 **SWAN FAMILY PROFILE SYNOPSIS**

Registering Agency Information

|  |  |
| --- | --- |
| **Agency**      | **County of Agency**      |
| **Street Address**      |
| **City**       | **State**      | **Zip Code**      |
| **Agency Contact Person**      | **Email Address**      | **Telephone Number**      |

Family Information

|  |
| --- |
| **Applicant One**  |
| **First Name:**       **Middle Name:**       **Last Name:**      **Gender**       |
| **Occupation**       | **Brief Work Schedule**      |
| **Date of Birth**       | **Race / Ethnic Group (Check all that apply)****Ethnicity Hispanic** [ ]  **Yes** [ ]  **No**[ ]  **American Indian / Alaskan Native**[ ]  **Asian**[ ]  **Black / African American** [ ]  **Native Hawaiian / Other Pacific Islander**[ ]  **White**   |
| **Place of Birth**      |
| **Street Address**      | **City**      | **County**      | **State**       | **Zip Code**      |
| **Telephone Number**      | **Marital Status**      |

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| **Applicant Two**  |
| **First Name:**       **Middle Name:**       **Last Name:**      **Gender**       |
| **Occupation**       | **Brief Work Schedule**      |
| **Date of Birth**       | **Race / Ethnic Group (Check all that apply)****Ethnicity Hispanic** [ ]  **Yes** [ ]  **No**[ ]  **American Indian / Alaskan Native**[ ]  **Asian**[ ]  **Black / African American** [ ]  **Native Hawaiian / Other Pacific Islander**[ ]  **White**   |
| **Place of Birth**      |
| **Street Address**      | **City**      | **County**      | **State**       | **Zip Code**      |
| **Telephone Number**      | **Marital Status**      |

Children Living with Family

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** | **Race** | **Relationship to Applicant** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Children Living Outside Home

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** | **Race** | **Relationship to Applicant** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Other Adults Living in Household

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** | **Race** | **Relationship to Applicant** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Type of Child / Children Desired

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| --- |
| **Family willing to consider legal risk placement** [ ] **Yes**  [ ]  **No**  |
| **Race / Ethnicity– Check all that you will accept** | **Gender** | **Number of Children & Age Range** |
|  **Ethnicity Hispanic** [ ]  **Yes** [ ]  **No**[ ]  **American Indian / Alaskan Native**[ ]  **Asian**[ ]  **Black / African American** [ ]  **Native Hawaiian / Other Pacific Islander**[ ]  **White**   | [ ]  **Either**[ ]  **Female**[ ]  **Male** | [ ]  **Single Child**[ ]  **Sibling Groups**    **Maximum number of siblings** **Age range between**       **years and**      **years** |

Family Preparation Information

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| --- |
| **Agency Providing Preparation:**      **Phone number:**       |
| **SWAN Training Completed?**[ ] **Yes** [ ] **No** | **Completion Date:**       | **CPR/First Aid Training Provided?** [ ]  **Yes**  [ ]  **No** |
| **List Additional Training Completed:**      |

Worker Assessment

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| **What strengths and special characteristics of the applicant(s) and the applicant’s family will help them parent a child with special needs?**      |

Applicant Assessment

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| --- |
| **How has your life experiences prepared you to provide permanency for a child with special needs?**      |

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| --- |
| Health |
|  | **Acceptable** | **Will Consider** | **Unacceptable** |
| **No significant health problems** | [ ]  | [ ]  | [ ]  |
| **Allergies or asthma (may require treatment)** | [ ]  | [ ]  | [ ]  |
| **Hyperactivity (may require treatment)** | [ ]  | [ ]  | [ ]  |
| **Speech problems (may require treatment)** | [ ]  | [ ]  | [ ]  |
| **Hearing problems (may require treatment)** | [ ]  | [ ]  | [ ]  |
| **Legally deaf** | [ ]  | [ ]  | [ ]  |
| **Vision problems (may require treatment)** | [ ]  | [ ]  | [ ]  |
| **Legally blind** | [ ]  | [ ]  | [ ]  |
| **Dental problems (may require treatment)** | [ ]  | [ ]  | [ ]  |
| **Orthopedic problems (special shoes, brace, etc.)** | [ ]  | [ ]  | [ ]  |
| **Seizure disorder** | [ ]  | [ ]  | [ ]  |
| Education |
|  | **Acceptable** | **Will Consider** | **Unacceptable** |
| **High achiever** | [ ]  | [ ]  | [ ]  |
| **Achieves on grade level in regular classes** | [ ]  | [ ]  | [ ]  |
| **Achieves below grade level in regular classes** | [ ]  | [ ]  | [ ]  |
| **Needs special education classes**  | [ ]  | [ ]  | [ ]  |
| **Needs learning disability classes (LD)** | [ ]  | [ ]  | [ ]  |
| **Needs classes for emotionally or behaviorally handicapped** | [ ]  | [ ]  | [ ]  |
| **Needs tutoring in one or more subjects** | [ ]  | [ ]  | [ ]  |
| **Has serious behavior problems at school** | [ ]  | [ ]  | [ ]  |
| Characteristics and Behaviors |
|  | **Acceptable** | **Will Consider** | **Unacceptable** |
| **Generally quiet and shy** | [ ]  | [ ]  | [ ]  |
| **Generally outgoing and noisy** | [ ]  | [ ]  | [ ]  |
| **Emotional issues require ongoing therapy** | [ ]  | [ ]  | [ ]  |
| **Tends to reject father figures** | [ ]  | [ ]  | [ ]  |
| **Tends to reject mother figures** | [ ]  | [ ]  | [ ]  |
| **Difficulty making friends and relating to other children** | [ ]  | [ ]  | [ ]  |
| **Frequently wets the bed** | [ ]  | [ ]  | [ ]  |
| **Frequently wets during the day** | [ ]  | [ ]  | [ ]  |
| **Frequently soils him/herself** | [ ]  | [ ]  | [ ]  |
| **Masturbates frequently and openly** | [ ]  | [ ]  | [ ]  |
| **Poor social skills** | [ ]  | [ ]  | [ ]  |
| **Problem with lying** | [ ]  | [ ]  | [ ]  |
| **Problem with stealing** | [ ]  | [ ]  | [ ]  |
| **Frequently starts physical fights with other children** | [ ]  | [ ]  | [ ]  |
| **Tends to abuse animals** | [ ]  | [ ]  | [ ]  |
| **Tends to be destructive of clothing, toys, etc.** | [ ]  | [ ]  | [ ]  |
| **Frequently uses foul or bad language**  | [ ]  | [ ]  | [ ]  |
| **Frequent temper tantrums** | [ ]  | [ ]  | [ ]  |
| **Difficulty accepting and obeying rules** | [ ]  | [ ]  | [ ]  |
| **History of inappropriate sexual behavior** | [ ]  | [ ]  | [ ]  |
| **History of running away** | [ ]  | [ ]  | [ ]  |
| **History of playing with matches, setting fires** | [ ]  | [ ]  | [ ]  |
| Family Connectedness & History |
|  | **Acceptable** | **Will Consider** | **Unacceptable** |
| **Strong ties to birth family** | [ ]  | [ ]  | [ ]  |
| **Strong ties to foster family** | [ ]  | [ ]  | [ ]  |
| **Needs continued contact with siblings**  | [ ]  | [ ]  | [ ]  |
| **Previous adoption disruption** | [ ]  | [ ]  | [ ]  |
| **Sexually abused** | [ ]  | [ ]  | [ ]  |
| **Physically abused** | [ ]  | [ ]  | [ ]  |
| **Exposed to promiscuous sexual behavior** | [ ]  | [ ]  | [ ]  |
| **Conceived by rape** | [ ]  | [ ]  | [ ]  |
| **Conceived as a result of prostitution** | [ ]  | [ ]  | [ ]  |
| **One or both parents addicted to alcohol**  | [ ]  | [ ]  | [ ]  |
| **One or both parents chemically dependency, other than alcohol** | [ ]  | [ ]  | [ ]  |
| **One or both parents has criminal record** | [ ]  | [ ]  | [ ]  |
| **One or both parents mentally retarded** | [ ]  | [ ]  | [ ]  |
| **One or both parents has mental illness** | [ ]  | [ ]  | [ ]  |
| **No information available about one or more parent** | [ ]  | [ ]  | [ ]  |
| Resource Family’s Feelings Toward Openness with Birth Family |
|  | **Acceptable** | **Will Consider** | **Unacceptable** |
| **Meet with birth parents** | [ ]  | [ ]  | [ ]  |
| **Contact with birth parents through agency or intermediary** | [ ]  | [ ]  | [ ]  |
| **Send letters to birth parents** | [ ]  | [ ]  | [ ]  |
| **Receive letters from birth parents** | [ ]  | [ ]  | [ ]  |
| **Send videos to birth parents** | [ ]  | [ ]  | [ ]  |
| **Receive videos from birth parents** | [ ]  | [ ]  | [ ]  |
| **Have phone contact between adults** | [ ]  | [ ]  | [ ]  |
| **Child continues visits with siblings** | [ ]  | [ ]  | [ ]  |
| **Child continues visits with extended relatives in birth family** | [ ]  | [ ]  | [ ]  |
| **Child continues visits with birth parents** | [ ]  | [ ]  | [ ]  |
| **Receive birth parents’ name, address, phone number, etc.** | [ ]  | [ ]  | [ ]  |
| **Adoptive parents willing to give first name to birth parents**  | [ ]  | [ ]  | [ ]  |
| **Adoptive parents willing to give identifying information to birth parents**  | [ ]  | [ ]  | [ ]  |

Signatures

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| --- | --- |
| **Agency Worker Signature** | **Date** |
|       |       |
| **Applicant One Signature** | **Date** |
|       |       |
| **Applicant Two Signature** | **Date** |
|       |       |