

THERAPEUTIC/TREATMENT PARENTING READINESS ASSESSMENT

This assessment will help you and Access Family Services mutually determine if this is the right time in your life/your family's life to participate in the foster care licensing process:

1. Do you own or rent your home?

Address: _____

2. Do you rent an apartment?

Address: _____

3. Does your landlord approve of your plan to foster? **YES NO**

4. Do you have home insurance (required): **Rental Homeowner**

5. Where is your home's location: **Suburb, within city limits, country**

6. What kind of protections are in place for safety in/around your home and property?

7. Do you live in a public/subsidized housing community homes (Access Family Service does not license these homes)?

Address: _____

8. Do you receive Government Housing Assistance (e.g., Section 8, HUD housing, or other subsidized living situation)? **Yes** **No**

Explain: _____

9. What are the work schedules of the applicants? How flexible is a work schedule in the home to allow for pickups from school for suspensions, attending service appointments, or illness?

10. Do you have a car/reliable transportation? **YES** **NO**

If no, explain how you will consistently get children to their appointments: _____

11. Do you have (at least) one room that can be used exclusively for the placement of children in your home that is empty and equipped with at least one bed (any size), supported mattress, an empty dresser and an empty closet? **YES** **NO**

12. Who are your family/friend/community supports in case you need help? _____

13. Do you have enough resources (income/credit cards/savings and/or networking) to pay for a child's needs until you begin receiving compensation from Access Family Services (It may take up to 6 weeks to begin receiving compensation income)?

14. Does any member of the household have a criminal history? **YES NO**
If yes, what was the charge and how long ago was the conviction?

** (Please note that convictions must be more than 5 years old and no felonies, DWI's/weapons/drug/assault/domestic violence involvement)

15. Education requirement: **GED High School Diploma College Degree**

16. Are you behind in Child Support Payments? How much/how far back? _____

17. Do you have one or more pets? **YES NO**

18. If you own one or more pets, are:

Shot record(s) up to date? **YES NO N/A**

Compatible with children? **YES NO N/A**

Inside or outside maintained: **Inside Outside N/A**

Are any outside pets chained up? **YES NO N/A**

Has the pet had any training for obedience? **YES NO N/A**

Type of pet(s):

Size of pet(s):

19. Do you have a pool, ditch, pond, creek, river, canal, waterfront on any part/border of your property? Are there any bodies of water within a half mile of your property? **YES NO**

20. What safety protections are in place to keep children out of the water areas?

21. Do you have a daycare in your home or keep children in your home (home daycares cannot be a licensed Treatment Foster Home): **YES NO**

Comments: _____

Please note that once you become a licensed Treatment Foster Home, you are considered a NC licensed facility, and the State of North Carolina now supervises your home for the safety and healing of children with trauma. This must be a careful decision on your family's part and your home must cooperate with all the rules and regulations

mandated by the NC Department of Social Services and NC Mental Health. Licensing/caring for children is a PRIVILEGE and not a RIGHT.

Name: _____

Email: _____

Cell/Text#: _____

