

Medical:

Family Member

Physical Illness

Mental Illness

MARITAL STATUS

Present Status: _____ Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Marital Satisfaction: Very happy Happy Fair Unhappy Other

Previous Marriage(s), if any:

Date married

Date divorced

Reason for divorced

Strengths of your marriage:

Weaknesses of your marriage:

Children:

Name of Child

Age

Gender

Relationship to children: Very Happy Happy Fair Unhappy Other

Medical conditions of children:

Name of Child

Physical Illness

Mental Illness

MEDICAL STATUS AND BACKGROUND

Physician: _____ Telephone Number: _____

Address: _____

Street

City

State

Zip code

Check current state of health: _____ Excellent _____ Good _____ Fair _____ Poor _____ Other

List any physical limitations you have, if any:

Current medications:

Allergies: _____

MENTAL HEALTH STATUS AND BACKGROUND

____ Yes ____ No Have you ever been treated for emotional or mental health issues? If yes,

Dates (to and from)	Problem	Doctor	Result

____ Yes ____ No Have you ever been a victim of abuse? If yes,

____ Physical ____ Sexual ____ Neglect
____ Abandonment ____ Domestic Violence

____ Yes ____ No Do you use alcohol in any form?

____ Yes ____ No Do you use tobacco products in any form? If yes, what type do you use?

____ Yes ____ No Have you ever used illegal drugs in any form? If yes,
When did you use the drug? _____

What was the drug that you used? _____

How long did you use the drug? _____

____ Yes ____ No Have you ever been treated for alcohol or drug addiction?

____ Yes ____ No Have you ever been in trouble with the law or arrested for any involvement with drugs
and alcohol? If yes, please describe the nature of the offense:

____ Yes ____ No Have you ever been convicted of a crime? If yes, what was the crime?

INTERESTS, HOBBIES AND RECREATION

What are your **INDIVIDUAL** interests and hobbies? _____

What are your **FAMILY** interests and hobbies? _____

SPIRITUAL STATUS AND BACKGROUND

What is your religious affiliation? _____

How many years have you been with this religious group? _____

What church do you presently attend? _____

Who is the minister of this congregation? _____

How would you describe your faithfulness to the Lord? ___ Very Faithful ___ Somewhat faithful ___ Weak

What areas of church work are you currently involved with?

REFERENCES

Please give the following names of those who have known you for at least 3 years?

Minister: Name: _____ Telephone: _____

Address: _____

Elder: Name: _____ Telephone: _____

Address: _____

Supervisor: Name: _____ Telephone: _____

Address: _____

Friend: Name: _____ Telephone: _____

Address: _____

Friend: Name: _____ Telephone: _____

Address: _____

I give permission for Christian Homes for Children to contact these references or other cross-references (these would be other names given by the above listed persons). If there is some that you do not want contacted, please list the name and give the reason why.

Name	Reason for not contacting
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Name	Reason for not contacting
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SKILLS SUMMARY

Children who enter the foster care system have many special needs. They have suffered many hardships and often enter into the home with many problems. These difficulties can create problems, especially at the beginning of placement. The following are a list of some of the difficulties that you may encounter. Please rate yourself with regard to your ability to deal with these behaviors. **Please circle only one response to each of the negative behaviors listed below.**

1.	Ungratefulness	Excellent	Good	Fair	Poor
2.	Bed Wetting	Excellent	Good	Fair	Poor
3.	Temper tantrum	Excellent	Good	Fair	Poor
4.	Hyperactivity	Excellent	Good	Fair	Poor
5.	Smoking	Excellent	Good	Fair	Poor
6.	Drugs	Excellent	Good	Fair	Poor
7.	Alcohol	Excellent	Good	Fair	Poor
8.	Cursing	Excellent	Good	Fair	Poor
9.	Dirty stories	Excellent	Good	Fair	Poor
10.	Masturbation	Excellent	Good	Fair	Poor
11.	Fornication	Excellent	Good	Fair	Poor
12.	Seductive	Excellent	Good	Fair	Poor
13.	Show off	Excellent	Good	Fair	Poor
14.	Disruptive Behavior	Excellent	Good	Fair	Poor
15.	Uncooperative	Excellent	Good	Fair	Poor
16.	Needs assurance	Excellent	Good	Fair	Poor
17.	Fighting	Excellent	Good	Fair	Poor
18.	Confused	Excellent	Good	Fair	Poor
19.	Forgetful	Excellent	Good	Fair	Poor
20.	Can't have fun	Excellent	Good	Fair	Poor
21.	Annoying Crying	Excellent	Good	Fair	Poor
22.	Inferiority	Excellent	Good	Fair	Poor
23.	Daydreaming	Excellent	Good	Fair	Poor
24.	Social withdrawal	Excellent	Good	Fair	Poor
25.	Poor in school	Excellent	Good	Fair	Poor
26.	Clingy	Excellent	Good	Fair	Poor

We hereby make an application to be a part of the *Christian Homes for Children, Inc.* family. We state that the information given by us in this application is truthful. We understand that we are responsible for any false statements made in this document. We are committed to serve the abused and neglected children of this program to the best of our ability.

Husband's Name

Date

Wife's Name

Date