

lercantile Plaza Dr. Ste. 307 Fort Worth, TX 7613

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Foster Care Information Form

Parent's Name Completing the Form:		D (CD; d	_	
Parent's Name Completing the Form: Name of Child:	Age	_ Date of Birth:		_
Foster Care Information				
1. Date child joined your family:				
2. What were the circumstances of your	child's life	just prior to comir	ng to your home	?
3. How was the transition? What has hap	pened with	attachment and b	onding issues?	
4. What strengths do you see in your chi	ld?			
5. What areas would you like to see imp	rovement ir	n for your child?		
6. Do you actively seek to engage your c	hild in his	or her cultural or e	ethnic backgroun	ıd?
			-	
7. What information is known about you	r child's hi	story in the birth f	amily (e.g., moth	ner, father, siblings,
environment)?				,,
8. What were the circumstances of your	child's leav	ring the birth famil	ly?	
9. How does the child relate to you as a p	parent at the	e present time?		
10. What has the child been told about the	ne birth par	ents? Does the chi	ld discuss or fan	tasize about them?



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History of Foster Care Placement (please complete for each foster home the child lived in)

1. Family name and information:
2. Circumstances entering this family:
3. Circumstances leaving this family:
4. Strengths of this family:
5. Concerns in this family:
6. What do you know about attachment and bonding issues with this family?
History of Foster Care Placement
1. Family name and information:
2. Circumstances entering this family:
3. Circumstances leaving this family:
4. Strengths of this family:
5. Concerns in this family:
6. What do you know about attachment and bonding issues with this family?