Child - Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

School they are attending: \_\_\_\_\_

Please describe their personality / characteristics: \_\_\_\_\_

\_\_\_\_\_

Child's Activities and/or Interests: \_\_\_\_\_

**Child - Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

School they are attending: \_\_\_\_\_

Please describe their personality / characteristics: \_\_\_\_\_

\_\_\_\_\_

Child's Activities and/or Interests: \_\_\_\_\_

**Child - Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

School they are attending: \_\_\_\_\_

Please describe their personality / characteristics: \_\_\_\_\_

\_\_\_\_\_

Child's Activities and/or Interests: \_\_\_\_\_

**Child - Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

School they are attending: \_\_\_\_\_

Please describe their personality / characteristics: \_\_\_\_\_

\_\_\_\_\_

Child's Activities and/or Interests: \_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions for biological/adopted/step children CURRENTLY AWAY FROM HOME:**

**Child - Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

How often does your child come to visit? \_\_\_\_\_

Please describe their personality / characteristics: \_\_\_\_\_

\_\_\_\_\_

Child's Activities and/or Interests: \_\_\_\_\_

**Child - Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

How often does your child come to visit? \_\_\_\_\_

Please describe their personality / characteristics: \_\_\_\_\_

\_\_\_\_\_

Child's Activities and/or Interests: \_\_\_\_\_

**Child - Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

How often does your child come to visit? \_\_\_\_\_

Please describe their personality / characteristics: \_\_\_\_\_

\_\_\_\_\_

Child's Activities and/or Interests: \_\_\_\_\_

**Child - Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Where does he/she live? \_\_\_\_\_

How often does your child come to visit? \_\_\_\_\_

Please describe their personality / characteristics: \_\_\_\_\_

\_\_\_\_\_

Child's Activities and/or Interests: \_\_\_\_\_

Please answer the following questions about ADULT CHILDREN over age 18 (residing with you or on their own):

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

Where does he/she live? \_\_\_\_\_

Occupation? \_\_\_\_\_ Married/Partnered? (Yes or No?) \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

How often does he/she visit? \_\_\_\_\_

Is he/she supportive of you wanting to become a kinship or resource family? (Yes or No?) \_\_\_\_\_

Explain: \_\_\_\_\_

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

Where does he/she live? \_\_\_\_\_

Occupation? \_\_\_\_\_ Married/Partnered? (Yes or No?) \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

How often does he/she visit? \_\_\_\_\_

Is he/she supportive of you wanting to become a kinship or resource family? (Yes or No?) \_\_\_\_\_

Explain: \_\_\_\_\_

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

Where does he/she live? \_\_\_\_\_

Occupation? \_\_\_\_\_ Married/Partnered? (Yes or No?) \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

How often does he/she visit? \_\_\_\_\_

Is he/she supportive of you wanting to become a kinship or resource family? (Yes or No?) \_\_\_\_\_

Explain: \_\_\_\_\_

1. What satisfaction does being a parent give you? \_\_\_\_\_



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2. What do you and your children disagree about? \_\_\_\_\_

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3. Describe any significant past or present problems with any of your children? [For example, any special medical or physical needs, behavioral problems, school difficulties, etc.?]

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4. What aspects of being a kinship or resource family do you imagine your child(ren) will do well with?

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5. What do you think your child(ren) will have difficulties with? \_\_\_\_\_

**PART SIX: OTHER IMPORTANT QUESTIONS**

1. Do you and your spouse or partner disagree about any areas of parenting? If so, please explain:

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2. What happens when you lose your temper with children? \_\_\_\_\_

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3. What is your Emergency Care Plan? Specifically, in case of an incapacitating illness or death, who would be your designated caretaker(s)? What is your relationship to this person? \_\_\_\_\_

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Have these arrangements been discussed with the designated caretaker(s)? (Yes or No?) \_\_\_\_\_

How willing are they to assume this responsibility? \_\_\_\_\_

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Are arrangements formalized in a will or trust? \_\_\_\_\_

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4. As a parent, how and when would you teach a child [or want them to learn] about sex [regarding their own body, puberty, premarital sex, sexually transmitted diseases, and sexual responsibility]?

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5. What would you do if you discovered a child masturbating?

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6. How would you handle discovering a child engaged in sexual play or sexual activity with another child?

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7. How would you handle a child who is being sexually active? \_\_\_\_\_

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8. How difficult would it be for you to support a child in a religion different from yours? What if a child has no religious experience?

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9. How often do you attend church / worship services? (Weekly? Special holidays? Regular study groups, church meetings, etc?)

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10. Larimer County attempts to place children with families of their own race or culture, but it isn't always possible.

Would you be willing to care for a child of a different race or culture? (Yes or No?)

If you answered "Yes", how would you help the child feel comfortable? If you answered "No", please elaborate further.

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11. How do you think this child would be accepted by family and friends? In your neighborhood? At your church? In the schools?

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12. How would you help this child with racial and cultural identity? How could you help him/her maintain connections with a culture that is different than your own? Are there people in your life (family, friends, acquaintances, etc.) that could help you help support a child of a different culture?

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