**The Home for Little Wanderers**Adoption & Intensive Foster Care MAPP Pre-screening

|  |  |  |
| --- | --- | --- |
|  | **Inquirer 1** | **Inquirer 2** *(if applicable)* |
| Name  (first and last) |  |  |
| Previous Name(s) |  |  |
| Address (street, town etc.) |  |  |
| Phone #’s |  |  |
| Cell #’s |  |  |
| Email |  |  |
| Date of Birth |  |  |
| Marital status |  |  |
| Gender |  |  |
| Race |  |  |
| Ethnic |  |  |
| Religion |  |  |
| Occupation |  |  |
| *How did you hear about us?* | | | |

Please answer the following questions. Your answers will be used to determine areas for further discussion . . .

**Additional Household Members**

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |

**Household Information**

Do you have other household members? Yes No

Children? Yes No

If yes, # \_\_\_\_\_\_ Age(s) \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have dogs? Yes No Breed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you Own Rent

# of bedrooms 1 2 3 or more

**Child Interest Characteristics**

Age range 0-5 6-12 13-17 18-22

Race/Ethnicity *(Select all that apply)* African American/Black, Caucasian, Asian, Hispanic,

Latinx,  Native American, Bi/multi-racial, Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings Yes No

Legal risk low moderate high

Behavioral issues mild moderate severe

Physical challenges mild moderate severe

Cognitive limitations mild moderate severe

Mental Health History (child or family) mild moderate severe

**Personal Information** *(please respond for either inquirer as applicable)*

Have you ever been legally involved, detained, charged and/or arrested by the police? Yes No

Have you ever had a negative home study? Yes No

Have you ever been involved with DCF as an adult/child/reporter? Yes No

Have you struggled with infertility? Yes No

Do you currently have any serious medical conditions? Yes No

Have you had serious medical conditions in the past? Yes No

Does anyone in your household smoke/vape? Yes No

Are you prescribed any medications? Yes No

Does anyone in your household have a history of substance abuse? Yes No

Does anyone in your household have a history of domestic violence? Yes No

Has anyone in your household ever received mental health services? Yes No

Are you currently working with an agency? Yes No

Have you ever worked with a foster care agency in the past? Yes No

**Adoption/IFC Information**

Where are you in this process? 1st steps some research ready to begin

I/we understand the process of adopting from foster care. agree disagree moderately

I/we understand the home study process. agree disagree moderately

I/we understand the needs of the children in care. agree disagree moderately

I/we understand the typical age of children. agree disagree moderately

I/we understand the concept of “legal risk” in adoption. agree disagree moderately

Do you know others who have adopted or fostered? yes no

Do you know others who have adopted from foster care? yes no

Do you know others who have been adopted or fostered? yes no

Do you know the difference between IFC and DCF foster care? yes no

Which program are you interested in? (*Select all that apply*) Adoption Intensive Foster Care

What are your reasons for pursuing adoption or intensive foster care? Please describe.

**Best way to contact you:** (person, number, days and times?)

*Please return this questionnaire to:*

Andrea Scott

Adoption & IFC Administrative Coordinator

Email: [ascott@thehome.org](mailto:ascott@thehome.org)

**The Home for Little Wanderers**

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