

FAMILY APPROVAL DOCUMENT

I. Agency Completing Document:

Agency		County of Agency
Street Address		
City	State	Zip Code
Agency Contact Person	Email Address	Telephone Number

Checklist of attachments:

- Home Safety Checklist
- Family Autobiography
- Transfer of Learning (TOL) Summaries
- Reference Summary
- Recent Applicant(s) Physical Examination**
- Current Clearances for All Adults Residing in Household **
- Recent Family Financial Summary**
- Applicant References**

****Attachments on file with Affiliate, will be released upon request of the placing county**

II. Family Information:

Status of Family: <input type="checkbox"/> Foster family with a child(ren) identified <input type="checkbox"/> Foster family with no child(ren) identified <input type="checkbox"/> Approved adoptive family with no child(ren) identified <input type="checkbox"/> Kinship family
Permanency option applicant wishes to provide: <input type="checkbox"/> Adoption <input type="checkbox"/> Kinship Adoption <input type="checkbox"/> Permanent Legal Custodianship

Applicant Name (First, MI, Last)				
Occupation / Stay at home parent		Briefly describe work schedule		
Date of Birth	Race / Ethnic Group (Check all that apply)			
Place of Birth	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other (please specify):			
Street Address	City	County	State	Zip Code
Telephone Number	Current Marital Status			
Additional Information:				

Applicant Name (First, MI, Last)				
Occupation / Stay at home parent		Briefly describe work schedule		
Date of Birth	Race / Ethnic Group (Check all that apply)			
Place of Birth	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other (please specify):			
Street Address	City	County	State	Zip Code
Telephone Number	Current Marital Status			
Additional Information:				

V. Family Preparation Information

Agency Providing Preparation		Phone number
SWAN Training Completed?	Completion Date:	CPR/First Aid Training Provided?

List Additional Training Provided:

Describe any prior preparation activities of the applicant(s) related to a previous adoption, or as a foster parent:

Describe the applicant's participation in family preparation activities, including level of participation; as well as knowledge gains and changes in attitudes. Also comment on topics the applicant(s) had insight into or difficulty with, and the applicant's ability to cope with decreased agency support as an adoption approaches. Lastly, provide anecdotal statements that offer insight into applicant's growth process.

See Family Approval Document Instructional Guide pages 36-39 for directions on completing sections VI through XII:

VI. Attitudes toward permanency

VII. Family Strengths

VIII. Health Information

IX. Home Environment

X. Community

XI. Resources

XII. For Foster, Kinship, and PLC complete the following:

Family Preparation

XIII. For Kinship and PLC complete the following:

Visitation

XIV. Affiliate Signatures:

Based upon the completion of the legal requirements, direct contact with the applicant(s), and the review of relevant records:

I recommend approval as a resource family

Comments:

If approving this applicant(s) for a specific child (ren) – please identify the name(s)

I do not recommend approval as a resource family

Comments:

I have reviewed the content of the document and my approval decision at a face-to-face meeting with the applicant(s) on this date, _____.

Signature

Date

I certify that the information set forth in this family approval document is true and correct to the best of my knowledge.

Signature

Date

Supervisor Signature

Date

XV. Applicant's Signature

Applicant(s) with no identified child(ren):

- I (We) have reviewed the family approval document and believe this to be a fair and accurate representation of our family.
- I (We) give permission to _____ (Affiliate) to share this document with any county for selection & matching purposes.

(Applicant Name) _____
Date

(Applicant Name) _____
Date

Applicant(s) with an identified child(ren):

- I (We) have reviewed the family approval document and believe this to be a fair and accurate representation of our family.
- I (We) give permission to _____ (Affiliate) to share this document with any county for selection & matching purposes.

(Applicant Name) _____
Date

(Applicant Name) _____
Date

XVI. Preparation of Autobiography

One of the most important parts of your family profile will be the autobiography you prepare. This is your opportunity to share information about who you are, what stage you are presently at in your life, and where you would like to go. Your family background, your experiences, both positive and negative, successes and setbacks, your goals and dreams are all important.

Please include details about your personal life, include anything that you want to share which may provide a better understanding about you as a person and parent. Include significant events in your life, how they affected you and how you feel about these experiences now. Tell how you coped with a difficult situation, marital difficulty, death of a significant other, failure to reach a personal goal, etc. Also include experiences you feel have helped prepare you for parenthood and will assist you in providing permanency for a child or children with special needs.

Within the autobiography address the question of why you want to provide a permanent home for a child with special needs and what motivates you to build a family in this manner.