

Family Characteristics

Please check the areas that most closely describes your family and the services you are able to provide:

<input type="checkbox"/>	24-Hour Awake Staff	<input type="checkbox"/>	Parent in home all day
<input type="checkbox"/>	Boarding school care	<input type="checkbox"/>	Parent(s) work - child care needed
<input type="checkbox"/>	Does not drive-cannot transport	<input type="checkbox"/>	Pet(s) in home
<input type="checkbox"/>	Does not transport	<input type="checkbox"/>	Respite
<input type="checkbox"/>	Faith Based Activities	<input type="checkbox"/>	Sign Language
<input type="checkbox"/>	Home schools own children	<input type="checkbox"/>	Single parent home
<input type="checkbox"/>	Hunting /fishing /outdoor life style	<input type="checkbox"/>	Smoker in home
<input type="checkbox"/>	ICWA Preference Placement	<input type="checkbox"/>	Specialized training
<input type="checkbox"/>	In-home childcare provider	<input type="checkbox"/>	Therapeutic foster home
<input type="checkbox"/>	Independent & transitional living services	<input type="checkbox"/>	Trained in medical procedures
<input type="checkbox"/>	Medication-Administered and Monitored	<input type="checkbox"/>	Will go to therapy with child
<input type="checkbox"/>	Mental health/emergency assessment bed	<input type="checkbox"/>	Will provide frequent transportation
<input type="checkbox"/>	Multicultural family	<input type="checkbox"/>	Works well with biological parents
<input type="checkbox"/>	On public school bus route	<input type="checkbox"/>	Other: _____

Family Accepts

	Yes	No	Maybe		Yes	No	Maybe
ADD/ADHS requiring medication				Conduct Disorder			
Adolescents				Cruelty To Animals			
Adoption				Deaf Or Hearing Impaired			
AIDS infection or HIV positive				Delinquency-Felonies/Physical Violence			
Alcohol or Substance Abuser				Delinquency-Misdemeanors/Status Offenses			
Autistic				Delinquency-Property Crimes			
Behavioral Difficulties At School				Developmental Delay/Disability			
Bilingual Capacity				Diabetic			
Birth Family Contact Post Adoption				Downs Syndrome			
Blind Or Visually Impaired				Eating Disorder			
Children Waiting Adoption				Emergency Shelter Care			
Children Waiting Residential Treatment				Emotionally Disturbed			
Cocaine Affected				Encopresis			
Cognitively Delayed				Enuresis			
Communicative Disorder-Mute/Speech Delay				Extensive Medical Attention And Care			
Compulsive Behaviors				Failure to Thrive			

Family Accepts

	Yes	No	Maybe		Yes	No	Maybe
Feeding Problem				Retardation – mild			
Females only				Retardation – moderate/severe			
Fetal Alcohol Syndrome/Drug Affected				Risk to Self or Others			
Fire Setter				Runaway Behavior			
From Adoption Home Placement Agency Only				Self Abusive			
From Foster Home Placement Agency Only				Serious Medical Problems			
Gang Involvement				Sexual Perpetrator			
Gay/Lesbian/Bisexual/Trans-gender Youth				Sexually Abused			
Health Impaired-Short Term Problem				Sexually Acting Out			
Hearing Impaired				Sexually Reactive			
ICWA Preference Placements				Sibling Groups			
Incarceration History				Significant Asthma or Allergies			
Independent Living				Significant Behavioral Problems			
Learning Disabled				Sleep Disorders			
Males Only				Social Conflict			
Medically Fragile				Specific Child/ren Only			
Mentally Ill				Stealing in the Home			
Moderate Behavioral Problems				Substance Abuse History			
Moderate Physical Disability				Suicidal ideation			
Needs help with self-care (not age appropriate)				Suicidal Threat/Attempt			
Oppositional/Defiant				Supervised Visitation			
Physically Aggressive				Teen Parent			
Physically Handicapped				Teen Parent with Child			
Pre or post maternal care				Truancy			
Pre-adoption placements				Unable to Feed			
Pre-guardianship Placements				Violent Behavior – others			
Pregnant and parenting Teens				Violent Behaviors – Self			
Property Destruction				Wheelchair Accessible			
Psychiatric Hospitalization History				Withdrawn			
Related Children Only				Other:			
Respite							

Number of children you are willing to consider: _____

Would your preferences be the same for both foster care and adoptive placements? Yes No

Comments: _____

Applicant Signature

Date

Definitions:

ICWA Preference Placement: Provider is an ICWA preference placement.

ICWA: Indian Child Welfare Act. Federal law passed in 1978 to protect Alaska Native families and communities by requiring state courts and child welfare departments to follow legal and procedural mandates and specified preferences when placing Alaska Native children in out-of-home care.

Independent and Transitional Living Services: Specialized services that include educational and employment assistance, training in daily living skills, and housing assistance for youth between the ages of 16 and 18 in the foster care system who are making the transition to independent living.

Supervised Visitation: Visitation that occurs in the presence of a responsible third party who oversees the parent/child interaction and insures the safety of the child.