



How did you become aware of the Supported Family Living Program?

Please describe any experience you have had with children with developmental disabilities.

Some families have specific ideas in advance about the type of child they would like to provide care for. If you have any such preferences, please describe them on the back of this sheet.

The following information presents characteristics and some of the possible special needs of a child. Please indicate whether you would be willing to accept a child with each type of disability. Carefully consider your own capabilities as you complete this section. Note that this information will be used to assist us in determining which individuals you would be contacted about for possible placement and that checking "yes" on many items does not mean you will only be considered for children with these handicaps.

Would you be willing to serve a child who had the following characteristics:

	Yes	No	?
Age 3 – 5			
Age 5 – 9			
Age 10 – 13			
Age 14 – 16			
Age 17 – 21			
Girl			
Boy			
Tracheotomy			
Non-Ambulatory Weight Bearing			
Non-Ambulatory Non Weight Bearing			
Heart Problems			
Asthma / Allergies			
Chronic Infections			
Brittle Bones			

	Yes	No	?
Hearing Impairment			
Nonverbal			
Limited Verbal Skills			
Visual Impairment			
Bedwetting			
Daytime Wetting			
Daytime Soiling			
Feeding Tube			
Seizures – Severity Mild to Moderate			
Seizures – Severity Moderate to Severe			
Dresses Self with Help			
Cannot Dress Self			
Bathes Self with Help			
Cannot Bathe Self			

If you would prefer to serve children from a particular ethnic group, indicate here: \_\_\_\_\_

Behavior: Developmentally disabled children may present inappropriate behaviors. They may present these behaviors for a number of reasons including frustration because they are unable to communicate their needs and needing training to learn more socially acceptable behavior. Please indicate your willingness to provide support to a child with the following types of behavior problems:

<b>Daily</b> Occurrence	Yes	No	?
Hitting / Kicking Others			
Biting Self or Others			
Screaming / Yelling			
Temper Tantrums			
Hyperactivity			
Property Destruction			
Sleep Disturbance			
Inappropriate Sexual Behavior			

<b>Weekly</b> Occurrence	Yes	No	?
Hitting / Kicking Others			
Biting Self or Others			
Screaming / Yelling			
Temper Tantrums			
Hyperactivity			
Property Destruction			
Sleep Disturbance			
Inappropriate Sexual Behavior			

Describe any other concerns you have about behavior problems or any special skills you have for providing support in this area.

**Description of Family / Home:**

1. Is your home in a rural setting or urban setting?
  
2. Do you have pets, and if so, what kind?
  
3. Please list activities and hobbies, and indicate how often these occur on the average.
  
4. What do you and your family have to offer as a Supported Family Living Parent?

5. Why do you want to be a Supported Family Living Parent, and what do you think will be the benefits to you?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
6. What skills are necessary of a parent to have or to develop for a secure and safe placement for a child?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
7. What does a good foster home look like?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
8. Please describe your methods of discipline.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
9. Would you be willing to change your methods of discipline if needed?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
10. What is the earliest date you would be able to take a child into your home?