

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SELF ASSESSMENT

The purpose of this form is for applicant(s) and their families to consider the impact that becoming foster/adoptive parents would have on their lives.

This form must be provided to the family to complete. Each applicant should be included as well as applicable children in the family and other household members.

The home finder should review the questions below with the family at least once prior to application; however, it is recommended that these considerations be reassessed throughout the process. The completed form must be maintained in the applicant(s) file. Additional sheets of paper can be used if needed. If the family is applying for foster care only, insert N/A for adoption questions.

1. What influenced you to pursue fostering and/or adopting at this time?	
2. What does foster care mean to you? 2a. What is your understanding of parents with children in foster care?	
3. What does adoption mean to you? 3a. What is your understanding of children in foster care awaiting adoption?	
4. What do you think are the major differences between fostering and adopting?	
5. To what extent were your children and other household members part of the decision to become a foster and/or adoptive family?	
6. What type of supports do you think a child may need who is separated from their family? 6a. Describe how you would provide support?	
7. How will you work with this agency to help the child in foster care return to their family? 7a. How will you work with this agency to help the child transition to adoption if needed?	
8. To what extent will you support arranging for the child to visit with birth family, siblings, grandparents, etc.? 8a. To what extent would you participate with the child in visits with the child's family?	
9. What is your understanding of open adoption?	
10. What are your concerns about adopting from foster care?	
11. How would you handle agency workers and other persons in and out of your home?	
12. How do you feel about sharing personal information about your life throughout this process?	
13. What do you think will be the most positive and the most challenging impacts on you and your family for fostering? 13a. For adopting?	
14. How would you support a child in foster care or a child awaiting adoption to maintain connections if not of the same religious, ethnic, racial and/or cultural background as your family?	
15. How do you foresee changing your schedule to accommodate the needs of a child(ren) in foster care or child(ren) awaiting adoption? 15a. How would your work schedule be affected?	

16. How would your physical space need to be modified to handle another child(ren)?	
17. What are your thoughts about including the child(ren) in your daily activities, community events, etc.?	
18. What type and number of pets do you have? 18a. If so, how will they handle children and other strangers in the home?	
19. How long do you think you will be willing and able to foster?	
20. Training is required to be certified or approved and ongoing training is also required. Both applicants need to participate in the initial training averaging 30 hours over a 10-week period plus annual trainings. What changes would you need to make to participate in required and ongoing training?	
WHAT'S NEXT?	
Would you like to take the next step in the process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, at this time, what is your interest?	<input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Both
If yes, do you currently have preferences regarding the number, age ranges and characteristics of children for whom you want to provide care?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Initial Assessment of Family Readiness: To be completed by the home finder (Choose one) Early Stages: Minimal Supports Needed: Acceptable:	Date: / /
Reassessment of Family Readiness: To be completed by the home finder (Choose one) Early Stages: Minimal Supports Needed: Acceptable:	Date: / /
Signatures/Date: Applicant: Applicant: Home Finder: Supervisor:	Date: / /