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**Family Approval Document**

**of**

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| 1. **Agency Information** | | | | |
| **Agency** | | **County of Agency** | | |
| **Street Address** | | | | |
| **City** | | | **State** | **Zip Code** |
| **Agency Contact Person** | **Email Address** | | | **Telephone Number** |

**The following items have been referenced in the creation of the Family Approval Document:**

* Family’s Application to provide permanency
* Home Safety Checklist
* Child Abuse and Criminal History clearances for household members age 18 and over who reside in the home of a foster or prospective adoptive parent for at least 30 days in a calendar year.
* FBI clearances for household members age 18 and over who reside in the home of a foster or prospective adoptive parent for at least 30 days in a calendar year.
* Act 160 of 2004 Disclosures for household members over 18 years
* Minimum of 3 references
* Medical history and recent physical examination for household members
* Financial Summary
* Autobiography from each applicant

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| 1. **Family Information:** |
| **Status of Family:** |
| Foster family with a child(ren) identified  Resource family with no child(ren) identified  Approved adoptive family with no child(ren) identified  Kinship family |

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| **Permanency Option Applicant Wishes to Provide:** |
| Adoption  Kinship Adoption  Permanent Legal Custodianship |

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| **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** | | | | | | |

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| 1. **Children Living with** **Family (Include children over 18 years of age)** | | | | |
| **Name** | **Date of Birth** | **Gender** | **Race** | **Relationship to Applicant** |
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| 1. **Children Living Outside Home (Include children over 18 years of age)** | | | | |
| **Name** | **Date of Birth** | **Gender** | **Race** | **Relationship to Applicant** |
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| 1. **Other Adults Living in Household** | | | | |
| **Name** | **Date of Birth** | **Gender** | **Race** | **Relationship to Applicant** |
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| 1. **Family Preparation Information** | | | | |
| **Agency Providing Preparation:** | | | **Phone number:** | |
| **CPR/First Aid Training Provided?**  Yes  No | | | | |
| SWAN recommends a minimum of 24 hours of permanency training covering the following components: | | | | |
| * How the system works/Orientation | | * Who the children are | | |
| * Attachment | | * Child development | | |
| * Grief and Loss | | * Parenting | | |
| * Who the permanency parents are (to include Reasonable and prudent parent standard/Normalcy for children/youth) | | * Resources | | |
| **SWAN Permanency Training Completed:** | | | | |
| Date Completed | Applicant One: | | | Applicant Two: |
| Number of Hours Completed | Applicant One: | | | Applicant Two: |
| If recommended training has not been completed, please explain: | | | | |
| **List Additional Training Completed:** | | | | |

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| 1. **Family’s Growth During the SWAN Preparation Process** |
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| 1. **Attitudes Toward Permanency** |
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| 1. **Family Strengths** |
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| 1. **Health Information** |
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| 1. **Home Environment** |
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| 1. **Community** |
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| 1. **Resources** |
| 1. **Clearances, References, Mandated Change of Status Statement, and ACT 160 of 2004** |

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| 1. **Foster, Kinship, and PLC** |
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| 1. **Agency Signatures:** |
| Based upon the completion of the legal requirements, direct contact with the applicant(s), and the review of relevant records: |
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| **I recommend approval as a permanency resource family:** |
| **Comments:** |
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| **If approving this applicant(s) for a specific child(ren), please identify name(s):** |
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| **I do not recommend approval as a permanency resource family:** |
| **Comments:** |

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| I have reviewed the content of the document and my approval decision at a face-to-face meeting with the applicant(s) on this date,      . | | |
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| Agency Signature: |  | Date |
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| I certify that the information set forth in this family approval document is true and correct to the best of my knowledge. | | |
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| Agency Signature: |  | Date |
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| Agency Supervisor Signature: |  | Date |

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| 1. **Applicant’s Signature** | | |
| Applicant(s) with no identified child(ren): | | |
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| **I (We) have reviewed the Family Approval Document and believe this to be a fair and accurate representation of our family.** | | |
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| **I (We) give permission to**       **to share this document with any county for selection & matching purposes.** | | |
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| Applicant Signature: |  | Date |
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| Applicant Signature: |  | Date |
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| Applicant(s) with an identified child(ren): |  |  |
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| **I (We) have reviewed the Family Approval Document and believe this to be a fair and accurate representation of our family.** | | |
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| **I (We) give permission to**       **to share this document with any county for selection & matching purposes.** | | |
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| Applicant Signature: |  | Date |
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| Applicant Signature: |  | Date |

**Family Autobiography**

Hearing a family’s voice is an important part of the family profile process. This is your opportunity to share information about your life and your family in your own words. Below are some points to consider as you write your family statement.

* Include in your statement something about yourself that may provide a better understanding about you as a person and parent**.**
* In your family statement, consider how family preparation has impacted your beliefs and attitudes about providing permanency for a child who has special needs.
* It is important for us to know about significant life events (positive and negative) and how they affected you.
* Children in the system have experienced tremendous loss. Include in your statement significant losses you have experienced. Losses could include but are not limited to: death of a loved one, loss of job, home, pet, relationship, culture, dreams or goals.
* How you have managed difficult times tells a lot about your coping skills. Those times can include such things as, marital difficulty, financial stress, family interference, school or work issues, among others.
* Think about the personal experiences that played a part in preparing you for parenthood and may assist you in providing permanency for a child with special needs.
* It is helpful to consider how family interactions will change with the addition of a child with special needs. That includes feelings of any children in your family and the attitudes of extended family members about your decision to provide permanency.
* Motivation for wanting to provide permanency for a child with special needs is an important factor and should be included in your family statement.