Mullen-Polk Foundation CPA,

Applicant Autobiography, Disclosure Questionnaire
And Agreement Form

To the Applicant:

The principal goal of Mullen-Polk Foundation CPA, is keeping children safe. As a potential or current licensed foster care provider, keeping children safe must also be your primary goal.

The attached questionnaire is in place to help ensure that any applicant seeking to provide care for children discloses (shares or makes known) all information regarding their background with honesty and integrity. The questionnaire is also intended to help applicants examine areas of their lives that might interfere with the foster/adoption application process while assisting the applicant in possibly recognizing and dissolving outstanding matters in their lives that may hinder them in other endeavors they wish to pursue.

While every Foster/adoption licensing agency may not share the same requirements for licensure pertaining to disclosure of background information, Mullen-Polk Foundation CPA, its staff and professionals expect that our clients are forthright, honest and intent on providing quality care for children. Ultimately, we expect that our applicants' main goal is child safety and assisting children and families in dissolving critical issues and dysfunctional life patterns.

This questionnaire is mandatory and must be completed before continuing the foster care/adoption process. Every person/adult sixteen years of age and older who will be residing in the home/facility seeking a foster care license is required to complete this questionnaire.

If you have any questions prior to completing this questionnaire please contact a Mullen-Polk Foundation CPA, employee. We are here to help.

k you for your cooperation,

ms
rector

Foster/Adopt Applicant Disclosure Questionnaire And Agreement Form

This questionnaire must be notarized or it is not valid

Notary Section on Last Page

Instructions:

IMPORTANT: Any answer "yes" will require an explanation. Please attach explanation on a separate sheet of paper. **Please provide clear and concise explanations.** Use as many sheets of paper as necessary. **Any explanation shall include**: Approximate dates of occurrence, state, city and county of origin, and any relevant documents of support. **Criminal cases, relevant traffic tickets or citations, documented mental health issues/treatment, anger management or other court assigned OR voluntary classes or training will require you to obtain court documents.

IMPORTANT: If you make a mistake or accidentally check the wrong box you **must initial** your mistake and correction.

IMPORTANT: By responding "no" to any answer you claim that the question is non-applicable to you and assume all future responsibility/liability for any finding of truth pertaining to the question.

_____ _____

Applicant Name PRINT Date

_____ _____

Applicant Signature Date
(If applicant is less than 18 years old, parent or guardian must also sign)

_____ _____

Parent/Guardian Signature Date

Applicant Name _____ Date_____

SECTION I: **Physical and Mental Health, Counseling and other Professional Services.**

1) Do you have any current physical disabilities? Yes ☐ No ☐

2) Do you have any current physical or mental health issues? Yes ☐ No ☐

3) Do you take on-going prescription medication for physical or mental health issues? Yes ☐ No ☐

4) Have you ever had a psychological evaluation? Yes ☐ No ☐

5) Have you ever been in the care of or received services from a mental health professional/counselor? Yes ☐ No ☐

6) Are there pending recommendations made by the court or professionals concerning your mental or physical health? Yes ☐ No ☐

7) Have you ever-participated in Anger Management Classes? Yes ☐ No ☐

8) Have you taken prescribed medication for mental or physical health issues in the past and you no longer take them? Yes ☐ No ☐

9) To your knowledge, is anyone currently living with you or who will be living with you long term dealing with physical or mental health issues? Yes ☐ No ☐

If you answered yes to any of the above questions please explain.

SECTION II: **Drugs and Alcohol.**

1) Have you ever used drugs or alcohol? Yes ☐ No ☐

2) Do you currently use drugs or alcohol? Yes ☐ No ☐

3) Have you ever had Drug and Alcohol Evaluation? Yes ☐ No ☐

Applicant Name _____ Date_____

4) Have you ever had a problem with substance abuse? Yes ☐ No ☐

5) Do you have any pending court cases or professional recommendations against you surrounding drugs or alcohol? Yes ☐ No ☐

6) Have you ever been arrested for a DUI (Driving Under the Influence)?
Yes ☐ No ☐

7) Do you take/use prescribed medication that would otherwise be deemed illegal?
Yes ☐ No ☐

8) Do you use illegal drugs? Yes ☐ No ☐

If you answered yes to any of the above questions please explain.

SECTION III: Criminal, Non-Criminal, Citations, and Traffic Tickets.

1) Have you ever been convicted of a crime? Yes ☐ No ☐

2) Have you been arrested but do not know if you were convicted? Yes ☐ No ☐

3) Do you have any current or pending criminal charges against you?
Yes ☐ No ☐

4) Do you have outstanding traffic tickets or citations? Yes ☐ No ☐

5) Have you ever been accused of or convicted of Welfare fraud, benefits overpayment, or financial exploitation? Yes ☐ No ☐

6) Have you ever been accused of sexual abuse or molestation against anyone?
Yes ☐ No ☐

7) Have you ever been involved in, arrested or convicted of any of the following?

a. Domestic Violence Yes ☐ No ☐

Applicant Name _____ Date_____

b. Physical Abuse (adult/Spouse)	Yes ☐	No ☐
c. Child Neglect	Yes ☐	No ☐
d. Child Abandonment	Yes ☐	No ☐
e. Sexual Abuse (children)	Yes ☐	No ☐
f. Sexual Abuse (adult)	Yes ☐	No ☐
g. Exploitation (adult)	Yes ☐	No ☐
h. Exploitation (child)	Yes ☐	No ☐
i. Anger Management	Yes ☐	No ☐
j Assault	Yes ☐	No ☐

If you answered yes to any of the above questions please explain.

SECTION IV: Child Protection Services Referrals, Investigations-Founded, Unfounded or Inconclusive findings, Family Issues.

Have there been prior or are there current CPS accusations or referrals against you, your immediate family or extended family members OR is it possible that there are CPS referrals against you, your immediate family or extended family members for any of the following:

a. Domestic Violence	Yes ☐	No ☐
b. Physical Abuse (adult/spouse)	Yes ☐	No ☐
c. Child Neglect	Yes ☐	No ☐
d. Child Abandonment	Yes ☐	No ☐
e. Sexual Abuse (children)	Yes ☐	No ☐
f. Sexual Abuse (adult)	Yes ☐	No ☐
g. Exploitation (adult)	Yes ☐	No ☐
h. Exploitation (child)	Yes ☐	No ☐

If you answered yes to any of the above questions please explain.

Do you knowingly allow anyone who is a Register Sex Offender into your home?

Applicant Name _____ Date_____

SECTION V: Applicant Voluntary Cooperation, Non-Influence or Coercion and Statement.

A. You voluntarily completed the questionnaire, answering all questions with sound mind, honesty and without the influence or coercion of Mullen-Polk Foundation CPA, ' staff, its representatives and/or affiliates.

_____ _____
Applicant Name PRINT Date

_____ _____
Applicant Signature Date
(If applicant is less than 18 years old, parent or guardian must also sign)

_____ _____
Parent/Guardian Signature

B. I understand that I have signed all statements pertaining to this questionnaire under penalty of perjury. The answers and attached written responses are true and complete to the best of my knowledge. I understand any untruthful or purposefully misleading answer or deliberate omission may result in my immediate denial/disqualification of foster/adopt licensure with Mullen-Polk Foundation CPA, . I authorize Mullen-Polk Foundation CPA, to provide this information to DSHS to obtain background information surrounding myself. I understand any incomplete or unreadable information may stop or delay the foster/adopt application process. I understand that the foster/adopt application process cannot continue until successful completion of DSHS Background Authorization (form 09-653).

_____ _____
Applicant Name PRINT Date

_____ _____
Applicant Signature Date
(If applicant is less than 18 years old, parent or guardian must also sign)

_____ _____
Parent/Guardian Signature Date

Applicant Name _____ Date_____

Notary Section

This questionnaire must be notarized or it is not valid

SUBSCRIBED AND SWORN TO BEFORE ME THIS_____DAY OF_____A.D._____

_____

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON, RESIDING AT TACOMA, WASHINGTON

Expiration _____

Dear applicant, we realize this form is long and detailed. Since it is designed to be used for a variety of situations, some of the questions may seem as if they do not pertain to you. Please answer to the best of your ability and indicate when specific questions are inapplicable and why. If there is not enough space for your responses or there is additional information that would be beneficial for the purposes of this document, feel free to attach additional pages. Please be as detailed as possible as it will be helpful in producing a quality finished product.

Autobiography

Family Name:

Your name: Daytime Phone:

Telephone: Home # Message #

Home address:

City State Zip

REASONS FOR APPLYING FOR FOSTER CARE OR ADOPTION:

Why are you interested in Foster Care or Adoption?

Has anyone in your family adopted or fostered a child? If so, describe that experience.

PERSONAL DESCRIPTION:

Self identification Ethnicity Other ethnic bloodlines

Tribal Affiliations Enrollment Tribe and #

Height Weight Hair color Eye Color

Driver's License # or Photo ID #
Disabilities

Date of birth Place of birth

What was/is your relationship with your father like during your youth and as an adult?

What type of work did/does he do?

If your parents divorced or separated, how old were you? Which parent maintained custody for you? Did you participate in visitation with the non-custodial parent? If so, how often?

Was there a stepparent in the home? If so, from what age?

What was/is your relationship with your step-parent?

Please identify your siblings by name and age. Indicate the relationship and whether you were raised in the same household.

Biological sisters:

Half-sisters:

Step-sisters:

Adopted sisters:

Foster sisters:

Please describe the relationship you had/have with your sisters and whether you still have communication with each other.

Give dates of marriage(s) and divorce(s). If divorced, describe circumstances surrounding the divorce(s). Copies of current marriage certificate and all divorce decrees need to be in the file.

If not currently in a marriage/partner relationship, are you involved in any relationship that might affect a child?

Describe how the partnership makes decisions and resolves differences.

Describe how you would feel, and what s/he would do, if the child becomes a disruptive influence on your marriage/relationship.

If applicable have you ever been separated from his/her present partner? If yes, why and how were the issues resolved?

If applicable, describe any infertility issues and how they have affected your relationship and parenting expectations.

If applicable, describe your present relationship with ex-partners.

CHILDREN

Describe all the birth, adopted, and guardianship children in the home. Include the children's names, ages, grade level, academic performance, special needs, personality, likes/dislikes, strengths, interests, health, responsibilities in the home and school adjustment.

Describe the foster children (no identifying information) currently placed in the home and the children's identified permanent plans.

Describe any behaviors of the child/ren in the home that may affect a child placed in that home.

Will they have any responsibility for transporting children? If so, verify they have a valid driver's license and insurance.

Names, ages and Contact information for your adult children

PARENTING AND EXPERIENCE WITH CHILDREN

What are your family strengths?

What does the family do for fun?

How do children share in household responsibilities?

How will the family include a foster child in their activities and household chores?

How does the family spend long weekends or vacations? How will a child placed in your care be included?

PARENTING ATTITUDES

Describe how you would be willing to work with birth parents. Are you willing to meet face to face, have phone contact, etc. as deemed appropriate by the child's social worker?

What challenges does each applicant anticipate with parenting a child in out of home care?

How do you plan to deal with the challenge(s)?

What are your attitudes toward people with a sexual orientation different from your own?

Describe the discipline practice currently used in the home or what will be used.

Describe how discipline will be adjusted to meet the development needs of a child.

Describe how a child will know the rules and expectations in the home.

Describe the rules in the home that you consider non-negotiable.

Who is the primary disciplinarian in the family?

If your discipline method with your children differs from the department's policies, what effect does the applicant anticipate within the family? Will you comply with the department's discipline policy?

RELIGIOUS/ SPIRITUAL AFFILIATION AND PRACTICES

Describe your religious/spiritual preferences and practices.

What is your level of involvement in your spiritual practice?

What are your expectations about the practice of religion/spirituality for children placed in your home?

What will the family do if a child does not wish to participate in the family's religious/spiritual practices? How would the family support the child's own religious/spiritual practices?

Will any of the family's religious practices affect their ability to comply with departmental policies (e.g. use of discipline, allowing access to medical care, immunizations, etc.)?

How will the family help a child celebrate a holiday that the family may not celebrate?

b. Branch of Service:

c. Type of discharge:

Please describe your work history starting with your most recent position and location (A resume is acceptable.)

VALUES, GOALS, INTERESTS AND ACTIVITIES:

Please describe your value system.

Describe your personal goals.

Describe your goals for your family.

What are your interests or hobbies?

Please describe a routine week of activities. What do you do for fun?

Finances: What is your spending style? (Impulsive, strict budget, written plan, all in your head, cash only, credit, bankruptcy, creative bookkeeping, etc.) Who decides little & big

ABUSE

Describe any family history in the immediate or extended family of abuse (either as the victim or offender) and how the family dealt with the abuse. Did the victim and/or offender get help? If applicable, has the family dealt with the issues sufficiently to insure that those issues will not interfere with parenting a child?

Have you or any family member ever been involved with CPS? If so what was the outcome?

If there is a known offender in the family, is there continued contact? If so, what is the supervision plan?

DOMESTIC VIOLENCE

Describe any history of domestic violence within the immediate family (includes their family while growing up and the people they live with currently).

Has anyone in the applicant's immediate family received counseling regarding family violence or personal safety issues?

If known, has anyone in each applicant's immediate family had a restraining, anti-harassment or protective order filed against him or her, or on his/her behalf?

Is there any domestic violence issues within the extended family that could pose a threat to a child placed in the home?

ATTITUDE TOWARD FOSTER CARE/ADOPTION:

Children in foster care have experienced extreme loss, family disruption and stress. Negligence, abuse & abandonment are sometimes issues. Have you experienced anything similar? What are your expectations and how will you help them stabilize?

5. The child's possible questions about birth parents and relatives.

6. The relevance of the child's racial, ethnic, and cultural heritage.

SPECIFIC CHILD INFORMATION

Please describe the child you are being considered for permanent placement.

Please describe your understanding of the child's history and current needs.

Please describe what supports you may need if the child is placed permanently in your care.

SUPPORT

Please discuss your current support system/network and how they are available to you.

If you were to become incapable of continuing to provide for the child(ren) placed in your care, who would be available for ongoing care?

HOME AND NEIGHBORHOOD

Do you rent, or are you buying your home? How long have you lived there? How often have you moved?
Description of home, (type of dwelling and general condition) and neighborhood/community resources (shopping, daycare, medical, parks, etc)

Additional information you would like to share: