



FOSTER PARENT SUMMARY FOR RELICENSING - SECTION B

Name of Foster Parent(s)

Date

Address

Telephone

CHANGES IN FOSTER FAMILY:

Who lives in your home?

Have you moved or added any additional space (rooms) to your home during the past year?

Have you changed employment during the past year?

What is your total monthly income (husband and wife's) \$ _____

What is your monthly non-earned income (benefits)? \$ _____

Has there been any law enforcement involvement for you or any member of the household during the past year?

- 7) Other than providing care (food, clothing, shelter), what do you see as your responsibilities as foster parents?
- 8) What have you least enjoyed about being a foster family and what have you enjoyed the most?
- 9) What training have you attended this year, and how did you use it as a foster family?
- 10) What do you see as your training needs for the coming year?
- 11) What are your family's greatest strengths in:
- (a) Working with foster children?
 - (b) Working with biological parents?
 - (c) Working with KCI, FPN and other agencies?

- 12) What are your family's greatest needs or limitations in:
- (a) Working with foster children?
 - (b) Working with biological parents?
 - (c) Working with KCI and the case management agencies?
- 13) When and for how long (hours) have you used respite care during this past year?
How has this service benefited your family?
- 14) What can we (KCI and FPN) do to make your job as a foster family easier?
- 15) What is your preference for licensing of your home for the coming year? (Include number, ages, and characteristics of children preferred and please be specific).

Signature of Foster Parent

Date

Signature of Foster Parent

Date

Thank you for your time and effort in completing this questionnaire.

Reviewed with Licensing Specialist on the _____ day of _____, 20____

Licensing Specialist