

**PATH QUESTIONNAIRE FOR TREATMENT
FOSTER HOME APPLICANTS
PATH WISCONSIN, INC.**

This questionnaire is given to you to complete so that together we can determine which foster children could best use your home. ***This is not meant to limit your expression of interest.*** Please indicate your response by checking the answers which seem appropriate to you, or by filling in the proper blank. Check as many answers as you wish.

Applicant Name: _____

I would be interested in caring for:

Yes No

Gender

___ ___ a male
___ ___ a female
___ ___ either gender

Age

___ ___ an infant (0-2yrs) with emotional and/or behavioral issues
___ ___ a pre-school child (2-5yrs) with emotional and/or behavioral issues
___ ___ grade-school age (5-11yrs) with emotional and/or behavioral issues
___ ___ junior high school (12-15yrs)
___ ___ senior high school (15-18yrs)

Special Needs

___ ___ teen mother and child
___ ___ a developmentally delayed youth
___ ___ an emotionally handicapped youth
___ ___ a physically challenged youth
___ ___ a learning disabled youth
___ ___ a medically fragile youth
___ ___ a visually/hearing impaired youth
___ ___ any of the above

ETHNIC BACKGROUND

Ethnic background: _____

I could provide for a youth with the following ethnic background:

___ No Preference ___ African American ___ Other
___ Hispanic ___ Native American
___ Caucasian ___ Asian

CHURCH PREFERENCE

Religious/Spiritual Affiliation: _____

FAMILY ACTIVITIES

- | | |
|---|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Church Adult Group | <input type="checkbox"/> Church Youth Group |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Football | <input type="checkbox"/> Fraternal/Service Group |
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Gym or Spa Activities |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> 4-H Clubs |
| <input type="checkbox"/> Music | <input type="checkbox"/> Parties |
| <input type="checkbox"/> Picnics | <input type="checkbox"/> Boy/Cub Scouts |
| <input type="checkbox"/> Sewing/Crafts | <input type="checkbox"/> Skating |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Girl/Campfire Scouts |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> YMCA/YWCA |

DISCIPLINE

Knowing that children should be treated as individuals, we use the following methods of discipline:

Frequent	Sometimes	Seldom	Never	Type of Discipline
				Active listening
				Demonstration by example
				Isolation
				Nagging
				Natural consequences
				Praise and demonstrative love
				Rewarding good behavior
				Scolding
				Sending to bed
				Spanking
				Talking with child
				Withholding food
				Withholding privileges
				Yelling at child
				Other (describe);

What chores will a foster youth have in your home?

Preschooler: _____

Schoolager: _____

Teenager: _____

Teen Parent: _____

DESCRIPTION OF HOME (Check appropriate blanks)

_____ Kitchen	_____ Back yard
_____ Dining Room	_____ Enclosed back yard
_____ Living Room	_____ Playground equipment
_____ Garage	_____ Bedrooms (number)
_____ Basement	_____ Bathrooms (number)
_____ Family room	_____ Wood burning stove or fireplace
_____ Pond, Lake, Creek, River	_____ Farm Equipment buildings
_____ Pool/Spa/Hot Tub	
_____ Other features (specify) _____	

What pets or animals do you have? _____

BEHAVIORS

Foster children may display a variety of emotional and behavioral problems. The following is a list of behaviors which foster parents may face. *Please check each item in the column which most closely fits for you.*

	<i>Would Accept (I feel competent)</i>	<i>Would Accept (With trng & support)</i>	<i>Would Not Accept (Currently not willing)</i>
AIDS	_____	_____	_____
Bedwetting/Soiling	_____	_____	_____
Blind	_____	_____	_____
Cerebral Palsy/Cystic Fibrosis/ Colostomy Bag	_____	_____	_____
Consistently disobedient	_____	_____	_____
Crying/whining	_____	_____	_____
Cruel to other children	_____	_____	_____
Cruelty to animals	_____	_____	_____
Deaf	_____	_____	_____
Defiant to authority	_____	_____	_____
Developmentally Delayed	_____	_____	_____

Diabetes	_____	_____	_____
Drugs	_____	_____	_____
Eating disorder	_____	_____	_____
Emotionally upset	_____	_____	_____
Experiments with alcohol	_____	_____	_____
Failing grades in school	_____	_____	_____
Feeding Tube	_____	_____	_____
Fire setting	_____	_____	_____
Fussy eaters	_____	_____	_____
Genetic Disorders	_____	_____	_____
Hostile	_____	_____	_____
Inappropriate peer group	_____	_____	_____
Lack of motivation	_____	_____	_____
Lying	_____	_____	_____
Masturbation (playing with self)	_____	_____	_____
Medically Fragile	_____	_____	_____
Messes pants (daytime)	_____	_____	_____
MS/ Spina Bifida	_____	_____	_____
Non-Verbal	_____	_____	_____
Physically Aggressive	_____	_____	_____
Physically handicapped	_____	_____	_____
Poor social skills	_____	_____	_____
Running away	_____	_____	_____
Sexualized behaviors	_____	_____	_____
Smoking	_____	_____	_____
Sneaky behavior	_____	_____	_____
Stealing	_____	_____	_____
Sulks or pouts	_____	_____	_____
Temper tantrums	_____	_____	_____
Terminally Ill	_____	_____	_____
Truancy from school	_____	_____	_____
Verbally Aggressive	_____	_____	_____
Withdrawn/apathetic	_____	_____	_____
Other (specify)	_____	_____	_____

Would you be open to fostering children that are:

	<i>Would Accept (I feel competent)</i>	<i>Would Accept (With trng & support)</i>	<i>Would Not Accept (Currently not willing)</i>
Bisexual	_____	_____	_____
Lesbian	_____	_____	_____
Gay	_____	_____	_____
Transgender	_____	_____	_____
Questioning their sexual Identity	_____	_____	_____

<u>Yes</u>	<u>No</u>	
_____	_____	I am able to drive a car.
_____	_____	I usually have access to a car.
_____	_____	I would be able to bring the child to office visits and/or appointments.
_____	_____	The child's birth or adoptive parents could come to visit the child in my home.

HEALTH PROBLEMS

Are there any serious health problems in your family? If so, what, and affecting whom?

Yes No

_____ _____ I am or have been involved in treatment for:

_____ Alcoholism	_____ Drug Abuse	_____ Marital Problems
_____ Parent-Child Problems	_____ Mental Illness	
_____ Financial Problems	_____ Child-School Problems	

If "yes", when _____

PROBLEMS WITH CHILDREN

Since being a treatment foster home can put stress on a family, we need to be aware of any problems your children are having. Would you describe them for us? This will enable us to select your home for children who can best fit into your family.

Will you agree to give the agency 30 days' notice before having a foster child removed from your home?

_____ Yes _____ No

LEGAL

If you have lived in any other county other than your present one in the past five years, please list:

Have you ever had any charges against you, including any deferred prosecution agreements?

Offense: _____

When: _____

Where: _____

Resolution: _____

I certify that the information given in this questionnaire is, to the best of my knowledge, true and correct.

Signature

Date

Signature

Date