

SPECTRUM FOSTER CARE SERVICES INC.

HOME STUDY

FOSTER PARENT NAME:

FILE #:

Prepared By:
Date Completed:

Foster Care Home Study

	Surname	Given Name	Place of Birth	Date of Birth
Applicant 1				

Address:

Directions to home:

CONTACT INFORMATION:

	Applicant 1
Home Phone	
Work Phone	
Fax	
Cellular Phone	
Pager	
email	

Others frequently in the home:

Description of Home and Community:

Physical Description and Personality of Applicant(s):

Personal History of Applicant(s):

Lifestyle:

Education and Employment History:

Relationship with Partner:

Previous Marriage/Relationship:

Management of Children/Parenting Style:

Communication:

Problem Solving:

Cultural Issues:

Religious Beliefs and Practices:

Special Skills:

Training & Preparation:

Motivation to Foster:

Financial Profile:

Attitudes Toward Biological Parents of Foster Children:

Relief & Support:

Police Record Check:

Medical Clearance:

References:

Identified Strengths:

Identified Goal Areas:

Summary/Impressions:

Reasons for not Accepting Applicant:

Recommendations: