

Child Placement Preference Questionnaire

This questionnaire is designed to assist in determining your preferences for child placement. Please complete all sections. If printed, write clearly in the spaces provided.

1. Applicant Information

Primary Applicant Full Name:

Co-Applicant Full Name (if applicable):

Street Address:

City, State, Zip Code:

Primary Phone Number:

Email Address:

2. Age and Gender Preferences

Minimum Age Preferred (e.g., Infancy, 2 years, 5 years):

Maximum Age Preferred (e.g., 5 years, 10 years, 17 years):

Gender Preference (Male, Female, or No Preference):

3. Placement Type and Capacity

Are you open to sibling groups? (Yes, No, or Undecided):

Maximum number of children you are willing to accept for placement:

Preferred type of placement (Foster care, Foster-to-adopt, Adoption, Temporary/Respite):

4. Background and Needs Openness

Please indicate your level of openness (e.g., Yes, No, Discuss/Case-by-Case) for the following:

Mild physical disabilities or medical needs:

Moderate to severe physical disabilities or medical needs:

Mild emotional, behavioral, or learning differences:

Severe emotional, behavioral, or learning differences:

Children with developmental delays:

Openness to ongoing contact with biological family members (Yes, No, Discuss):

5. Home and Community Environment

Number of bedrooms available for placement children:

Other children living in the household (please list ages):

Other adults living in the household (please list relationships):

Pets in the home (please list type and size):

6. Additional Comments or Special Considerations

Please list any additional preferences, cultural considerations, or questions you have:

Signature of Applicant 1: Date:

Signature of Applicant 2: Date: