**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

**The Home for Little Wanderers**

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