

**South Carolina Department of Social Services**  
**FOSTER/ADOPTIVE PARENT AUTOBIOGRAPHY**

**1. PERSONAL INFORMATION**

**Resource Parent A:**

Full Name: \_\_\_\_\_

Currently Married:  Yes  No Date of Marriage: \_\_\_\_\_

Previous Marriages:  Yes  No If yes, complete the following:

Name(s) of Previous Spouse(s): \_\_\_\_\_

Date(s) of: Marriage(s) Divorce(s) \_\_\_\_\_

Is your spouse deceased?  Yes  No If yes, when? \_\_\_\_\_

Describe the reason for divorce(s) and current relationship with former spouse(s), and relationship with any children born to this/these union(s). \_\_\_\_\_

**Resource Parent B:**

Full Name: \_\_\_\_\_

Currently Married:  Yes  No Date of Marriage: \_\_\_\_\_

Previous Marriages:  Yes  No If yes, complete the following:

Name(s) of Previous Spouse(s): \_\_\_\_\_

Date(s) of: Marriage(s) Divorce(s) \_\_\_\_\_

Is your spouse deceased?  Yes  No If yes, when? \_\_\_\_\_

Describe the reason for divorce(s) and current relationship with former spouse(s), and relationship with any children born to this/these union(s). \_\_\_\_\_

**2. EDUCATION**

**Resource Parent A:**

Less than High School: \_\_\_\_\_ (Highest Grade Completed) High School Graduate:  Yes  No  GED

Name of High School and Location: \_\_\_\_\_

Technical College: \_\_\_\_\_

Course of Study: \_\_\_\_\_

College:  1  2  3  4 Degree: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

**Resource Parent B:**

Less than High School: \_\_\_\_\_ (Highest Grade Completed) High School Graduate:  Yes  No  GED

Name of High School and Location: \_\_\_\_\_

Technical College: \_\_\_\_\_

Course of Study: \_\_\_\_\_

College:  1  2  3  4 Degree: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

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**3. EMPLOYMENT HISTORY**

**Resource Parent A:**

Current Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Length of Time at Present Employment: \_\_\_\_\_

If less than five years, give previous places of employment for the past five years: \_\_\_\_\_

\_\_\_\_\_

What do you like **most** about your job and what do you like **least**? \_\_\_\_\_

\_\_\_\_\_

**Resource Parent B:**

Current Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Length of Time at Present Employment: \_\_\_\_\_

If less than five years, give previous places of employment for the past five years: \_\_\_\_\_

\_\_\_\_\_

What do you like **most** about your job and what do you like **least**? \_\_\_\_\_

\_\_\_\_\_

**4. MILITARY SERVICE**

**Resource Parent A:**

Have you ever served in the military?  Yes  No

If yes, what branch? \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Resource Parent B:**

Have you ever served in the military?  Yes  No

If yes, what branch? \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**5. HOBBIES AND INTERESTS**

**Resource Parent A:**

How do you spend your leisure time? \_\_\_\_\_

\_\_\_\_\_

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**Resource Parent B:**

How do you spend your leisure time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. RELIGION**

**Resource Parent A:**

Do you attend a religious institution?     Regularly         Occasionally         Not At All

Name of Religious Institution You Attend: \_\_\_\_\_

Do you feel your involvement with a religious institution is:

Very Important         Somewhat Important         Not Important At All

**Resource Parent A:**

Do you attend a religious institution?     Regularly         Occasionally         Not At All

Name of Religious Institution You Attend: \_\_\_\_\_

Do you feel your involvement with a religious institution is:

Very Important         Somewhat Important         Not Important At All

**7. PERSONALITY**

**Resource Parent A:**

How would you describe your personality? \_\_\_\_\_  
\_\_\_\_\_

How would your spouse/partner describe your personality? \_\_\_\_\_  
\_\_\_\_\_

Describe how you have coped with a loss/crisis (e.g., death, illness, major move, loss of job) in the past. \_\_\_\_\_  
\_\_\_\_\_

How do you handle stress? \_\_\_\_\_  
\_\_\_\_\_

**Resource Parent B:**

How would you describe your personality? \_\_\_\_\_  
\_\_\_\_\_

How would your spouse/partner describe your personality? \_\_\_\_\_  
\_\_\_\_\_

Describe how you have coped with a loss/crisis (e.g., death, illness, major move, loss of job) in the past. \_\_\_\_\_  
\_\_\_\_\_

How do you handle stress? \_\_\_\_\_  
\_\_\_\_\_

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**8. MARITAL RELATIONSHIP**

What do you feel are the strong points in your relationship? \_\_\_\_\_  
\_\_\_\_\_

What are the areas of disagreement? \_\_\_\_\_  
\_\_\_\_\_

How do you handle disagreements? \_\_\_\_\_  
\_\_\_\_\_

What is important to you as an **individual** and as a **couple**? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your similar interests? (Be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are household responsibilities divided? \_\_\_\_\_  
\_\_\_\_\_

Who assigns them? \_\_\_\_\_  
How are decisions made in your household? \_\_\_\_\_

Who is responsible for budgeting and managing the family's money? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your marital/committed relationship? \_\_\_\_\_  
\_\_\_\_\_

**9. FAMILY INFORMATION AND CHILDHOOD**

**Resource Parent A:**

Where were you born? \_\_\_\_\_

Where have you lived as an adult? (List each state/country, time period in each state/country, and how many change of residences within each state/country.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the relationship your parents had with each other, you and your siblings while you were growing up. \_\_\_\_\_  
\_\_\_\_\_

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If your parents are still living, describe the relationship they have with each other, you, and your siblings now. \_\_\_\_\_  
\_\_\_\_\_

How many years have your parents been married? \_\_\_\_\_ If deceased, how long were they married? \_\_\_\_\_

Did either of them have a previous marriage? \_\_\_\_\_

Did your parents abuse or neglect you?  Yes  No If so, in what way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you ever in foster care or adopted?  Foster Care  Adopted If so, at what age? \_\_\_\_\_

How would you describe your relationship with your siblings? \_\_\_\_\_  
\_\_\_\_\_

How often do you talk to your siblings? \_\_\_\_\_ See them? \_\_\_\_\_

What responsibilities and chores did you have as a child? \_\_\_\_\_  
\_\_\_\_\_

How were you disciplined when you misbehaved and who did the disciplining? \_\_\_\_\_  
\_\_\_\_\_

What did you learn from the discipline? \_\_\_\_\_  
\_\_\_\_\_

What were some of your family's most important values? \_\_\_\_\_  
\_\_\_\_\_

What were some of the **happiest** times in your life and what were some of the **saddest**?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resource Parent B:**

Where were you born? \_\_\_\_\_

Where have you lived as an adult? (List each state/country, time period in each state/country, and how many change of residences within each state/country.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the relationship your parents had with each other, you and your siblings while you were growing up. \_\_\_\_\_  
\_\_\_\_\_

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If your parents are still living, describe the relationship they have with each other, you, and your siblings now. \_\_\_\_\_

How many years have your parents been married? \_\_\_\_\_ If deceased, how long were they married? \_\_\_\_\_

Did either of them have a previous marriage? \_\_\_\_\_

Did your parents abuse or neglect you?  Yes  No If so, in what way? \_\_\_\_\_

Were you ever in foster care or adopted?  Foster Care  Adopted If so, at what age? \_\_\_\_\_

How would you describe your relationship with your siblings? \_\_\_\_\_

How often do you talk to your siblings? \_\_\_\_\_ See them? \_\_\_\_\_

What responsibilities and chores did you have as a child? \_\_\_\_\_

How were you disciplined when you misbehaved and who did the disciplining? \_\_\_\_\_

What did you learn from the discipline? \_\_\_\_\_

What were some of your family's most important values? \_\_\_\_\_

What were some of the **happiest** times in your life and what were some of the **saddest**?

**10. YOUR CHILDREN**

**Resource Parent A:**

Do you have children?  Yes  No

Are there any previous or current custodial/visitation arrangements for your child(ren)?  Yes  No

Have you ever lost or relinquished custody of any child(ren)?  Yes  No If so, please describe the situation: \_\_\_\_\_

Are any of your children adopted?  Yes  No If so, which one(s)? \_\_\_\_\_

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If you have children who are not adults and do not live with you, where do they live? Why do they not live with you? \_\_\_\_\_

How often do they visit you? \_\_\_\_\_

How would you describe your relationship with your child(ren)? \_\_\_\_\_

**Resource Parent B:**

Do you have children?  Yes  No

Are there any previous or current custodial/visitation arrangements for your child(ren)?  Yes  No

Have you ever lost or relinquished custody of any child(ren)?  Yes  No If so, please describe the situation: \_\_\_\_\_

Are any of your children adopted?  Yes  No If so, which one(s)? \_\_\_\_\_

If you have children who are not adults and do not live with you, where do they live? Why do they not live with you? \_\_\_\_\_

How often do they visit you? \_\_\_\_\_

How would you describe your relationship with your child(ren)? \_\_\_\_\_

Describe each of all children's personalities, academic levels and interests. \_\_\_\_\_

How do all children relate to and interact with one another? Does one dominate? Do they argue? Is there rivalry? \_\_\_\_\_

Do any of the children have special needs?  Yes  No If so, please describe. \_\_\_\_\_

What is each child's attitude about another child coming to live in your home? \_\_\_\_\_

How do/did you discipline your child(ren)? \_\_\_\_\_

How do you plan to discipline the child(ren) you foster or adopt? \_\_\_\_\_

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What responsibilities or chores will your foster or adoptive child(ren) have? \_\_\_\_\_

If no children, describe any previous experience with children. \_\_\_\_\_

**11. HOUSEHOLD**

Is there anyone else living in your household? Yes No If yes, provide name, age and occupation.

How does he/she participate in your family's life? \_\_\_\_\_

Does your family have pets? Yes No If so, what kind? \_\_\_\_\_

Are pet vaccinations current? Yes No Date of most recent vaccination. \_\_\_\_\_

**12. MEDICAL HISTORY**

**Resource Parent A:**

Have you or anyone in your immediate family had any serious illness? Yes No If so, describe. \_\_\_\_\_

Have you or any member of your immediate family ever been hospitalized? Yes No  
If so, describe. (for what, when, where) \_\_\_\_\_

Have you or any member of your immediate family ever been treated or hospitalized for any emotional or mental illness? Yes No If so, please describe the illness (what, when, where). \_\_\_\_\_

Still receiving treatment or on medication? Yes No

Are you willing to sign a release of information allowing our agency to contact the physician or therapist?  
Yes No

Have you or anyone in your immediate family ever been involved with drug or alcohol abuse? Yes No  
If so, please describe. \_\_\_\_\_



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Did you receive treatment for the alcohol/drug problem? Yes No If so, please describe \_\_\_\_\_

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**Resource Parent B:**

Have you or anyone in your immediate family had any serious illness? Yes No If so, describe. \_\_\_\_\_

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Have you or any member of your immediate family ever been hospitalized? Yes No

If so, describe. (for what, when, where) \_\_\_\_\_

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Have you or any member of your immediate family ever been treated or hospitalized for any emotional or mental illness? Yes No If so, please describe the illness (what, when, where). \_\_\_\_\_

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Still receiving treatment or on medication? Yes No

Are you willing to sign a release of information allowing our agency to contact the physician or therapist?

Yes No

Have you or anyone in your immediate family ever been involved with drug or alcohol abuse? Yes No

If so, please describe. \_\_\_\_\_

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Did you receive treatment for the alcohol/drug problem? Yes No If so, please describe \_\_\_\_\_

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\_\_\_\_\_  
Resource Parent A's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Parent B's Signature

\_\_\_\_\_  
Date



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**13. HOME AND COMMUNITY**

Type of House: (mobile, frame, brick, etc.) \_\_\_\_\_ Fenced? Yes No Year Built? \_\_\_\_\_  
Own or Rent? \_\_\_\_\_ Total Number of Rooms \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_  
If you have children and other household members, what are the sleeping arrangements? (who shares a bed/room, bunk beds, double bed, etc.) \_\_\_\_\_

\_\_\_\_\_

Swimming Pool? Yes No What safety features do you have in effect for the pool? \_\_\_\_\_

\_\_\_\_\_

Pond? Yes No What safety features do you have in effect for the pond? \_\_\_\_\_

\_\_\_\_\_

**14. MOTIVATION TO FOSTER/ADOPT**

Why do you want to become a foster or an adoptive parent? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been thinking about this? \_\_\_\_\_

What do you think you have to offer a child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What will be some of the **hardest** things you will have to deal with as a foster or an adoptive parent? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What will be some of the **easiest** things you will have to deal with as a foster or an adoptive parent? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do your parents, siblings and other relatives know of your interest in foster care/adoption? Yes No

What do they think about it? \_\_\_\_\_

\_\_\_\_\_

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Describe the child(ren) you would most prefer parenting. (age, gender, special needs, etc.) \_\_\_\_\_

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Who would you name as the guardian of your adoptive child(ren) in case of your death? \_\_\_\_\_

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**15. WORKING WITH THE AGENCY**

The agency has a confidentiality policy. Would you be able to adhere to this policy?  Yes  No  
Why or why not? \_\_\_\_\_

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Do you think you will have difficulty not pressing the child for information about his/her past?  Yes  No  
How do you think you will react to information voluntarily provided to you by the child about his/her past life if the information is bizarre, violent or sexually explicit? \_\_\_\_\_

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Describe how you would handle the following behaviors/problems given the age and gender of the child(ren) you wish to parent:

Feeding or Eating Problems: \_\_\_\_\_

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Stealing: \_\_\_\_\_

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Lying: \_\_\_\_\_

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Temper Tantrums, Anger or Hostility: \_\_\_\_\_

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Rebelliousness: \_\_\_\_\_

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Running Away: \_\_\_\_\_

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Bed-wetting: \_\_\_\_\_

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Emotional Withdrawal: \_\_\_\_\_

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Masturbation or Other Sexual Activities: \_\_\_\_\_

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Other Behaviors or Problems of Concern to You: \_\_\_\_\_

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**16. PLACEMENT FACTORS**

Will you be able to accept visits in your home by the DSS worker(s)?  Yes  No

How much of a legal risk would you be willing to accept in an adoption?

**Mild** (Child is legally free for adoption either through an Order of Termination of Parental Rights on both parents or voluntary relinquishment by both birth parents.)

**Moderate** (Birth mother has signed voluntary relinquishment, but birth father's rights have yet to be terminated.)

**High** (The parental rights of both birth parents are still intact and the agency has petitioned the court for termination of parental rights.)

What concerns would you have regarding contact and visits between siblings after adoptive placement? \_\_\_\_\_  
\_\_\_\_\_

Would you be willing to allow visitation and/or contact between a child placed with you for adoption and any siblings, which have been placed separately?  Yes  No

What are your child care plans for a child placed with you for foster care or adoption? \_\_\_\_\_  
\_\_\_\_\_

What changes in your life do you anticipate once a child is placed with you? \_\_\_\_\_  
\_\_\_\_\_

Will you and your spouse/partner arrange time for yourself as a couple?  Yes  No If so, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17. CONSIDERATIONS FOR FOSTER CARE/ADOPTION**

What personality types or behaviors in children are you most attracted to? (outgoing, shy, inquisitive, etc.) \_\_\_\_\_  
\_\_\_\_\_

What types of behaviors do you find difficult to accept? (aggressive, lying, stealing, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need a child to be affectionate? Bright? Independent? Inquisitive? Please specify. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Many of our children in foster care are functioning below average in the classroom. Some have never received stimulation to learn, some are slow learners, and some learn differently. Can you live comfortably knowing that your child may not make grades higher than a "C"?  Yes  No

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Describe how you would handle the following educational situation given the age of the child you wish to parent:

Child is having difficulty seeing chalkboard: \_\_\_\_\_

\_\_\_\_\_

Child is unable to stay focused and on task: \_\_\_\_\_

\_\_\_\_\_

Child wants to participate in after school activities: (e.g., debate, basketball or drill teams) \_\_\_\_\_

\_\_\_\_\_

Child has been recommended for accelerated placement in some classes: \_\_\_\_\_

\_\_\_\_\_

Child needs an after school tutor: \_\_\_\_\_

\_\_\_\_\_

Other educational issues of concern for you: \_\_\_\_\_

\_\_\_\_\_

How would you handle a child who could not trust you or could not get close to you? \_\_\_\_\_

\_\_\_\_\_

How would you manage a child who withheld his feelings or affections from you even after months of living in your home? \_\_\_\_\_

\_\_\_\_\_

How would you answer questions about a child's background, particularly situations where the child might remember living with his birth family? \_\_\_\_\_

\_\_\_\_\_

Although the agency firmly believes in placing brothers and sisters together in foster or adoptive homes, sometimes siblings must be separated into different foster or adoptive homes. How could you help a child deal with separation from siblings? \_\_\_\_\_

\_\_\_\_\_

What would you think about maintaining contact with siblings? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Because our children have experienced many losses in their lives, they build up feelings of anger and sadness by not being able to express their hurt. Instead, they will manipulate adults and these unexpressed feelings will come out in the form of unacceptable behaviors. How would you help a child deal with feelings of anger or sadness? \_\_\_\_\_

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How would you feel if the foster or adoptive child became a disruptive influence on the other children in your home? \_\_\_\_\_

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How would you resolve the disruptive influence with a foster or adoptive child? With your other children?

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How would you feel if the foster or adoptive child became a disruptive influence on your marriage or committed relationship? How would you and your spouse/partner resolve this conflict? \_\_\_\_\_

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Whenever foster or adoptive placement occurs in a family with children already in the home, there are definite changes that occur between the child(ren) and the foster or adoptive child(ren). In relationship to your own child(ren), what specific changes will occur? In other words, what adjustment will your child(ren) make for the foster or adoptive child to become a part of your family? \_\_\_\_\_

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Foster or adoptive placements also affect a couple's relationship. No matter how smoothly your relationship works, the entering of a child will create new problems to be dealt with. What specific adjustments or changes do you anticipate between the two of you? \_\_\_\_\_

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**18. SAFETY QUESTIONS**

Many of our children come from families with histories of domestic violence or other chaotic and violent situations. It is **not safe** to assume that telling a child not to touch a gun or other weapons of potential violence that may be found in your home will be enough. Other precautions should be taken.

Do you have any firearms?  Yes  No If yes, how many? \_\_\_\_\_ Describe the kind of firearms you own. \_\_\_\_\_

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

What safety precautions are in place to prevent the child(ren) from having any access to the firearms?

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

Where are firearms stored? \_\_\_\_\_

Where is ammunition stored? \_\_\_\_\_

Have the police ever been called to your home? If yes, please describe the incident(s) and include date(s). \_\_\_\_\_

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

\_\_\_\_\_  
Resource Parent A's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Parent B's Signature

\_\_\_\_\_  
Date