



IDAHO DEPARTMENT OF HEALTH & WELFARE FOSTER CARE LICENSING INFORMATION

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Thank you for your interest in becoming a foster and/or adoptive parent and submitting an application. We here at the Department welcome you to the journey of a lifetime; helping children and youth who have experienced trauma, loss and separation from their parents by opening your home and heart. Our foster and adoptive families are committed, loving families serving children and their families.

The foster and adoptive parents' role in caring for children who have experienced trauma has changed over the years. Our foster/adoptive parents are valued, professional team members who mentor, strengthen and support children and their families. You will play an active role in the healing process of our children by:

- Joining in partnership with Child and Family Services to support the healthy development of and achieving permanency for children in care;
- Providing high quality parenting;
- Providing support, encouragement and reassurance to each child placed in your home;
- Supporting and mentoring birth parents;
- Willingness to support and maintain the child's connections to their family including biological parents, siblings, and extended family members;
- Willingness to learn about and be respectful of the child's connections with his/her religion, culture and ethnicity; and
- Maintaining a life-long commitment to the child wherever he or she lives.

In preparation for what will be challenging, yet very rewarding work, we want to ensure you are well equipped and supported for what lies ahead. We support you by providing the knowledge, skills, and competencies you will need to help these children.

There are currently over 1,500 Idaho children in foster care. Each of them is in need of people in their lives who will commit to helping them and their families on the path to healing. **People like you!** Your relationship with our children and families is key to their success and strengthening our community.

So you ask, **what is the next step?** Please take some time to review the documents included in this packet. The information below includes roles and responsibilities shared among resource families and the department, discipline policy for children in foster care, and a parent interest survey to assist you think about specific needs of children you are willing to care for. As you have questions or concerns jot them down and be ready to ask your licensing worker or Resource Peer Mentor (RPM). Throughout the licensing process your licensing worker will sit down and further discuss these documents.

As you are waiting for your application and criminal history background checks to be processed, please feel free to reach out to your local licensing team or RPM with any questions or to receive a status update. We look forward to you becoming a member of our team!

DEPARTMENT OF HEALTH AND WELFARE AND RESOURCE PARENT COOPERATIVE AGREEMENT

This agreement is designed to acknowledge that resource parents and social workers share responsibilities for the care of children in out of home placement. To accomplish the most effective delivery of services, both resource parents and social workers must clearly understand what is expected of each other.

This agreement must be reviewed with the resource parent(s) during the licensure process and at the time of placement. Upload the signature page to the Resource Family's pro file screen.

Responsibilities of the Resource Parent(s):

General Responsibilities

- To assist in preparing the child for reunification or permanent placement.
- To support case planning decisions designed to achieve permanency for the child through actions, words and support of the child and their birth family.
- To give love, acceptance and care to a child without expecting a demonstration of appreciation from the child.
- To maintain confidentiality as it relates both to the child and the family. Information about the child or the child's legal parents should be released only to persons authorized by the Department.
- To provide the child with opportunities for normal growth and development.
- To participate in training.
- To participate in court hearings for the child.
- To assist with the implementation of services as defined by the child's service plan.

To the Child

- To provide a safe and nurturing environment for the day to day care of the child.
- To model good parenting skills and to demonstrate healthy behavior including positive discipline.
- To give support to: school and academic achievement, extracurricular activities, church and community involvement, and to arrange for transportation needed to be a part of these community activities.
- To provide medication as directed. Under no circumstances, discontinue or change the medication unless directed to do so by a qualified medical professional.
- To make a commitment to keep a child for a planned period of time. Except in an emergency, provide sufficient notice prior to the removal of a child to assure a healthy transition.
- To participate in the development of the child's independent living and transition plan.
- To work with the child's social worker to assure the child entering care has a physical examination to assess their health needs within thirty (30) days of placement.

To the Child's Legal Parents

- To present a positive image of the legal parents to the child.
- To work as mentors to the child's birth family to facilitate their reunification.
- To cooperate with visitation between the child and his/her legal parents.

- To regularly communicate with the child's parents on routine matters, progress and updates about the child.
- To include the child's parents as appropriate in parenting responsibilities such as school, medical, religious, recreational, and other activities.

To the Department

- To comply with the general supervision and direction of the Department concerning the care of the child.
- To help in establishing a Resource Family Plan and then working to implement the plan.
- To keep records of important issues related to medical, school, social and family matters that would be of importance to the Department.
- To immediately notify the Department of an illness or accident involving the child that requires the care of a physician.
- To obtain the approval of the Department before allowing the child to travel or vacation outside the state.
- To be willing to cooperate with community support services that may be available.
- To immediately report to the Department any changes in the circumstances of the household which may either impact the child and/or the ability to meet continued licensing requirements.
- To communicate problems and issues to the proper person in the Department.

Responsibilities of the Social Worker to the Resource Parent:

- To treat the resource parent with respect and dignity recognizing their role as a member of the professional team.
- To provide the resource parent with the necessary information related to the child in their care, including any information which could impact their home or family life.
- To assist the resource parent in identifying training to support them in caring for the child and in meeting their responsibilities to the child, the child's legal parents and the Department.
- To provide services to the resource parent, including respite care, as support in meeting their needs.
- To provide a timely response to the resource parent's request for information, guidance and support.
- To ensure the resource parent is included in the identification of therapeutic services for the child and their feedback is elicited regarding medication decisions.
- To discuss with the resource parent the expectations of them in supporting services to the child and their family.
- To establish a plan for face to face contact between the resource parent, the child, and social worker as a means of providing supervision, planning and ongoing support.
- To establish a Resource Parent Plan with consideration given to the resource parent's time limitations and availability. Periodically review the plan with the Resource Parent.
- To provide resource parents with notice of court proceedings related to the child in their care and their right to be heard in any of these hearings. If the resource parent chooses to provide their input by submitting a written statement to the court, assure timely distribution to the court.
- To assist the resource parent in preparing the child and themselves for the child's departure.

STANDARD: MANAGING THE BEHAVIOR OF CHILDREN IN FOSTER CARE WITH POSITIVE AND EFFECTIVE DISCIPLINE

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) programs and its resource families regarding the use of positive and effective discipline as one way to protect the safety and well-being of the children in their home and to reduce the risk of abuse resulting from inappropriate discipline. CFS standards are intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all applicable laws, rules, and policies. Standards will also provide a measurement for program accountability.

INTRODUCTION

When a resource family is approved for licensure they enter into a relationship with the Department of Health and Welfare and become a member of the professional team providing services and support to children in out-of-home care. As part of the resource family selection process, the Department through its PRIDE pre-service training makes every effort to clarify non-negotiable expectations in terms of providing care to children. The Department's standard for managing the behavior of children in care is one of the non-negotiable items.

Discipline is an essential part of child rearing. When used appropriate, it is a learning experience that will enable children to mature and develop acceptable patterns of behavior. The purpose of discipline is to teach children and adolescents to function appropriately in a family and community and to become responsible self-regulating adults.

STANDARD

Any resource family licensed by Children and Family Services to accept the placement of children must agree to abide by the Department's standard for managing the behavior of children in foster care with positive and effective discipline and its prohibition of corporal punishment.

The authority for the discipline of a foster child will not be delegated by a resource parent to other members of the household. If in doubt, a resource parent will consult with Children and Family Services prior to using any behavior management or discipline method that exceeds the provisions of this standard.

As part of the licensing process, all resource families will sign a copy of this standard indicating they have read and agree to abide by its provisions before any child is placed in the home.

Definitions

Behavior Management/ Discipline: Actions taken by an adult intended to influence the behavior of a child. These actions are intended to teach appropriate behavior through the use of positive reinforcement, time-out, redirection, ignoring, natural consequences, etc. Methods of behavior management and discipline for children will be based on each child's needs, stage of development, and behavior. Discipline will promote self-control, self-esteem, and independence. See IDAPA 16.06.02.446 Child Care Licensing Standards

Corporal Punishment: Physical punishment administered to a child's body, such as, but not limited to, spanking, kicking, slapping, pinching, punching, shaking, and hitting.

Punishment: Aversive actions taken by an adult toward a child with the intent of stopping a behavior which the child is exhibiting or has exhibited and preventing it from reoccurring.

Punishment Prohibitions: The following types of punishment of a foster child are prohibited (See IDAPA 16.06.02.446 Child Care Licensing Standards):

- a. Physical force or any kind of punishment inflicted on the body, including spanking;
- b. Cruel and unusual physical exercise or forcing a child to take an uncomfortable position;
- c. Use of excessive physical labor with no benefit other than for punishment;
- d. Mechanical, medical, or chemical restraint;
- e. Locking a child in a room or area of the home;
- f. Denying necessary food, clothing, bedding, rest, toilet use, bathing facilities, or entrance to the foster home;
- g. Mental or emotional cruelty;
- h. Verbal abuse, ridicule, humiliation, profanity, threats or other forms of degradation directed at a child or a child's family;
- i. Threats of removal from the foster home;
- j. Denial of visits or communication with a child's family unless authorized by a children's agency in its service plan for the child and family; and
- k. Denial of necessary educational, medical, counseling, or social services.

Permissible Restraint

A foster parent who has received specific training in the use of child restraint may use reasonable restraint methods, with prior approval by the Department, to prevent a child from harming himself, other persons or property, or to allow a child to gain control of him or herself. Any prior approval of restraint methods by a trained foster parent must be in writing and the foster parent must document, in detail, any use of restraint including what lead up to the restraint and what alternatives were tried but proved ineffective before restraint was used.

Reasons for No Use of Corporal Punishment

Persons from different backgrounds, cultures or belief systems may have values which view the corporal punishment of children as a positive and effective method of discipline. This is not the position of the Department.

The Department's position and belief is that foster children are an especially vulnerable group of children. For most children in foster care, their life experiences are far different from children who have always known parental love, understanding, and consistency. Children in foster care have often experienced multiple losses, such as the loss of birth parents, siblings, grandparents, and previous foster families. They often suffer from low self-esteem. Frequently they have been victims of physical and sexual abuse. Given these traumatic histories, corporal punishment often means something entirely different to a foster child than it might to another child who hasn't had these experiences.

If corporal punishment results in bruising or other physical damage to the child, anyone who has reason to believe that abuse or neglect has occurred is obligated to report. If the allegations are substantiated, this will result in removal of the child, revocation of the family's license and the possibility of criminal charges. A prohibition of corporal punishment prevents this type of further trauma to the foster child.

Principles of Effective Discipline

Effective discipline teaches children in the absence of physical and verbal intimidation.

Effective discipline will:

- Provide for a choice of discipline methods that meet the individual needs of the child or adolescent;
- Ensure that effective alternatives to physical/corporal punishment are used;
Ensure the child or adolescent understands the reason for each disciplinary action;
- Take into consideration the child's life experiences and age, developmentally, socially, intellectually, and emotionally; and
- Establish limits and behavioral guidelines that clearly reinforce that the child or adolescent must take responsibility for his/her behavior, and there will be relevant consequences when behavior is inappropriate.

Guidelines for Resource Families

- Resource families are encouraged to rely on talking with a child or adolescent and denying privileges as much as possible as a method of discipline. These are effective ways of disciplining both children and teens.
- It is always important to listen to the child or adolescent and consider their feelings in the discipline process.
- Understanding, firmness, and fairness are important when exercising discipline.
- Consistent limit-setting and rules clearly explained to the child or adolescent should be applied.
- Methods of discipline should always be relevant to the problem behavior. Resource families are encouraged to involve the child or adolescent in determining what the consequences will be when inappropriate behavior has occurred.
- Children should have appropriate and acceptable behavior acknowledged and recognized. Parenting in this positive way is encouraged rather than focusing only on the child's negative behavior.
- Resource families will work with the child's or adolescent's case manager, therapist, teachers, and other appropriate persons to explore and affirm acceptable disciplinary methods and alternatives to physical punishment suited to the child's or adolescent's individual needs. Resource families will discuss this standard with persons providing services to the child and inform the case manager of any behavior modification or treatment recommendations which conflict with this standard.

Additional training on positive and effective methods of discipline will be made available by the Department upon request, or when, and if, it becomes apparent that the resource family needs assistance in managing the behaviors of children placed in their home.

Statement of Agreement to Abide by the Provisions of this Discipline Standard

(1) We/I have read and understand this standard related to managing the behavior of a child in foster care through positive and effective discipline and agree to abide by the defined terms of this standard.

(2) We/I agree that there will be no form of corporal punishment used in managing the behavior of children placed with us.

(3) We/I agree to not use any form of physical restraint unless approved by the Department of Health and Welfare and we/I have received specific training in the use of non-violent methods of restraint.

(4) We/I acknowledge receipt of a copy of this standard on the date below.

Resource Parent

Date

Resource Parent

Date

Resource Family Specialist

Date

References:

IDAPA 16.06.02 Child Care Licensing Standards

IDAPA 16.06.02.446 Behavior Management and Discipline

Parenting Interest Survey

Use of form: The purpose of this form is to help people interested in foster, foster to adopt care, or child specific adoption examine a range of children’s special needs and specify those needs which may be present in a child they would be willing to consider for placement. This form should be completed with your Resource Development Specialist. If there are any questions about this form, contact your Resource Development Specialist at the local office.

CHARACTERISTICS OF CHILD(REN) DESIRED FOR FOSTER OR ADOPTIVE CARE

Carefully read each description in the next four sections and check one of the first three columns which best applies to you and your family. Check the last column, “Have Experience”, if it applies. “Have Experience” means that you have successfully provided care for a year or more to a birth child, relative’s child, foster child or adoptive child who has this characteristic, or for two years or longer to a child or children in a work situation.

A. Physical Care Needs

Characteristics in this section include physical/medical conditions affecting the child which significantly impact the child and family’s lifestyle. These characteristics require intensive care and ongoing medical treatment, therapies and/or surgeries.

Child’s Characteristics	Acceptable	May Consider	Will Not Consider	Have Experience
Has unknown medical or developmental history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs considerable help with dressing, feeding, bathing and toileting. Not age-appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs total care with dressing, feeding, bathing and toileting. Not age appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently soils or wets. Not age appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs extensive medical attention and care by caregivers such as physical therapy, gastrostomy feeding, tracheotomy care, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminal illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has HIV or AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires smoke-free, pet dander-free environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has significant asthma or severe respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has significant environmental and/or food allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has diabetes, requiring special diet and administering of medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires or may need leg braces, prosthesis, and/or a wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has dwarfism or other physical abnormalities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has multiple medical problems requiring extensive diagnosis, treatment and keeping of medical appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a seizure disorder requiring medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a heart problem requiring reduced activity and/or possible surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is diagnosed with a fetal alcohol spectrum disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has significantly impaired vision or is blind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has significant hearing loss or is deaf requiring signing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has a severely limiting physical disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Physical Care Needs (cont.)				
Child's Characteristics	Acceptable	May Consider	Will Not Consider	Have Experience
Has a cleft palate and/or lip and may require surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a speech disorder, stutter or lisp and may require ongoing speech therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was born prematurely or experienced difficulty at birth with unclear potential for future problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has Down's Syndrome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an eating disorder/Anorexia/Bulimia/Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Emotional/Behavioral Special Needs				
Characteristics in this section include emotional and/or behavioral problems which may require intensive supervision and consistency by the family. These characteristics can demand long-term counseling and specialized parenting training to deal with specific behaviors. Close coordination with school and/or treatment providers is necessary.				
Child's Characteristics	Acceptable	May Consider	Will Not Consider	Have Experience
Has Autism and requires a highly controlled environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has Asperger's Syndrome, Pervasive Developmental Delay or another Autistic Spectrum Disorder other than Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has ADHD or hyperactive behaviors requiring medication, special education and a highly structured home environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has learning disabilities requiring special classes or tutor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty forming relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits significant behavioral issues at school requiring frequent parent intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has cognitive delays (lower IQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functions socially at a much younger age than peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent sibling rivalry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is physically aggressive towards others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies as gay, lesbian, bi-sexual or transgendered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires treatment for drug or alcohol addiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Behaviors (plays with fire, fire starting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of delinquent acts which may or may not include involvement with juvenile court and probation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent delinquent behavior (possibly gang related) needing intensive intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children who have a history of being abused, either physically or sexually, may exhibit the following behaviors either currently or in the future.				

Constant demands for excessive attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits severe temper tantrums; not age appropriate and of excessive duration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely anxious or fearful, possible phobias and/or panic attacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compulsive behaviors such as hoarding food, rocking or eating disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently destructive to property and possessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruptive in classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disrespectful to teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires special education plan (IEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Truancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low motivation for learning and school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talented and gifted child requiring specialized educational program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stool smearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares/sleep disorders/night terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim of trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unresolved issues of grief and loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple previous placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harming behaviors such as head banging or cutting self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Ambivalent attachment to birth mother/father/sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Indiscriminate affection with strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cannot seek comfort when frightened/hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lack of warm and affectionate gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Intense anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Excessively bossy/controlling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Excessive dependence on attachment figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Unable to connect with primary attachment figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Temperament Characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Poor response to change/difficulty with transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Emotional/Behavioral Special Needs (cont.)				
Child's Characteristics	Acceptable	May Consider	Will Not Consider	Have Experience
Child sexualized behaviors				
Poor personal boundaries (i.e. inappropriately touches others, is verbally explicit about sex).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compulsive or public masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually seductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual victimization of other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually precocious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit sexual language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early sexual experimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusual knowledge of or interest in sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexualized behaviors with animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjudicated of sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Family History—Potential Risk Factors due to Birth Parents' Diagnoses, History or Lifestyle				
These items refer to circumstances affecting the birth parents that may or may not be potential risk for the child. In situations in which the child has been diagnosed, some or all symptoms may be exhibited and to any degree.				
Child's Characteristics	Acceptable	May Consider	Will Not Consider	Have Experience
One or both parents have mental illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have cognitively delays (low IQ) and the risk to child is unknown.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth parents' medical and developmental histories may be unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents have a criminal conviction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

One or both parents have a history of alcohol and/or drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conceived of an incestuous relationship; may have significant risk of medical and/or developmental delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth mother used alcohol during pregnancy and child is at-risk for a fetal alcohol spectrum disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth mother used drugs during pregnancy and child was exposed to prenatal substance abuse; i.e. cocaine affected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has one or both parents with health diagnosis which may be genetic; i.e. diabetes, epilepsy, Fragile X Syndrome, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Resources Categories
After identifying the special needs characteristics of a child for whom your family is willing and able to provide care, rank the <u>level</u> of special needs that you are willing to accept in a child placed in your home. You may select any number of categories for consideration in the screening process.

<u>Priority Rankings</u>	<u>Categories</u>		
	A. A child with moderate or severe behavioral or emotional needs.		
	B. A child with moderate or severe physical or medical needs.		
	C. A sibling group of three or more children with moderate or severe special needs.		
	D. A child who is ten years of age or older, if age is the only factor.*		
I/We are interested in:	<u>Number of Children</u>	<u>Gender</u>	<u>Age</u>
	<input type="checkbox"/> One Child	<input type="checkbox"/> Boys only	The youngest age I/we are interested in is:
	<input type="checkbox"/> Two siblings	<input type="checkbox"/> Girls only	The oldest age I/we are interested in is:
	<input type="checkbox"/> Three siblings	<input type="checkbox"/> Either sex	
	<input type="checkbox"/> Four or more siblings		

I/We have attended parenting classes, foster parenting training and/or adoptive parent training. (check one)	<input type="checkbox"/> One parent has attended specialized parenting training. <input type="checkbox"/> Both parents have attended specialized parenting training. <input type="checkbox"/> I/We have Indian tribal enrollment, membership or affiliation.
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Signature		Date	
Signature		Date	