YOUTH & FAMILY SERVICES and RAINBOW FAMILY SERVICES
Treatment Foster Parent - TFP
Home Study Biography

SPECIAL NOTE: It is important to answer each question thoroughly. Please use separate paper to complete this process and return to the Youth & Family Services / Rainbow Family Services TFP Certifier. This form is to be used when answering using your computer.

NAME: _____ **DATE:** _____

YOUTH YOU WILL CONSIDER:

Please describe your preference of youth in your home regarding gender and age.

MOTIVATION:

When did you first begin thinking about doing TFP care?

Whose idea was it to do TFP care (spouse's, friend's, your own)?

Have you discussed TFP care with your children, and what are their reactions?

Have you discussed TFP care with your friends/relatives, and what are their reactions?

What do you think you will gain from providing a TFP home to youth?

EDUCATION/TRAINING:

What was the highest grade you completed in school?

Do you have a college degree, and if so in what field of study?

What have you done to explore TFP parenting (i.e., reading, talking with others, training)?

What is your understanding of the losses experienced by program youth in placement? __

Explain your understanding of the grieving process.

USE OF SUPPORT SYSTEM:

What is the support system you plan to use (individuals, agencies, etc.)?

Are you comfortable seeking help from Youth & Family Services / Rainbow Family Services or other resources?

LIFE EXPERIENCES & CHALLENGES:

-- This section is basically an autobiography. Please provide descriptions of the following:

Your parents:

Your childhood:

Family size:

Stability:

Problems of and with parents & siblings:

Crises:

Your parents' expectations of you:

What you liked and did not like about how you were raised:

The significant people in your childhood and their effect on you:

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LIFE EXPERIENCES & CHALLENGES (Continued):

-- This section is basically an autobiography. Please provide descriptions of the following:

What challenges have you had to deal with in your life, either as an individual or with your spouse?

How did you cope with these events and what did you gain or lose as a result? ___

How do you feel now looking back on these experiences?

Have you used counseling/resources to deal with problems? If so, be specific. If not, are you open to using these resources to help with TFP parenting youth in your home?

What losses have you experienced and how did they affect you? _

Have you or anyone in your family ever had an alcohol or drug abuse problem? If so, how has this problem been resolved?

Have you or anyone in your family experienced physical, sexual or emotional abuse? If so, what steps have you taken to deal with this?

If you have been married previously, please describe why this marriage ended, what efforts were made to make the marriage work (if divorced), and describe you current relationship with your ex-spouse.

LIFESTYLE:

What is your work schedule?

What is the activity level in your home and how do you spend leisure time (both alone and with other family members)? _

What are favorite family activities?

How will you accommodate a new youth's interests or boredom?

How do you celebrate holidays or family rituals?

Describe any family pets.

CURRENT MARRIAGE RELATIONSHIP:

How did you meet?

When did you marry?

What attracted you to each other?

What has been good about this relationship; what not so good?

Give an example of how you communicate and solve problems. _

What do you like about your spouse?

What would you change about your spouse?

What do you believe will change in your lifestyle when adding a program youth to your family? __

How do you feel it will effect your marriage?

CHILDREN:

Describe each of your children, including those not living at home. Include physical description, personality, likes, dislikes, school, etc.

What responsibility do they have in the family? _

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CHILDREN (Continued):

What difficulties have your children had to face?

How have they been involved in the decision to do TFP care?

PARENTING SKILLS & VALUES:

How do you teach (or how will you teach) your child/children rules, written and unwritten?

How were you disciplined as a child?

How do you discipline your children?

Do you use corporal punishment and if so to what extent?

Are you able to comply with Youth & Family Services and/or Rainbow Family Services' discipline policy of no physical punishment for program youth?

What are your strengths and areas of growth as a parent?

How will the demands of adding youth in your home effect your relationship with other family members?

HOME & COMMUNITY:

Describe your home and neighborhood.

Does the local school system have resources for special education or emotionally disturbed youth?

EMPLOYMENT & FINANCES:

Describe your job, how long you have been employed, and your income. _

Does the income adequately meet your family's needs? _

Will giving up an employment to do TFP care place a financial burden on your family?

HEALTH:

Describe any illnesses or surgeries you have experienced.

Do you have a medical condition that could make TFP parenting difficult for you?

RELIGION:

What is your religion and what church do you attend?

Is religion an important part of your life?

How would you deal with a youth that may have a different religious background or preference than you?

What influence does your religion have on your parenting, particularly discipline and medical care?

PREPARING FOR CERTIFICATION:
List the ways you have prepared to become a TFP provider including the following:

People you have consulted:

How you have become familiar with your community and opportunities for youth (i.e., visiting school personnel, recreational facilities, social/cultural)?

How you are planning on providing these activities to youth along with you and your family?

SCENARIOS:

There are three scenarios offered for you to write about how you would respond to such situations from program youth in your home. Please use the paper provided and return with your biography.

Please describe your responses and/or interventions to these situations:

1. A program youth has just come into your home and you are prepared to take full inventory of his/her belongings (as required by the agency and outlined in the Standard Operating Manual). There are many items that are not allowed (per the program rules/dress code standards). You put these aside to return to the agency and the youth challenges your authority to do so – insisting he/she has a right to keep everything brought in. How would you handle this situation?

2. A program youth was suspended from school for threatening another student. You pick up the youth from school and start driving home where the youth knows he/she will have to have some "quiet time" in his/her room and write about what happened at school to present to his Youth & Family Services / Rainbow Family Services Consultant (your case manager). The youth immediately starts giving excuses for his/her behavior, blames the situation on others, refuses to take responsibility and advises that he/she will not use quiet time to write about it because he/she is not to blame. How would you handle this refusal to follow your directive?

3. Your program youth returns from a weekend home visit with his/her family. You notice upon his/her return that there is an odor of alcohol on his/her breath, the speech is slurred and there is some loss of coordination in the walk. How would you address this issue with the youth?

ADDITIONAL INFORMATION:

Please provide additional information about yourself that contribute to your overall ability to provide care to Youth & Family Services / Rainbow Family Services program youth.