

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
HOUSEHOLD COMPOSITION AND RELATIONSHIPS FORM (PART ONE)
ADOPTION ONLY

Instructions:

Home finders/agency workers: This form must be completed individually with each applicant. This form must be completed with information gathered from interviews, observations, and other information acquired during the approval process. All questions may not be applicable to an applicant. If not applicable, enter N/A. If required by your agency, the form must be signed by a supervisor when it is completed.

NAME OF APPLICANT:	
MARITAL STATUS	
Are you married?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any previous marriages or long-term relationships? a. If yes, when and why did they end?	<input type="checkbox"/> No <input type="checkbox"/> Yes
IF MARRIED:	
1. What date were you married?	/ /
2. How long have you been together?	
3. How would you describe your relationship?	
IF NOT MARRIED:	
1. Do you have a partner or significant other?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name:
2. How often do they reside with you?	<input type="checkbox"/> N/A
3. How long have you been together?	
4. How would you describe your relationship?	
I. RELATIONSHIP – to be completed by the home finder/agency worker if the applicant is in a marriage or in a partner/significant other relationship	
1. What makes you happy regarding your partner?	
2. What kind of things make you angry regarding your partner?	
3. What are the strengths of your relationship?	
4. What are the areas of disagreement in your relationship?	
5. How are disagreements handled?	
6. How do you react to your partner when there are disagreements?	
7. How are decisions made?	
8. What stressors exist in your relationship?	

9. How are stressors in your relationship handled?	
10. Who manages the money in your relationship?	
11. How are financial decisions made?	
12. How would you describe your partner's strengths and needs?	
13. How would your partner describe your strengths and needs?	

II. FAMILY

SCHEDULE

1. How do you spend a typical weekday? a. Typical weekend?	
2. How do you spend leisure time as a family? a. Individually?	
3. What community resources/activities are you (and your family) involved in?	

RELATIONSHIPS

1. What extended family do you have? a. Where do they live? b. How frequently do you interact? c. What kind of relationship do you have?	
2. Where are your friends located?	

<p>a. How long have you been friends?</p> <p>b. Under what circumstances and how frequently do you interact?</p>	
<p>3. What support systems do you have available?</p>	
<p>4. Who would be the backup resource if you were no longer able to care for the child?</p>	
<p>HOUSEHOLDS WITH CHILDREN (IF APPLICABLE)</p>	
<p>1. How do the children in the household get along with each other and, if applicable, with your children who reside outside of the home?</p>	
<p>2. What rules exist in the house, and what are the consequences if broken?</p>	
<p>3. How are rules adjusted based on age, capacity, etc. of each child?</p>	
<p>4. How is discipline handled?</p>	
<p>ADOPTION</p>	
<p>1. What is each household member's feeling about becoming an adoptive family?</p>	
<p>2. What is each household member's level of readiness?</p>	
<p>3. How do your extended family and friends feel about you adopting?</p>	
<p>III. PARENTING</p>	
<p>1. What experience have you had parenting?</p>	
<p>2. What is your parenting style? <input type="checkbox"/> N/A</p>	

a. What is your partner's parenting style? <input type="checkbox"/> N/A	
3. What do you find to be the most effective form of discipline?	
4. Describe your relationship with each of the children in the household and outside the household, if applicable.	
5. What, if any, parenting training have you had? a. What parenting training/supports do you think you will need?	
6. What do you think would make you a good parent?	
7. What child caring experiences have you had?	
8. How do you support your children academically, at home and in school? <input type="checkbox"/> N/A	
9. Are any of your children homeschooled? <input type="checkbox"/> N/A	
PARENTING A CHILD PLACED FOR ADOPTION	
1. What are the reasons you think a child would be eligible for adoption?	
2. What is your motivation for pursuing adoption at this time?	
3. What is your understanding of your role as an adoptive parent?	
4. What experience have you had with adoption?	
5. How would you support a child academically, at home and in school?	

a. What are your expectations of a child's academic progress?	
6. How would you help a child maintain family, cultural, religious, and community connections?	
7. What role do you think the child's biological family will have with your child after the adoption?	
a. What role do you think that you will have with the child's biological family?	

SUPPORTS	
1. Do any household members have special needs or challenges? a. If yes, describe. b. What is your role in caring for this household member's special needs or challenges?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. If applicable, describe your children's history of substance abuse, mental health issues, behavioral issues, if any, as well as treatment.	<input type="checkbox"/> N/A

IV. PSYCHOSOCIAL INTERVIEW

The purpose of the psychosocial interview is to explore the applicant's history and current psychological/social factors and their impact on the capacity, willingness, and readiness to adopt a child, and to develop support plans where applicable.

In this section, questions are provided as guidance only. Home finders/agency workers will need to use their engagement and assessment skills to explore these areas, using the questions and guidance below as relevant and applicable. Applicant's responses should be provided in narrative format in the space provided below.

PERSONAL HISTORY

Areas for consideration:

- Familial history and relationships with all household members and extended family (Genogram)
- Family relationships
- Childhood experiences and defining moments
- How were you disciplined as a child?
- Traditions and religion/spirituality
- Marriage/dating history
- Has the adoption plan added any stress to you and/or your family?

COPING SKILLS AND STRESS MANAGEMENT

Areas for consideration:

- Life experiences of loss and/or trauma
- Infertility (if applicable)

- Coping strategies and stress management
- Impact of life experiences on current functioning
- Realistic expectations of childhood

Sample Questions:

- Many of the most successful adoptive parents have experienced loss and trauma in their lives that has helped them become the people they are today. Has this occurred in your life?
 - What impact has it had on you then and now?
 - What challenges has it posed for you?
- When experiencing challenging times, what resources do you use to cope? Who helps you?
- How do you know when you are getting stressed out? What cues do you notice physically, socially, and/or cognitively?
- What are situations that are likely to generate stress for you or trigger a crisis?
- What strategies for self-care are effective for you?

BEHAVIORAL HEALTH FOR ALL HOUSEHOLD MEMBERS**Areas for consideration:**

- Alcohol and/or substance abuse
- Mental health
- Family/partner violence

- Current or past treatment for substance abuse (drugs/alcohol) or mental health issues

Sample Questions:

- Describe any history of alcohol/substance use in your family growing up and today.
- Does anyone in your family currently receive or have a history of receiving substance abuse/alcohol abuse treatment?
- Have you or anyone in your family experienced emotional difficulties or significant health challenges including physical, mental, or emotional difficulties?
- Has your self-care included seeking the benefits of a counselor or therapist?
- Can you describe any time you or another family member threatened/hurt/scared another family member or felt threatened/hurt/scared by another family member?
- Is anyone in the household currently or in the past been under treatment for substance abuse (drugs/alcohol) or mental health issues?

V. HOME FINDER/AGENCY WORKER NOTES

Dates of visits/interviews:	/ / ,
Notes:	
Date of Completion:	/ /

SIGNATURE/DATE:	
HOME FINDER'S/AGENCY WORKER'S SIGNATURE: X	DATE: / /
SUPERVISOR'S SIGNATURE: X	DATE: / /

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
HOUSEHOLD COMPOSITION AND RELATIONSHIPS FORM (PART TWO)
ADOPTION ONLY

Instructions:

Home finders/agency workers: A separate form must be completed for each household member under 18 years of age, depending on the child's developmental stage. The family, home finder/agency worker, and home finder's/agency worker's supervisor will determine whether the child will participate and whether the applicant(s) should be present. Please note that this form can also be used for adult children of the applicant[s]. If required by your agency, the form must be signed by a supervisor when it is completed.

I. CHILD INTERVIEW	
CHILD'S NAME:	DATE OF BIRTH: / /
Child's relationship to the applicant(s):	
If a decision was made for a child not to participate, explain why:	
YOU	
1. Are you in school? a. If yes, what grade are you in? b. If yes, what school do you attend?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. What are your feelings about school?	
3. What are your hobbies and interests?	
4. What five words best describe you?	
5. Who are you able to talk to if you need help?	
YOUR PARENT(S)	
1. What is your relationship like with each parent/applicant? a. Your siblings?	
2. Describe your parents'/applicants' relationship.	
HOUSEHOLD	
1. How often do you visit friends? a. How often do friends visit your house?	
2. Can you describe any rules in your house? a. What happens when you don't follow these rules?	

3. Do you have difficulty following house rules? a. What house rules are difficult to follow?	
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ADOPTION

1. What do you know about adoption?	
2. What are your feelings about sharing your home with another child?	
3. Explain how you think a child will fit in with your family.	
4. What concerns do you have about your parents/applicant(s) adopting a child?	
5. How do you imagine the decision to adopt will impact you?	
6. What will you do if the child disagrees with you or your parents/applicants?	
7. What would be your wish for any child who joins your family? For example: age, gender, interests?	
8. Have you ever wanted another sibling?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know/I never thought about it

II. HOME FINDER/AGENCY WORKER NOTES

Dates of visits/interviews:	
Notes:	
Date of Completion:	/ /

FOR FILING PURPOSES NAME OF APPLICANT: AGENCY NAME:

SIGNATURE/DATE:	
HOME FINDER'S/AGENCY WORKER'S SIGNATURE: X	DATE: / /
SUPERVISOR'S SIGNATURE: X	DATE: / /