

**FOSTER CARE - ADOPTION ACTIVITY QUESTIONNAIRE**

Name of Applicant: \_\_\_\_\_

**FOSTER CARE ACTIVITY**  Yes  N/A

(Foster Care Activity involves facilitating the placement of individuals in the care and custody of the State, County or Municipal Social Welfare Department in foster homes when due to health/safety issues the individual is unable to remain with their family of origin.)

**1. Types of Services Offered by Applicant** (check all that apply.)

- Working with the family of origin
- Removal of the individual from the family/situation
- Foster Family recruitment, training and supervision
- Licensing of the Foster Family
- Certification of Foster Family
- Emergency Shelter Care Placements
- Temporary Foster Care Placements
- Long Term Foster Care Placements
- Foster/Adopt Placements
- Therapeutic Care Placements
- Medically Fragile Care Placements
- Case Management/ Monitoring Services Only
- Case Management/Monitoring and Other Services
- Providing/Arranging for Medical Services for the Foster Children
- Respite Care For Foster Families
- Permanency Planning
- Services for Children Who Have Aged out of the Foster Care System

(Explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Adoption Placements (If checked complete the Adoption Activities Section below.)  
 Other (Explain) \_\_\_\_\_

**2. Client Demographic Information**

Client Ages:	# of Clients Placed:		
	Projected (Coming Year)	Last Year	Previous Year
0 to 17 Months	_____	_____	_____
18 months to 30 months	_____	_____	_____
30 months to 4 years	_____	_____	_____
4 years to 10 year	_____	_____	_____
10 years to 17 years	_____	_____	_____
18 years to 65 years	_____	_____	_____
Over 65 years	_____	_____	_____

- Does Applicant have ability to reject individuals designated for placement?  Yes  No
- Does Applicant take legal custody of individuals prior to placement?  Yes  No
- Does Applicant place Native American children?  Yes  No
- If Yes, what percent of your placements involve Native American children? \_\_\_\_\_%
- If Yes, is Applicant in compliance with the Indian Child Welfare Act?  Yes  No
- Does Applicant place Clients with special needs?  Yes  No
- If Yes, what percentage of your placements involve children with special needs? \_\_\_\_\_%
- If Yes, are Foster Families notified in writing of all special needs prior to placement?  Yes  No
- Does Applicant place Clients with a criminal history?  Yes  No
- If Yes, what percentage of your placements involve children with criminal histories? \_\_\_\_\_%
- If Yes, are Foster Families notified in writing of criminal histories prior to placement?  Yes  No
- Average number of foster home/facilities used annually? \_\_\_\_\_ Average annual turn-over rate? \_\_\_\_\_%
- Average length of stay by Clients in same facility? \_\_\_\_\_ In one or more facilities? \_\_\_\_\_
- Percentage of Clients who have moved between homes/facilities more than three times w/in the last 12 months.  
 \_\_\_\_\_%

**3. Types of Facilities Used for Placements** (check all that apply)

	# of Clients Placed:		
	Projected (Coming Year)	Last Year	Previous Year
Family Foster Homes (nonrelatives)	_____	_____	_____
Kinship Foster Homes	_____	_____	_____
Group Homes	_____	_____	_____
Emergency Shelters	_____	_____	_____
Residential Homes (orphanages)	_____	_____	_____
Residential Schools	_____	_____	_____
Child Care Institutions	_____	_____	_____
Pre-Adoption Homes	_____	_____	_____

**4. Loss Prevention Information**

Accreditation/Licensing/Staffing

Is Applicant accredited?  Yes  No If Yes, by whom? \_\_\_\_\_

Foster Care Agencies located in jurisdictions where Applicant operates are governed/regulated by:

The State  The County  The City or Local Municipality  Other \_\_\_\_\_

Does Applicant have a contract(s) with the State/County/Municipal Authorities?  Yes  No

» **If Yes, please provide copies of all of your contracts.**

Are all Foster Homes/Facilities used by Applicant licensed by all appropriate authorities?  Yes  No

If No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Average length of time Foster Homes/Facilities used by Applicant have been affiliated with Applicant? \_\_\_\_\_

In the past five years has Applicant ever placed any Clients in any facility, including homeless shelters or hotel rooms, that was not a licensed Foster Home/Facility?  Yes  No

If Yes, provide complete details as to where the Clients were placed, for how long and why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caseworkers used by Applicant are  Employees  Independent Contractors  Some of Each

If Some of Each percentage of total that are Independent Contractors is \_\_\_\_\_%.

**Recruitment/Assessment/Certifying Foster Families**

Does Applicant have written policies and procedures for recruiting Foster Families?  Yes  No

» **If Yes, please provide copies of the procedures, including all recruiting brochures used.**

Does Applicant have a dedicated budget for recruiting qualified Foster Families?  Yes  No

If Yes, total annual budget:

\$\_\_\_\_\_ Projected (upcoming year) \$\_\_\_\_\_ (Last Year) \$\_\_\_\_\_ (Previous Year)

Does Applicant have written procedures for assessing prospective Foster Families?  Yes  No

» **If Yes, please provide copies of the policies and procedures.**

Does Applicant conduct background and reference checks, including obtaining criminal background investigations on all members of all prospective Foster Families prior to approving the family?  Yes  No

If Yes, what type of criminal background search does Applicant conduct? (check all that apply)

National Criminal Background Search  Federal Criminal Background Search

Statewide Criminal Records Search  County Criminal Records Search

If No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Foster Family Education & Training**

Does Applicant require all prospective Foster Families to have training **prior** to placements?  Yes  No

Total hours of training required for each Foster Family **prior** to placement? \_\_\_\_\_

Total hours of training required for each Foster Family **after** placement? \_\_\_\_\_

Does Applicant have written polices and procedures for training Foster Families?  Yes  No

» **If Yes, please provide the training materials used by Applicant.**

Does Applicant have written procedures for handling complaints of Foster Families?  Yes  No

» **If Yes, please provide copies of the procedures.**

**Medical History of the Individuals/Disclosure of Medical History to Foster Families**

Does Applicant obtain written medical history of each individual **prior** to placement?  Yes  No

If No, explain \_\_\_\_\_

\_\_\_\_\_

Does Applicant disclose in writing the medical histories of all individuals to Foster Families or other Facilities **prior** to placement.  Yes  No

If No, explain \_\_\_\_\_

\_\_\_\_\_

Does Applicant provide/arrange for any Medical Services for any Clients?  Yes  No

If Yes, explain types of services provided, who provides the services and who pays for the services. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Placement Activity**

Does the Applicant have written procedures for assessing each Client to be placed?  Yes  No

» **If Yes, please provide copies of the procedures.**

Does the Applicant have written procedures for assessing each family of origin?  Yes  No

» **If Yes, please provide copies of the procedures.**

Does the Applicant have written criteria for determining the maximum number of Clients to be placed in any one Foster Home?  Yes  No

What is the maximum number of Clients you would place with any one Foster Family? \_\_\_\_\_

Does this number comply with applicable state and federal laws and regulations?  Yes  No

If the individuals being placed are minors what are the rights of their biological grandparents? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Caseworker Activity/Oversight of Caseworkers/Monitoring Foster Families**

What is the average caseworker's monthly caseload? \_\_\_\_\_

Are caseworkers required to maintain written records of all contact activity?  Yes  No

Does Applicant have written policies and procedures governing the frequency of caseworker visits to the Clients, including unannounced visits, and the requirement to document their visits?  Yes  No

» **If Yes, please provide the policies and procedures.**

Does Applicant have written policies and procedures to verify that caseworkers are contacting the Clients and maintaining written records of the contacts in compliance with the Applicant's standard requirements?

Yes  No

» **If Yes, please provide copies of the policies and procedures.**

Does Applicant have written policies and procedures for handling any situation where a Client that has been placed by the Applicant is missing from the Foster Home or any other facility where the Client was placed?

Yes  No

» **If Yes, please provide copies of the policies and procedures.**

If No, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Applicant have written policies and procedures for handling any situation where a Client or any other person alleges that the Client has been physically or sexually abused, harassed or molested?  Yes  No

» **If Yes, please provide copies of the policies and procedures.**

**Problem Placements/Foster Families**

Has Applicant ever placed a Client who has subsequently been reported missing from the Foster Home or any other facility in which they were placed?  Yes  No

If Yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Applicant ever placed a Client who has subsequently alleged (or that someone else on their behalf has alleged) that they have been physically, or sexually abused, harassed or molested?  Yes  No

If Yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any of the Foster Families or any other facility with whom you have placed Clients ever been the subject of any investigation by or on behalf of the authorities overseeing Foster Care within the jurisdictions in which you operate?  Yes  No

If Yes, explain \_\_\_\_\_  
\_\_\_\_\_

**ADOPTION ACTIVITY**  Yes  N/A

(Adoption Activity involves facilitating the legal process of Adoption. Legal Adoption is the process that creates a new, permanent parent-child relationship where one didn't exist before. There are several types of Adoption Agencies and types of Adoptions. Services provided by Agencies vary.)

Applicant operates as a: (check all that apply)

Public Adoption Agency  Licensed Private Adoption Agency  Unlicensed Facilitator

Type of Adoptions offered through Applicant: (check all that apply)

Public Adoptions  Private Adoptions  Independent Adoptions  Kinship Adoptions  
 Domestic Only  International Only  Domestic and International  
 Open Adoptions Only  Closed Adoptions Only  Open and Closed Adoptions

**1. Types of Services Offered by Applicant** (check all that apply.)

- Birth Parent Counseling
- Consultation for Adopting Individuals
- Recruitment of Families to Adopt Older Children
- Adoptive Parent Training
- Home Studies of Adoptive Parents
- Physical Exams of Individuals waiting to be Adopted
- Child Matching
- Infant/Youth/Adolescent Adoption Placements
- Adult/Elderly Adoption Placements
- Foster/Adopt Placements
- Case Management Services for Clients Placed through the State
- Post Placement Supervision Prior to Legalization
- Life-Long Post-Adoption Support, Counseling & Advocacy
- Assistance w/completion of required documentation for International adoptions
- Assistance in obtaining Child's Visa/American Birth Certificate, etc.
- Translation/Interpretation Services
- Travel Arrangements to and w/in Birth Country for International adoptions
- Post Placement Reports for International adoptions
- Legal Services
- Other (Explain) \_\_\_\_\_

Is it necessary for Applicant to affiliate/coordinate with any other Agency/Organization to provide any of the Services checked above?  Yes  No

If Yes, explain \_\_\_\_\_

**2. Client Demographic Information**

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4 years to 10 year	_____	_____	_____
10 years to 17 years	_____	_____	_____
18 years to 65 years	_____	_____	_____
Over 65 years	_____	_____	_____

Does Applicant place Native American children?  Yes  No

If Yes, what percent of your adoptions involve Native American children? \_\_\_\_\_%

If Yes, is Applicant in compliance with the Indian Child Welfare Act?  Yes  No

Does Applicant place Clients with special needs?  Yes  No

If Yes, what percentage of your adoptions involve children with special needs? \_\_\_\_\_%

If Yes, are Adoptive Families notified in writing of all special needs prior to placement?  Yes  No

**3. Loss Prevention Information**

**Accreditation/Licensing**

Is Applicant accredited?  Yes  No If Yes, by whom? \_\_\_\_\_

Applicant is licensed to handle adoptions of individuals for: (check all that apply)

- The Foster Care System
- Private Adoptions
- Other \_\_\_\_\_

**Number of Adoptions/Success Rate/Legal Issues**

Applicant has completed \_\_\_\_\_ adoptions since it began operations.

Applicant has had \_\_\_\_\_ adoptions fall through, disrupted or overturned since it began operations.

If Applicant has had any adoptions fall through, disrupted or overturned provide details of what happened, when and for what reason. \_\_\_\_\_

\_\_\_\_\_

Does the Applicant utilize lawyers during the process?  Yes  No

Does the Applicant have legal custody of the individuals?  Yes  No

Is a legal guardian appointed to ensure the individual's welfare?  Yes  No

Does Applicant require Adoptive Parents to sign an Adoption Services Agreement?  Yes  No

» **If Yes, please provide copies of the Adoption Services Agreement you require.**

Does Applicant require Adoptive Parents to sign a Waiver/Release of Liability?  Yes  No

» **If Yes, please provide copies of the Waiver/Release form.**

**Assessment/ Medical Histories**

Does Applicant have written procedures for assessing each Client to be placed?  Yes  No

» **If Yes, please provide copies of the procedures.**

Does the Applicant have written procedures for assessing each Adoptive Family?  Yes  No

» **If Yes, please provide copies of the procedures.**

Does Applicant conduct background and reference checks, including obtaining criminal background investigations on all members of all prospective Adoptive Families prior to approving the family?  Yes  No

If Yes, what type of criminal background search does Applicant conduct? (check all that apply)

National Criminal Background Search  Federal Criminal Background Search

Statewide Criminal Records Search  County Criminal Records Search

Does Applicant obtain/verify medical (mental and physical) histories on all Clients to be Adopted?  Yes  No

If Yes, explain process used to obtain/verify the medical (mental and physical) information, including how you choose medical providers to assess the child and what type of medical information is obtained. \_\_\_\_\_

\_\_\_\_\_

Does Applicant provide all medical information obtained to Adoptive Parents prior to the Adoption?  Yes  No

Is Applicant involved in International Placements?  Yes  No

If Yes, please complete the following questions.

Applicant has been involved in International Adoptions since \_\_\_\_\_

What percentage of Applicant's Adoptions are International Adoptions? \_\_\_\_\_%

Do you accompany the parent to/from the birth country with the adoptive child?  Yes  No

If No, please explain: \_\_\_\_\_

\_\_\_\_\_

Does Applicant place children from any of the following places? (check all that apply)

Africa  Albania  Bulgaria  Checknya  Georgia  Romania  Russia  Ukraine

Complete information on each Country in which you currently or within the last five years have completed adoptions:

COUNTRY	ACTIVE SINCE	# ADOPTIONS COMPLETED IN LAST 5 YEARS	YOUR STATUS (LICENSED/ACCREDITED/OTHER)	WHERE ADOPTION FINALIZED	CHILDREN'S STATUS (ORPHANAGE/GROUP HOME/FOSTER CARE/OTHER)

Please attach a separate page if necessary

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Must be signed and dated by Applicant: Owner/President/CEO/or Executive Director)

Title: \_\_\_\_\_