



Siletz Indian Child Welfare Program
PO Box 549
Siletz OR, 97380
1-800-922-1399 or 541-444-8272

FOSTER PARENT(S) QUESTIONNAIRE

1. List 3 character strengths that best describes you and/or the co-applicant:

Primary Applicant:

Co-Applicant

1)

1)

2)

2)

3)

3)

2. How would others describe you and/or the co-applicants' personality or personalities?

3. What 3 things about yourself and/or the co-applicant like to change about yourself/yourselfs?

Primary Applicant:

Co-Applicant

1)

1)

2)

2)

3)

3)

4. What are you and/or the co-applicants' interests and hobbies?

a. Primary Applicant:

b. Co-Applicant:

5. Who are the single most important persons in your and/or the co-applicants' lives? Why?

a. Primary Applicant:

b. Co-Applicant:

6. What strengths and background experiences do you feel **you** and/or the **co-applicant** have that may help your family in caring for foster children?

7. What goals do **you** and/or the **co-applicant** wish your potential foster child(ren) to achieve?

8. How do you and/or the co-applicant handle anger?

9. In what ways do you feel you and/or the co-applicant have grown personally over the last couple of years?

Primary Applicant:

Co-Applicant:

10. What was the most significant loss you and/or the co-applicant have experienced and how did you and/or the co-applicant cope? What helped you and/or the co-applicant to get through it?

Primary Applicant:

Co-Applicant:

11. Describe any physical limitations that may affect your and/or the co-applicants' abilities to care for a child(ren) placed in your home.

Primary Applicant:

Co-Applicant:

12. How often do you and/or the co-applicant drink alcohol or smoke? (ie: cigarettes, medical marijuana, alcoholic beverages)

Primary Applicant:

Co-Applicant:

13. Are you and/or the co-applicant a military veteran(s)? What branch of the military did you and/or the co-applicant serve? Were you and/or the co-applicant honorably discharged?

Primary Applicant:

YES

NO

Branch: _____

Honorably Discharged? _____

Co-Applicant:

YES

NO

Branch: _____

Honorably Discharged? _____

14. What do you and/or the co-applicant feel has been your greatest personal achievement to date?

Primary Applicant:

Co-Applicant:

15. What rewards do **you** and/or the **co-applicant** expect from opening up your home to foster children?

16. How do children most easily upset **you** and/or the **co-applicant**?

17. Describe the process of discipline in **your** and/or the **co-applicant** home.

CULTURAL BACKGROUND / EXPERIENCE

18. What does Native American Culture mean to **you** and/or the **co-applicant**?

19. Describe **you** and/or the **co-applicants'** cultural upbringing. Who were you and/or the co-applicants' greatest influence in your life or lives?

20. How will **you** and/or the **co-applicant** cultivate a relationship between the child(ren) and their Native heritage?

SIGNATURE PAGE

PRINT APPLICANT NAME

SIGN APPLICANT NAME

DATE



PRINT CO-APPLICANT NAME

SIGN CO-APPLICANT NAME

DATE

