



## **PROFILE FOR COUPLES**

(To be completed individually)

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Briefly describe each member of your household – their ages, personalities, interests, what they think about your plans to become a foster family. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What role will your expended family play in the life of your foster children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How do members of your present family express the following feelings?  
Happiness: \_\_\_\_\_  
\_\_\_\_\_  
Love/Affection: \_\_\_\_\_  
\_\_\_\_\_  
Anger: \_\_\_\_\_  
\_\_\_\_\_  
Disappointment: \_\_\_\_\_  
\_\_\_\_\_  
Frustration: \_\_\_\_\_  
\_\_\_\_\_



Sadness/Depression: \_\_\_\_\_  
\_\_\_\_\_

4. How do members of your family deal with stress?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How are decisions usually made in your family? If an agreement cannot be reached who makes the final decision?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What issues cause the most disagreements? \_\_\_\_\_

How are the disagreements ended? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How are the chores in your family divided?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What happens when someone doesn't want to do his/her chores? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. What plans have you made for the care of your children in the event of your death, serious illness or injury? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are these plans specified in a written or verbal agreement? \_\_\_\_\_



9. If your family were in a crisis of some kind (financial, emotional, medical, etc.) to whom would you turn for help?

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10. When did you decide to foster? \_\_\_\_\_

11. How does your spouse feel about foster parenting? Is she/he as eager, more eager, or less eager to do so than you are? \_\_\_\_\_

12. How will becoming a foster affect:

A. The amount of time you have alone with your partner? \_\_\_\_\_

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B. The amount of time you have with the children already in your home? \_\_\_\_\_

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C. The way chores are divided in your family? \_\_\_\_\_

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D. The amount of money you have?

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E. The condition of your home?

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F. Your relationship with members of your extended family (your parents, brothers and sisters, cousins, etc.)? \_\_\_\_\_

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13. What will you like most about being a foster family? \_\_\_\_\_

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14. What parts of foster care might cause you the most difficulties? \_\_\_\_\_

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15. If a foster child's (or his parents') religious preference were different from yours, would you accept the child? YES  NO

Would you take the child to a church of his own denomination, or arrange for the child care while you attend church? YES  NO

Explain: \_\_\_\_\_

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16. How would you describe your home and neighborhood to the child who might be placed with you (or to the child's parents)?

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17. Do you have pets? If so, please give each pet's name, and indicate what kind of animal it is and how long you have had it. (NOTE: The Grandberry Intervention Foundation requires foster families to document that each pet has received the appropriate vaccinations within the last year.)

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If a child placed with you were afraid of your pet or became allergic to it, what would you do?

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18. Every family has rules. In your home:

A. What rules would you be most willing to bend?

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B. What rules would be most serious if they were broken?

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19. How will privacy and nudity be handled in your home? \_\_\_\_\_

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20. Describe your relationship with your neighbors: \_\_\_\_\_

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How do your neighbors feel about your becoming a foster parent or adoptive parent?

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21. Who regularly visits your home? \_\_\_\_\_

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Whose homes do you visit regularly? \_\_\_\_\_

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How do these people feel about your becoming a foster parent? \_\_\_\_\_

\_\_\_\_\_

22. How long have you lived in your residence?

\_\_\_\_\_

23. When necessary, can you leave work to take a child to counselling sessions, doctor's visits, school meetings, parental visitations (if appropriate), and so forth  Yes  No

24. Both individually and as a group, what activities does your family enjoy?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Date