

FAMILY EVALUATION



Safe Families for Children

Date: _____

Family Name: _____

LAST NAME	FIRST NAME
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FAMILY BACKGROUND
 (Discuss life experience and family relationships, general understanding of the family history, structure, organization and culture. Has there been any history of domestic violence?)

FAMILY OF ORIGIN

Which of the following has occurred in your family of origin?

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Divorce	<input type="checkbox"/> Traumatic Events	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Legal Difficulties	<input type="checkbox"/> Other:			

If you checked any of the above please provide brief details. Attach a separate sheet if necessary.

Who primarily raised you?

<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Mother and Stepparent	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Aunt(s) and/or Uncle(s)	<input type="checkbox"/> Foster Parent(s)
<input type="checkbox"/> Father	<input type="checkbox"/> Father and Stepparent	<input type="checkbox"/> Maternal Grandparent(s)	<input type="checkbox"/> Older Sibling(s)	<input type="checkbox"/> Institutional Caretaker(s)
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Paternal Grandparent(s)	<input type="checkbox"/> Adoptive Parent(s)	<input type="checkbox"/> Legal Guardian(s)

Other: _____

Were you ever separated from either or both of your parents during your childhood for any of the following reasons?

<input type="checkbox"/> No Separations	<input type="checkbox"/> Death of parent(s)	<input type="checkbox"/> Parent(s) in Military
<input type="checkbox"/> Parents separated	<input type="checkbox"/> Abandoned by parents	<input type="checkbox"/> Parent(s) in prison
<input type="checkbox"/> Parents divorced	<input type="checkbox"/> Parent(s) long-term hospitalization	<input type="checkbox"/> Removed from your home by police or social services

Other: _____

How old were you when you moved away from your parent(s) or primary caretaker(s) home?

Years of Age I currently live with my parent(s) or primary caretaker(s)

What were the circumstances that led you to leave home?

Among the children in your family, what is your position?

Only Child Number of children

Check the boxes that best characterize your childhood relationship with your mother or primary female caretaker.

<input type="checkbox"/> No relationship	<input type="checkbox"/> Friendly	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Took care of mother
<input type="checkbox"/> Abusive	<input type="checkbox"/> Warm	<input type="checkbox"/> Anxious	<input type="checkbox"/> Afraid of mother
<input type="checkbox"/> Idolized	<input type="checkbox"/> Gentle	<input type="checkbox"/> Consistent	<input type="checkbox"/> Unpredictable
<input type="checkbox"/> Neglectful	<input type="checkbox"/> Smothering	<input type="checkbox"/> Distant/Uninvolved	<input type="checkbox"/> Full of Conflict
<input type="checkbox"/> Caring	<input type="checkbox"/> Demonstrative	<input type="checkbox"/> Superficial	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Supportive	<input type="checkbox"/> Over Protect	<input type="checkbox"/> Strained	<input type="checkbox"/> Loving
<input type="checkbox"/> Fun	<input type="checkbox"/> Respectful	<input type="checkbox"/> Close	<input type="checkbox"/> Other

Check the boxes that best characterize your childhood relationship with your father or primary male caretaker.

<input type="checkbox"/> No relationship	<input type="checkbox"/> Friendly	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Took care of father
<input type="checkbox"/> Abusive	<input type="checkbox"/> Warm	<input type="checkbox"/> Anxious	<input type="checkbox"/> Afraid of father
<input type="checkbox"/> Idolized	<input type="checkbox"/> Gentle	<input type="checkbox"/> Consistent	<input type="checkbox"/> Unpredictable
<input type="checkbox"/> Neglectful	<input type="checkbox"/> Smothering	<input type="checkbox"/> Distant/Uninvolved	<input type="checkbox"/> Full of Conflict
<input type="checkbox"/> Caring	<input type="checkbox"/> Demonstrative	<input type="checkbox"/> Superficial	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Supportive	<input type="checkbox"/> Over Protect	<input type="checkbox"/> Strained	<input type="checkbox"/> Loving
<input type="checkbox"/> Fun	<input type="checkbox"/> Respectful	<input type="checkbox"/> Close	<input type="checkbox"/> Other

Check all the boxes that best describe what your childhood experience was like.

- | | | | | |
|------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Painful | <input type="checkbox"/> Stable | <input type="checkbox"/> Traumatic | <input type="checkbox"/> Exciting | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Confusing | <input type="checkbox"/> Spoiled | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Secure |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Frightening | <input type="checkbox"/> Enjoyable | <input type="checkbox"/> Carefree | <input type="checkbox"/> Sickly |
| <input type="checkbox"/> Wonderful | <input type="checkbox"/> Chaotic | <input type="checkbox"/> Sad | <input type="checkbox"/> Stimulating | <input type="checkbox"/> Difficult to remember |
| <input type="checkbox"/> Other | | | | |

Check the boxes that best describe your parents'/primary caretakers'/relationship with each other when you were a child:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Cold | <input type="checkbox"/> Committed | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Hostile | <input type="checkbox"/> Separated | <input type="checkbox"/> Violent |
| <input type="checkbox"/> On again/Off Again | <input type="checkbox"/> Close | <input type="checkbox"/> Fulfilling | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Full of Conflict | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Fun and playful |
| <input type="checkbox"/> Domineering/Submissive | <input type="checkbox"/> Affected by alcohol/drug abuse | <input type="checkbox"/> Distrustful and suspicious | <input type="checkbox"/> Tense |
| <input type="checkbox"/> Other | | | |

How would you rate your parents'/primary caretakers' ability to manage their lives?

- | | |
|---|---|
| Mother or Female Primary Caretaker | Father or Male Primary Caretaker |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Very Good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |

Check the boxes that best describe the personal characteristic of your mother or primary female caretaker when you were a child

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Active | <input type="checkbox"/> Moody | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Generous | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Self Control |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Isolated | <input type="checkbox"/> Shy | <input type="checkbox"/> Content | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Serious | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Temperamental | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Violent | <input type="checkbox"/> Understanding | <input type="checkbox"/> Warm | <input type="checkbox"/> Prejudiced |
| <input type="checkbox"/> Substance Abuser | <input type="checkbox"/> Nervous/Anxious | <input type="checkbox"/> Supportive | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Fun/Playful | <input type="checkbox"/> Dramatic | <input type="checkbox"/> Reassuring |
| <input type="checkbox"/> Self-confident | <input type="checkbox"/> Rigid | <input type="checkbox"/> Irritable | <input type="checkbox"/> Other |

Check the boxes that best describe the personal characteristic of your father or primary male caretaker when you were a child

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Active | <input type="checkbox"/> Moody | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Generous | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Self Control |
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Isolated | <input type="checkbox"/> Shy | <input type="checkbox"/> Content | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Serious | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Temperamental | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Violent | <input type="checkbox"/> Understanding | <input type="checkbox"/> Warm | <input type="checkbox"/> Prejudiced |
| <input type="checkbox"/> Substance Abuser | <input type="checkbox"/> Nervous/Anxious | <input type="checkbox"/> Supportive | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Preoccupied | <input type="checkbox"/> Fun/Playful | <input type="checkbox"/> Dramatic | <input type="checkbox"/> Reassuring |
| <input type="checkbox"/> Self-confident | <input type="checkbox"/> Rigid | <input type="checkbox"/> Irritable | <input type="checkbox"/> Other |

Who primarily disciplined you during your childhood?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Both parents equally | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Older Siblings(s) | <input type="checkbox"/> Maternal grandparent(s) | <input type="checkbox"/> Paternal grandparent(s) |
| <input type="checkbox"/> Aunt and/or Uncle | <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Legal guardian(s) | <input type="checkbox"/> Primary Caretaker(s) |
| <input type="checkbox"/> Other | | | |

Check the boxes that best describe the way your parent(s)/primary caretaker(s) disciplined you during your childhood.

- | | | | |
|--|---|--|---|
| Mother or Primary caretaker | | Father or Primary caretaker | |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Praised positive behaviors | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Praised positive behaviors |
| <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed | <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed |
| <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded | <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded |
| <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed Privileges | <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed Privileges |
| <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences | <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences |
| <input type="checkbox"/> Lectured | <input type="checkbox"/> Sent me to my room | <input type="checkbox"/> Lectured | <input type="checkbox"/> Sent me to my room |
| <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food | <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food |
| <input type="checkbox"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors | <input type="checkbox"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors |
| <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Physically punished | <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Physically punished |
| <input type="checkbox"/> Spanked | <input type="checkbox"/> Used physical restraints
(e.g. tied to bed) | <input type="checkbox"/> Spanked | <input type="checkbox"/> Used physical restraints
(e.g. tied to bed) |

Check the boxes that represent the personal values held by your parents/primary caretakers.

Mother or Primary caretaker		Father or Primary caretaker	
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Honesty	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Honesty
<input type="checkbox"/> Religious beliefs	<input type="checkbox"/> Family Closeness	<input type="checkbox"/> Religious beliefs	<input type="checkbox"/> Family Closeness
<input type="checkbox"/> Compassion	<input type="checkbox"/> Family support	<input type="checkbox"/> Compassion	<input type="checkbox"/> Family support
<input type="checkbox"/> Social Conscience	<input type="checkbox"/> Social Status	<input type="checkbox"/> Social Conscience	<input type="checkbox"/> Social Status
<input type="checkbox"/> Strong work ethic	<input type="checkbox"/> Education	<input type="checkbox"/> Strong work ethic	<input type="checkbox"/> Education
<input type="checkbox"/> Being Responsible	<input type="checkbox"/> Self Respect	<input type="checkbox"/> Being Responsible	<input type="checkbox"/> Self Respect
<input type="checkbox"/> Freedom of expression	<input type="checkbox"/> Independence	<input type="checkbox"/> Freedom of expression	<input type="checkbox"/> Independence
<input type="checkbox"/> Leading a balanced life	<input type="checkbox"/> Making Money	<input type="checkbox"/> Leading a balanced life	<input type="checkbox"/> Making Money
<input type="checkbox"/> Being a parent	<input type="checkbox"/> Fidelity	<input type="checkbox"/> Being a parent	<input type="checkbox"/> Fidelity
<input type="checkbox"/> Patriotism	<input type="checkbox"/> Healthy Lifestyle	<input type="checkbox"/> Patriotism	<input type="checkbox"/> Healthy Lifestyle
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

How do your own personal values compare to those of your parents/primary caretakers?

Basically share the same values Share some of their values Don't know

Share most of their values Do not share any of their values

Check the boxes that best describe what you were like as a child (pre-teenage years)

<input type="checkbox"/> Happy	<input type="checkbox"/> Awkward	<input type="checkbox"/> Responsible	<input type="checkbox"/> Rebellious	<input type="checkbox"/> Shy
<input type="checkbox"/> Temperamental	<input type="checkbox"/> Self-Confident	<input type="checkbox"/> Sad	<input type="checkbox"/> Disobedient	<input type="checkbox"/> Curious
<input type="checkbox"/> Stubborn	<input type="checkbox"/> Friendly	<input type="checkbox"/> Irresponsible	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Compliant
<input type="checkbox"/> Unhappy	<input type="checkbox"/> Calm	<input type="checkbox"/> Anxious/Nervous	<input type="checkbox"/> Sickly	<input type="checkbox"/> Thoughtful
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Serious	<input type="checkbox"/> Active	<input type="checkbox"/> Insecure	<input type="checkbox"/> Quiet
<input type="checkbox"/> Fearful	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Funny	<input type="checkbox"/> Obedient	<input type="checkbox"/> Other

Check the boxes that best describe what you were like as a teenager

<input type="checkbox"/> Happy	<input type="checkbox"/> Awkward	<input type="checkbox"/> Responsible	<input type="checkbox"/> Rebellious	<input type="checkbox"/> Shy
<input type="checkbox"/> Temperamental	<input type="checkbox"/> Self-Confident	<input type="checkbox"/> Sad	<input type="checkbox"/> Disobedient	<input type="checkbox"/> Curious
<input type="checkbox"/> Stubborn	<input type="checkbox"/> Friendly	<input type="checkbox"/> Irresponsible	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Complaint
<input type="checkbox"/> Unhappy	<input type="checkbox"/> Calm	<input type="checkbox"/> Anxious/Nervous	<input type="checkbox"/> Sickly	<input type="checkbox"/> Thoughtful
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Serious	<input type="checkbox"/> Active	<input type="checkbox"/> Insecure	<input type="checkbox"/> Quite
<input type="checkbox"/> Fearful	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Funny	<input type="checkbox"/> Obedient	<input type="checkbox"/> Other

When you were a child, with whom would you confide?

<input type="checkbox"/> Mother	<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Primary Caretaker(s)	<input type="checkbox"/> Psychiatrist(s)/Psychologist(s)/Social Worker
<input type="checkbox"/> Father	<input type="checkbox"/> Aunt(s)/Uncle(s)	<input type="checkbox"/> Cousin(s)	<input type="checkbox"/> Clergy
<input type="checkbox"/> Sibling(s)	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Counselor(s)/Teacher(s)	<input type="checkbox"/> Other:

When you were a child or adolescent, did you require counseling or psychiatric care? Yes No

Are there issues, traumatic incidents, or accidents from your childhood that currently cause you distress? Yes No

If you were married previously, how did your marriage(s) end?

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Death of Spouse	<input type="checkbox"/> Divorce	<input type="checkbox"/> Annulment
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If you went through a divorce, check the boxes that best describe what the experience was like for you.

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Frightening	<input type="checkbox"/> Bitter	<input type="checkbox"/> Frustrating	<input type="checkbox"/> A relief
<input type="checkbox"/> Easy	<input type="checkbox"/> Painful	<input type="checkbox"/> Amicable	<input type="checkbox"/> Fair	<input type="checkbox"/> Long and drawn out
<input type="checkbox"/> Expensive	<input type="checkbox"/> Unfair	<input type="checkbox"/> Crazy	<input type="checkbox"/> Devastating	<input type="checkbox"/> Depressing
<input type="checkbox"/> Other:				

Have you ever been in a custody dispute? Yes No

Answer the following if you are currently married. If you are not currently married then proceed to the section titled loss history.

How long did you know your current spouse before you were married?

Check the boxes that best describe the characteristics of your current spouse:

<input type="checkbox"/> Religious	<input type="checkbox"/> Distant	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Social
<input type="checkbox"/> Uncaring	<input type="checkbox"/> Thoughtful	<input type="checkbox"/> Competitive	<input type="checkbox"/> Happy
<input type="checkbox"/> Appreciative	<input type="checkbox"/> Athletic	<input type="checkbox"/> Sarcastic	<input type="checkbox"/> Unforgiving
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Workaholic	<input type="checkbox"/> Faultfinding	<input type="checkbox"/> Understanding
<input type="checkbox"/> Compassionate	<input type="checkbox"/> Prejudiced	<input type="checkbox"/> Flexible	<input type="checkbox"/> Honest
<input type="checkbox"/> Dogmatic	<input type="checkbox"/> Careful	<input type="checkbox"/> Abusive	<input type="checkbox"/> Romantic
<input type="checkbox"/> Introvert	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Moody	<input type="checkbox"/> Generous
<input type="checkbox"/> Emotional	<input type="checkbox"/> Quick Tempered	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Dependable
<input type="checkbox"/> Friendly	<input type="checkbox"/> Worrier	<input type="checkbox"/> Depressed	<input type="checkbox"/> Impulsive
<input type="checkbox"/> Rigid	<input type="checkbox"/> Domineering	<input type="checkbox"/> Tolerant	<input type="checkbox"/> Good sense of humor
<input type="checkbox"/> Self-Centered	<input type="checkbox"/> Supportive	<input type="checkbox"/> Communicative	<input type="checkbox"/> Kind
<input type="checkbox"/> Gentle	<input type="checkbox"/> Predictable	<input type="checkbox"/> Clear thinking	<input type="checkbox"/> Energetic
<input type="checkbox"/> Good listener	<input type="checkbox"/> Considerate	<input type="checkbox"/> Anxious	<input type="checkbox"/> Other
<input type="checkbox"/> Playful	<input type="checkbox"/> Unhappy	<input type="checkbox"/> Smart	

Check the boxes that best describe the various roles you and your spouse play in the relationship:

Roles you play in relationship

- Head of Household
- Leader
- Emotional One
- Social planner
- Initiator
- Peacemaker
- Comforter
- Risk taker
- Money Manager
- Wage earner
- Decision maker
- Rational one
- Organizer
- Compromiser
- Caregiver
- Follower
- Negotiator
- Manager
- Homemaker
- Other

Roles spouse plays in relationship

- Head of Household
- Leader
- Emotional One
- Social planner
- Initiator
- Peacemaker
- Comforter
- Risk taker
- Money Manager
- Wage earner
- Decision maker
- Rational one
- Organizer
- Compromiser
- Caregiver
- Follower
- Negotiator
- Manager
- Homemaker
- Other

How often do you and spouse argue?

- Never
- Rarely
- Once or twice a year
- Once or twice a month
- Once or twice a week
- Once a day
- Several times a day

Check the boxes that best describe the major areas of conflict between you and your spouse?

- Discipline of children
- Religion
- Alcohol/drugs
- Emotional closeness
- Family involvement
- Personal
- Household Chores
- Work
- Infidelity
- Emotional separateness
- Money

Check the boxes that best describe the way you typically react when you have a major disagreement with your spouse.

- Reach agreement through mutual give and take
- Take time to think things over before discussing
- Give in and attempt to smooth things over
- Seek outside help such as a counselor/clergy person
- Sometimes pound or break things
- Change the topic
- Agree to disagree
- Sometimes yell and shout
- Leave the house to cool off
- Become silent
- Try to outwit spouse.
- Things get physical (pushing, shoving, hitting)
- Other:

LOSS HISTORY

Please describe the times in your life that you have had a significant loss.

Have you resolved these losses in your life? Yes No

Please explain.

COUNSELING HISTORY

Have you ever participated in counseling? Yes No

What was the purpose that you sought out a counseling professional?

DISCIPLINE & BEHAVIOR MANAGEMENT

Describe you plans for discipline and behavior management of the children staying in your home.

What rules are important in your family?

CRIMINAL HISTORY

Have you or anyone in your family or circle of friends ever been suspected of, investigated for, charged with, or convicted of physical, emotional or sexual child abuse? (check all that apply)

- | | | | | |
|---------------------------------|--------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Niece(s) | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In-law(s) | |

If you selected any of the above other than No, please explain.

Have you or anyone in your family or circle of friends ever been suspected of, investigated for, charged with, or convicted of activities involving child pornography? (check all that apply)

- | | | | | |
|---------------------------------|--------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Niece(s) | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In-law(s) | |

If you selected any of the above other than No, please explain.

Have you or anyone in your family or circle of friends ever been suspected of, investigated for, charged with, or convicted of activities involving child neglect? (check all that apply)

- | | | | | |
|---------------------------------|--------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Niece(s) | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> No |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In-law(s) | |

If you selected any of the above other than No, please explain.

Will any of the people selected above have access to any of the Safe Families Children left in your care? Yes No

If yes, please explain.

Have you ever been arrested? Yes No

Have you been convicted of a felony? Yes No

Have you ever been involved in a domestic violence incident? Yes No

MEDICAL HISTORY

What is the overall condition of your health?

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

Have you ever been hospitalized or had surgery? Yes No

Are you currently taking any medication(s)? Yes No

Have you ever had a substance abuse or alcohol problem? Yes No

Have you had any of the following conditions?

- | | | |
|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Colitis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Impaired sight | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Thyroid condition | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Anxiety/Panic Attacks |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Infertility/Sterility | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> Other condition(s) not listed: | | |

Have you ever had mental health challenges? Yes No

Do you have health problems that affect your role of hosting a child in your home? Yes No

Do you smoke? Yes No

EMPLOYMENT HISTORY

Current/Last Employer	Location	Title	Dates Employed
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Responsibilities

Previous Employer	Location	Title	Dates Employed
-------------------	----------	-------	----------------

Responsibilities

How many hours a week do you currently work?

Have you ever been terminated or asked to resign a position for any reason Yes No

If yes, please provide details surrounding your termination or resignation.

EDUCATIONAL HISTORY

Please check the highest level of education you have completed.

- Less than High School
 High School/GED
 Some College
 2-Year College Degree (AA, AS)
 4-Year College Degree (BA, BS)
 Master's Degree
 Doctorial
 Professional (MD, JD)

Please list school attended starting with high school to most recent. Attach an additional sheet if necessary.

Name	Location	Dates Attend	Major	Degree

CURRENT FAMILY RELATIONSHIPS

If you are currently married, please answer the following questions. If you are not currently married then skip ahead to the section on previous marriage.

Years Married

How did you meet?

Have you had any periods of separation? Yes No

Please list the major Strengths of your marriage.

Weaknesses of Marriage.

Previous Marriages

Have you been previously married? Yes No

If yes, were there any instances of domestic violence in the marriage? Yes No

Are there any children resulting from a previous marriage? Yes No

Do you have custody of these children? (This includes, whole, partial or shared custody agreements) Yes No

If Yes are these children listed as residents in your household? Yes No

VALUES AND BELIEFS SYSTEMS OF YOUR FAMILY:

Please describe the values that your family adheres to.

CULTURAL EXPERIENCES

Discuss any experiences with different cultures, discrimination, and prejudice during childhood and adulthood.

Are you willing to help preserve your guest's culture and heritage?

RELIGION/SPIRITUAL BELIEFS

Do you regularly attend religious services? Yes No

If yes please provide the name and location of the church.

Name of Church

Location of Church

Please select any of the following that pertain to you.

Bible Study/Life Group/Small Group/Cell Group

Ministry Leader

Midweek programs or services

Service/Mission Activities

I practice a religion other than Christianity

I do not participate in religious activities

Please provide details of Service/Mission Activities

Is there anything else you would like to share with our staff?