 **SWAN FAMILY PROFILE SYNOPSIS**

Registering Agency Information

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| --- | --- | --- | --- | --- |
| **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** |
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Children Living Outside Home

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| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Gender** | **Race** | **Relationship to Applicant** |
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Other Adults Living in Household

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