



3. Are you raising your children the same way you were raised?  
If different, how?

Yes  No

**C. PERSONAL HISTORY** 7AAC 50.030, .200, .210 & .435

1. Please describe your individual and family talents, leisure activities and hobbies.

2. Please list and describe any community, cultural, religious affiliations, practices, or activities your family engages in.

3. Do you currently have any health or mental health conditions that might interfere with your ability to care for children? If yes, please explain.  Yes  No

4. Do you take any prescription medication for any health or mental health condition? If so, please list the type of medication and how it may affect your ability to care for children.

5. Do you or any household member grow, store, or use any type of marijuana in the home? If so, you may be asked to submit a supervision plan for marijuana use, to prevent risk to children in your care. Please describe where the marijuana is stored, used, and how you will prevent access to it by children in your care.

6. Do you or any household member store or consume alcohol in the home? If so, describe where the alcohol is stored, used, and how you will ensure safety of children in your home. Describe how much and how often marijuana, alcohol and prescription medication are used.

**D. PRESENT MARITAL STATUS/RELATIONSHIP** 7AAC 50.030, .200 & .210

1. Are you currently married or in a relationship?  Yes  No
2. What qualities do you see as important in your partner?

3. How do you manage or settle disagreements with your partner and/or others?

4. Have you had prior marriages or long-term relationships?  Yes  No  
If there were children in your previous marriage(s) or relationship(s), describe your current relationship with the children. In what ways have you maintained contact/support with them?

5. If you are single, please describe how you will manage your dating relationships when children are placed in your care.

**E. CURRENT FAMILY 7AAC 50.030, .200, .210, .300 & .430**

1. Please tell us about the children in your household (i.e., names, ages, personalities, favorite activities, etc.).



4. The foster care regulations do not allow using corporal (physical) punishment, such as spanking, hitting, flicking or slapping foster children. Will this be a problem for you? If yes, how?  Yes  No
5. If you utilize corporal punishment on your own children how will you handle this if a foster child is placed in your home that has been physically abused or witnessed domestic violence?
6. Describe the techniques you use to help children change inappropriate behaviors to acceptable behaviors? Will you use the same techniques for children in your care?
7. Describe how you teach children responsibility. Will you use the same method with children in your care?

8. Please describe how you will involve a foster child in social activities with your extended family and friends.

9. Describe a situation where you may need respite when a child is placed in your home and what your plan is?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date