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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | | | | | LICENSING DIVISION (LD)  **Personal Information Form** | | | | | | | | | | | | | |
| It is important that the Licensing Division (LD) Home Study Specialist/Child Placing Agency (CPA) Worker completing your home study gets to know you. These questions about your family background, education, employment, relationships, and culture are the first steps in that process. There are no right or wrong answers. If there are questions you would rather discuss in person, please indicate this in the space provided. Your LD Home Study Specialist/CPA Worker will review the information before starting your home study and will use it as a basis for discussion during the interview process. Each applicant/caregiver needs to complete this form.  If you have difficulty answering any part of this questionnaire or need additional assistance, please discuss this with your LD Home Study Specialist/CPA Worker. If there are questions you would rather discuss in person, please indicate this in the space provided. | | | | | | | | | | | | | | | | | | |
| **Applicant Name:** | | | | | | | | | | | | | | | | | | |
| **Applicant Background** | | | | | | | | | | | | | | | | | | |
| Where were you born and raised? | | | | | | | | | | | | | | | | | | |
| **Primary Caregivers: Who were your primary caregivers?** | | | | | | | | | | | | | | | | | | |
| **Type of caregiver** | | | | **Name of caregiver** | | | | | | | **Do you have regular contact with this person?** | | | | | | **Do you have concerns about unsupervised contact between this person and a child placed in your home?** | |
| Mother  Father  Adoptive Parent  Foster Parent  Step Parent  Sibling  Aunt  Uncle  Grandparent  Extended Family  Other: | | | |  | | | | | | | Yes  No | | | | | | Yes  No | |
| Mother  Father  Adoptive Parent  Foster Parent  Step Parent  Sibling  Aunt  Uncle  Grandparent  Extended Family  Other: | | | |  | | | | | | | Yes  No | | | | | | Yes  No | |
| Mother  Father  Adoptive Parent  Foster Parent  Step Parent  Sibling  Aunt  Uncle  Grandparent  Extended Family  Other: | | | |  | | | | | | | Yes  No | | | | | | Yes  No | |
| Mother  Father  Adoptive Parent  Foster Parent  Step Parent  Sibling  Aunt  Uncle  Grandparent  Extended Family  Other: | | | |  | | | | | | | Yes  No | | | | | | Yes  No | |
| *If you had additional caregivers, please attach an additional sheet of paper.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Siblings** | | | | | | | | | | | | | | | | | | |
| **Please list all your siblings (include birth, adopted, step, half, and any other people you consider to be a sibling):** | What is your sibling’s name? | | | | | What is your sibling’s age? | | | | Do you have regular contact with this sibling? | | | | | | Do you have concerns about unsupervised contact between this sibling and a child placed in your home? | | |
| **Sibling #1** |  | | | | |  | | | | Yes  No | | | | | | Yes  No | | |
| **Sibling #2** |  | | | | |  | | | | Yes  No | | | | | | Yes  No | | |
| **Sibling #3** |  | | | | |  | | | | Yes  No | | | | | | Yes  No | | |
| **Sibling #4** |  | | | | |  | | | | Yes  No | | | | | | Yes  No | | |
| *If you have additional siblings, please attach an additional sheet of paper.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | | | |
| **Do you have any degrees/certificates from accredited institutions (including GED and high school diploma) that you want to add:  *If no, skip this section*** | | | Yes  No | | | | | | | | | | | | | | | |
| Degree/Certificate | | | | | | Name of Institution | | | | | | | | | Year of Completion |
|  | | | | | |  | | | | | | | | |  |
|  | | | | | |  | | | | | | | | |  |
| *If you have additional degrees/certificates, please attach an additional sheet of paper.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Employment** | | | | | | | | | | | | | | | | | | |
| **Are you employed?**  ***If no, skip this section*** | | | Yes  No | | | | | | | | | | | | | | | |
| **Current Job #1** | | |  | | | | | | **Days/hours worked** | | | | | | | | |  |
| **Current Job #2** | | |  | | | | | | **Days/hours worked** | | | | | | | | |  |
| *If you have additional employment, please attach an additional sheet of paper.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Military Service** | | | | | | | | | | | | | | | | | | |
| **Have you ever served in the military? *If no, skip this section*** | | | Yes  No | | | | | | BRANCH | | | | | | | | | RANK |
| YEARS SERVED | | | | | | CHARACTER OF DISCHARGE | | | | | | | | | DID YOUR MILITARY EXPERIENCE INCLUDE COMBAT?  Yes  No |
|  | | | | | | | | | | | | | | | | | | |
| **Child Care/Schooling** | | | | | | | | | | | | | | | | | | |
| **Will you need child care for the child placed in your home? *If no, skip this section.*** | | | Yes  No | | | | | | | | | | | | | | | |
| **If yes,** what type of care do you plan to use? | | | | | | Licensed Child Care:  Family Member(s):  Other: | | | | | | | | | |
| **Do you homeschool?** | | | Yes  No | | | | | | **If yes,**  I have read and agree to the WAC requirements re: [educational and vocational instruction requirements](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148&full=true#110-148-1525) for children in care. | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Relationships** | | | | | | | | | | | | | | | | | | |
| **Are you currently in a legal marriage, civil union, or domestic partnership?** | | | Yes  No  If yes, please list below: | | | | | | | | | | | | | | | |
| **Current Relationship** | | | PARTNER’S NAME | | | | | | | | | | | COUNTY/STATE | | | | |
| STATE FILE NUMBER  Unknown | | | | | | | | | | | DATE | | | | |
| Do you have any concerns with unsupervised contact with children?  Yes  No | | | | | | | | | | | | | | | |
| **Do you have any prior legal marriages, civil unions, and/or domestic partnerships?** | | | Yes  No  If yes, please list below: | | | | | | | | | | | | | | | |
| **Historical Relationship #1** | | | PARTNER’S NAME | | | | | COUNTY/STATE | | | | | | | STATE FILE NUMBER  Unknown | | | |
| DATE | | | | | DATE WIDOWED | | | | | | | DISSOLUTION DATE | | | |
| Do you have any concerns with unsupervised contact with children?  Yes  No | | | | | | | | | | | | | | | |
| **Historical Relationship #2** | | | PARTNER’S NAME | | | | | COUNTY/STATE | | | | | | | STATE FILE NUMBER  Unknown | | | |
| DATE | | | | | DATE WIDOWED | | | | | | | DISSOLUTION DATE | | | |
| Do you have any concerns with unsupervised contact with children?  Yes  No | | | | | | | | | | | | | | | |
| **Please share who you identify as your support system and the type of support they provide:** | | |  | | | | | | | | | | | | | | | |
| *If you have additional historical relationships, please attach an additional sheet of paper.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Discipline & Guidance** | | | | | | | | | | | | | | | | | | |
| **How were you disciplined and rewarded as a child?** | |  | | | | | | | | | | | | | | | | |
| **Please describe your current and/or planned discipline and guidance practices:** | | ***Children in out-of-home care may not be physically disciplined.*** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Describe your expectations for a newborn or infant:** | |  | | | | | | | | | | | | | | | | |
| **Describe your expectations for a toddler/preschool aged child:** | |  | | | | | | | | | | | | | | | | |
| **Describe your expectations for a child in elementary school:** | |  | | | | | | | | | | | | | | | | |
| **Describe your expectations for a pre-teen:** | |  | | | | | | | | | | | | | | | | |
| **Describe your expectations for a teenager:** | |  | | | | | | | | | | | | | | | | |
| **Are you willing to participate in counseling with a child placed in your home?** | | Yes  No | | | | | | | If no, please explain: | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Diversity & Inclusion** | | | | | | | | | | | | | | | | | | |
| **Describe how you will support a child’s:**  Race and ethnicity | |  | | | | | | | | | | | | | | | | |
| Culture | |  | | | | | | | | | | | | | | | | |
| Religion & Spirituality | |  | | | | | | | | | | | | | | | | |
| Sexual Orientation | |  | | | | | | | | | | | | | | | | |
| Gender Identity & Expression | |  | | | | | | | | | | | | | | | | |
| **Describe how you will develop and maintain connections with a child’s birth and/or legal family?** | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Caregiver Outlook & Health** | | | | | | | | | | | | | | | | | | |
| We know that people come from all different backgrounds and life experiences and we understand these questions may be difficult or uncomfortable for you to answer.  There are no right or wrong answers; however, if you would be more comfortable discussing any of these in person, please select “Prefer to discuss in person.” | | | | | | | | | | | | | | | | | | |
| **Have you ever been told that you have a problem with any of the following:** | | | Alcohol  Marijuana  Illegal drugs  Mental Health | | | | Prescription drugs  Anger management | | | | | N/A  Prefer to discuss in person | | | | | | Comments (optional): |
| **Have you ever used illegal drugs, sold illegal drugs, or abused alcohol or other legal drugs?** | | | Yes  No  Prefer to discuss in person | | | | **If yes**, what is the approximate date of last use? | | | | | **If yes**, Comments (optional): | | | | | | |
| **Have you ever attended or completed drug and/or alcohol treatment?** | | | Yes  No  Prefer to discuss in person | | | | | | **If yes**, Comments (optional): | | | | | | | | | |
| **Have you ever been in a relationship where domestic violence (intimate partner violence) occurred?** | | | Yes  No  Prefer to discuss in person | | | | | | **If yes**, Comments (optional): | | | | | | | | | |
| **Have you ever experienced issues related to fertility, been diagnosed with infertility or experienced infertility in a relationship?** | | | Yes  No  Prefer to discuss in person | | | | | | **If yes**, Comments (optional): | | | | | | | | | |
| **Have you ever experienced trauma or loss?** | | | Yes  No  Prefer to discuss in person | | | | | | **If yes**, Comments (optional): | | | | | | | | | |
| **Has anyone in your family or anyone who will provide care for children placed in your home ever:** | | | Sold illegal or legal drugs. | | | | | | | | | | Yes  No  Prefer to discuss in person | | | | | |
| Abused alcohol, illegal, or legal drugs. | | | | | | | | | | Yes  No  Prefer to discuss in person | | | | | |
| Been diagnosed with substance use disorder. | | | | | | | | | | Yes  No  Prefer to discuss in person | | | | | |
| Participated in or completed treatment for drug or alcohol abuse. | | | | | | | | | | Yes  No  Prefer to discuss in person | | | | | |
| Additional comments (optional): | | | | | | | | | | | | | | | |
| **Does anyone in your family or anyone who will provide care for children placed in your home have physical or mental health conditions that would impact their ability to care for children?** | | | Yes  No  Prefer to discuss in person | | | | | | **If yes**, Comments (optional): | | | | | | | | | |
| **Has anyone in your family or anyone who will provide care for children placed in your home ever been in a relationship where domestic violence (intimate partner violence) occurred?** | | | Yes  No  Prefer to discuss in person | | | | | | **If yes**, Comments (optional): | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Physical & Social Environment** | | | | | | | | | | | | | | | | | | |
| How long have you lived in your current home? | | | What type of system provides water to your home?  Private  Public | | | | | | **IF PRIVATE, and you are applying for a license:** You will need to provide a current well test (within the past 12 months). You can upload this verification under Private Water in the Conditional Requirements stage. | | | | | | | | | |
|  | | | Is smoking or vaping allowed in your home or car?  Yes  No | | | | | | **IF YES, and you are applying for a license:**  I have read and agree to the WAC requirements re: [the requirements for smoking around children](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148&full=true#110-148-1495). | | | | | | | | | |
| Do you have animals or pets on your property?  Yes  No | | | **IF YES:**  Type/breed and name of animal(s) | | | | | | **IF YES, and you are applying for a license:**  You will need to provide current rabies vaccination verification. You can upload this verification under Pet Rabies Vaccination in the Conditional Requirements stage. | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Children & Youth We Serve** | | | | | | | | | | | | | | | | | | |
| **What population of children do you see yourself providing care to?** | | |  | | | | | | | | | | | | | | | |
| **Would you consider providing care and support to a child…**  **(Mark all that apply)** | | | … with trauma history?  … with substance abuse behaviors?  … with medical needs?  … with physically aggressive behaviors?  … with developmental delays? | | | | | | | | | | … with mental health diagnoses?  … who is a teen parent?  … with behavioral needs?  … with learning disabilities? | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Other Information** | | | | | | | | | | | | | | | | | | |
| **Do you have questions or is there other information important for us to know?** | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | | | | | | | | | | | | | | |
| APPLICANT NAME | | | | | | | | | | | | | | | | | | DATE OF BIRTH |
| APPLICANT SIGNATURE | | | | | | | | | | | | | | | | | | DATE |