WHITE EARTH FOSTER CARE HOME STUDY

Date

ne home study is a signi	ificant part of the foster car	rery important that you answer all questions completely. The licensing process and you must be thorough and your home study with you upon completion.
Household Informat	ion:	
a		
Address		
b.		
Home Owner's or H	Renter's Insurance Company N	Name & Policy Number
c. How long have yo	ou lived in your current ho	me/community:
d. Do you have any	pets? (If so, please provide	copies of up-to-date vaccinations)
1st Person: Personal	information	
a Full Legal Name		
T wit Begut I tume		
b		
DOB	Place of Birth	
c		
SSN		
1		
d.		

Driver's License Number	
Auto Insurance Company Name & Policy Number	r
Occupation	Place of Employment
Email:	
How long have you been employed by your cu	urrent employer:
Please provide your monthly & annual income	e:
If unemployed, list your source(s) of income: _	
List your siblings, their ages, and where they	reside:
Name of High School	
Did you graduate?/	
Secondary Education and Major	
Did you receive a degree?//	_

		Yes	No
i.	A felony in the past ten years	/	/
ii.	Murder	/	/
iii.	Sexual assault		/
iv.	Physical assault or abuse		/
V.	Medical abuse or neglect	/	/
vi.	Possession of drugs or narcotics		/
vii.	Driving under the influence of alcohol in the past year		/
Desc	cribe your personality, characteristics and resilience:		
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	Do you believe in corporal p	ounishment?
0.	Have you ever had a CHIPS	S (child in need of protective services) filled against you or any one in you
	household?	
p.	Drug history?	
q.		
r.	Do you consume alcohol? Ho	low often?
s.	Do you gamble? How Often	n?
t.	Do you have any future goal	ls?
a.	Full Legal Name	
b.		
	DOB	Place of Birth
c.		
c.	SSN	
c.		Enrollment Number
		Enrollment Number
		Enrollment Number
d.	Racial Heritage	Enrollment Number

Email:		
How long have you been employed by your current employer:	Occupation	Place of Employment
Name of High School Did you graduate?/ Yes No	Email:	
If unemployed, list your source(s) of income: List your siblings, their ages, and where they reside: Name of High School Did you graduate? Yes No Secondary Education and Major Did you receive a degree? Yes No	How long have you been employed by your curr	rent employer:
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Name of High School Did you graduate?/ Yes No Secondary Education and Major Did you receive a degree?/ Yes No	If unemployed, list your source(s) of income:	
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Did you graduate?/		
Secondary Education and Major Did you receive a degree?/ Yes No	Name of High School	
Did you receive a degree?/	Did you graduate?/ Yes No	
	Secondary Education and Major	
	Did you receive a degree?//	
Have you ever been charged with any of the following? (if so, explain on next page):		
	Have you ever been charged with any of the foll	owing? (if so, explain on next page):

	viii.	A felony in the past ten years/
	ix.	Murder/
	х.	Sexual assault/
	xi.	Physical assault or abuse/
	xii.	Medical abuse or neglect/
	xiii.	Possession of drugs or narcotics/
	xiv.	Driving under the influence of alcohol in the past year/
j.	Descr	ibe your personality characteristics and resilience:
k.	What	are your hobbies? How do you manage stress?
l.	What	are your cultural/religious views & activities?
m.	Do yo	u believe in corporal punishment?
n.	Have	you ever had a CHIPS (child in need of protective services) filled against you or any one in your
	house	hold?
o.	Drug	history?
		u use tobacco?

q.	Do you consume alcohol? How often?
r.	Do you gamble? How Often?
S.	Do you have any future goals?
R	elationship/Marriage Information (Single parent skip to section #5 on page 7)
;	a. Are you married?/ How long have you been together? Yes No
	b. Please explain the strengths in your marriage/relationship.
-	
-	
-	
-	
(c. Please explain the weaknesses in your marriage/relationship.
-	
-	
-	
_	
(d. Have either of you ever been divorced?/ Yes No

Family Structure (If you don't have kids, skip to section #6 on page	8)
a. Children living	in the home. Number of children, age, gender and	d place of birth. (starting with the
oldest):		
i		
	Name & Place of birth	Age & Date of Birth
ii		
	Name & Place of birth	Age & Date of Birth
iii	Name & Place of Birth	Age & Date of Birth
iv		
	Name & Place of Birth	Age & Date of Birth
V	Name & Place of Birth	Age & Date of Birth
vi.		
	Name & Place of Birth	Age & Date of Birth

c.	What activities do you do as a family?
Disc	ipline
	How do you discipline your children? (If you don't have kids, skip to 6. b.)
a.	Thow do you discipline your clindren: (If you don't have kids, skip to 6. b.)
b.	How would you discipline a foster child?
c.	How were you disciplined by your parents?

d. Explain how you would use time out?		
ealth & Wellness (please explain at the bottom if answer is yes)	Yes	No
a. Does anyone in your home have a disability?	,	/
b. Has anyone in your home been diagnosed with a mental illness?		/
	/	
c. Has anyone in your home attempted or committed suicide?		/
d. Has anyone in your home been diagnosed with a terminal illness?	/	/
e. Is anyone in your home CPR certified?		/
f. Does anyone in your home belong to clubs or organizations?	,	/

7.

g.	Does anyone in your home own a firearm?/
Please write	any explanations below and on back of page if necessary (number each explanation in accordance with questions)
8. Child	Preference/Foster Home Type:
a. Is	this a relative or interim application:
b. P	reference of age/sex of child(ren) to care for:
c.W	ho could be a possible respite care provider?
d.W	hy do you wish to become a foster parent?
Commen	ts