

AUTOBIOGRAPHY

This packet can help us begin to know you as an individual and as a member of your family. Please be open and honest in your answers to each question. Please be thorough in answering each question as well. Once this packet is received and reviewed, your foster care/adoption coordinator will be contacting you to schedule a time to review this packet with you. If you have any questions, please contact your foster care/adoption coordinator. Each adult should complete this packet.

Complete Name:

Birth Date:

Social Security Number:

Place of Birth:

Parents Names:

Brothers Names:

Sisters Names:

Half-Brothers and -Sisters Names:

Step-Brothers and -Sisters Names:

Extended family members that may have or do live with you:

Education

Please include dates of attendance, city and state of school, and the degrees or specialized education you received. Begin with elementary school and end with the highest education you have received.

Elementary School(s):

Middle School(s):

High School(s):

College(s):

Employment

Please begin with your current employer. Fill in all requested information, and complete the same for all employers for the last ten years. If you are a stay-at-home parent, please include that here.

Current: (Check here if not currently employed)

Employer
Address
Telephone
Position

Historical:

Employer
Address
Telephone
Position
Dates of Employment
Reason for Leaving

Employer
Address
Telephone
Position
Dates of Employment
Reason for Leaving

Employer
Address
Telephone
Position
Dates of Employment
Reason for Leaving

Employer
Address
Telephone
Position
Dates of Employment
Reason for Leaving

Employer
Address
Telephone
Position
Dates of Employment
Reason for Leaving

Employer
Address
Telephone
Position
Dates of Employment
Reason for Leaving

Employer
Address
Telephone
Position
Dates of Employment
Reason for Leaving

How do you feel about your current job?

Residential History for the Past Ten Years

Current address:

Date moved to this address:

Describe the neighborhood where you currently live:

Previous address:

Date moved to this address:

Previous address:

Date moved to this address:

Previous address:

Date moved to this address:

Previous address:

Date moved to this address:

Previous address:

Date moved to this address:

Previous address:

Date moved to this address:

Previous address:

Date moved to this address:

Previous address:

Date moved to this address:

Previous address:

Date moved to this address:

Previous Marriages

How many previous marriages have you had?

Check here if you have never been married. Then proceed to section regarding children.

First Marriage:

Married to:

Date relationship began:

Date of separation:

Date relationship ended:

Marriage ended in: Separation Divorce Dissolution Death

Second Marriage:

Married to:

Date relationship began:

Date of separation:

Date relationship ended:

Marriage ended in: Separation Divorce Dissolution Death

Third Marriage:

Married to:

Date relationship began:

Date of separation:

Date relationship ended:

Marriage ended in: Separation Divorce Dissolution Death

Fourth Marriage:

Married to:

Date relationship began:

Date of separation:

Date relationship ended:

Marriage ended in: Separation Divorce Dissolution Death

Children

Complete this section regarding any children that you have. Check here if you have no children.

Name: Gender:
Birth Date: Social Security: _____ - _____ - _____
Where and with whom they live:

Personality and physical description:

Educational situation (academically, behaviorally, and socially):

Child's feelings regarding foster care/adoption:

Name: Gender:
Birth Date: Social Security: _____ - _____ - _____
Where and with whom they live:

Personality and physical description:

Educational situation (academically, behaviorally, and socially):

Child's feelings regarding foster care/adoption:

Children cont.

Name: Gender:
Birth Date: Social Security: _____ - _____ - _____
Where and with whom they live:

Personality and physical description:

Educational situation (academically, behaviorally, and socially):

Child's feelings regarding foster care/adoption:

Name: Gender:
Birth Date: Social Security: _____ - _____ - _____
Where and with whom they live:

Personality and physical description:

Educational situation (academically, behaviorally, and socially):

Child's feelings regarding foster care/adoption: