

Annex 1 Foster Family Service Form

A. Potential Family Registration Form

No.	Name	Address			Telephone No.	No. of family	Monthly Income	Date	Signature	Remark
		Region	Zone (sub-city)	Kebele						
1	Mother									
2	Father									

B. Home study form

1. Personal information of foster mother

Name _____ Father's Name _____

Grandfather's Name _____

Year of birth: Date _____ Year _____ Age _____

Religion _____ Language _____

Residence Address: Region _____ Zone (S/C) _____ District _____

Kebele _____ House No. _____ Kebele Id No. _____

House Telephone No. _____ Mobile _____ Office _____

Educational Level _____ Employment Status _____

Work place/Address _____

2. Personal information of father of the trustee family

Name _____ Father's Name _____

Grandfather's Name _____ Nick name (if any) _____

Year of birth: Date _____ Year _____ Age _____

Religion _____ Language _____
 Residence Address: Region _____ Zone (S/C) _____ District _____
 Kebele _____ House No. _____ Kebele Id No. _____ House Telephone No. _____
 Mobile _____ Office _____ Work place/Address _____
 Educational Level _____ Employment Status _____

3. Number of family members in the household

S. No.	Name	Age	Sex	Religion	Type of relationship	Education Level

4. Marital Status

Married _____ Single _____ Divorced _____
 Separated _____ Deceased _____
 (if married) date of marriage date _____, month _____, year _____
 Type of marriage; Traditional _____ Religious _____
 Municipality _____
 Duration of marriage _____
 If previously divorced, divorce certificate _____
 Evidence if single _____
 If the spouse deceased, deceased certificate _____

5. Children up bring interest

Why do you wish to provide care as foster family?

If married are both spouses willing to provide care for child as foster family?

Explain

Do you have previous experience concerning in raising children? Yes No

If you have previous experience mention your strong side

Please list good behavior terms and regulations those children must follow if married does your spouse agreed on the children good behavior, terms and regulations? Explain

What do you think other family members of your household or children feel about your willingness to provide care and raise foster child

What do you think close friends and relatives feel about your decision to be volunteer foster family?

6. Evidence of Source of Income

Detail description of the foster family mother source of income

Detail description of the foster family father source of income

7. Health status

Is there any member of your family who is disabled or with health complication?

Explain _____

If there is any health complication in your household do you think the situation may crate challenges to provide care to your foster child?

8. Criminal record

Does the foster family mother previously committed any crime

Explain _____

Does the foster family father previously committed any crime

Explain _____

Does the foster family member previously committed any crime

Explain _____

9. Others

Status of your residence _____ Private Rental _____ Dependant
(accommodate with family)_____

Accessibility of school medical center, transpiration, restaurant around your
residence _____

What is the most frequent transportation system that you use? _____

Do you have the willingness to take your foster child to court, hospital or visit

Do you have pets in your house hold? _____

If your answer is yes please specify the type of your pet? _____

Does your pet properly vaccinated? _____

Please explain the specific room prepared for your foster child? _____

If bed for your foster child is not prepared are you planning for him/her to
share bed with other person _____

I hereby confirm by my signature that the information that I have provided in
here is true to the best of my knowledge, I hereby also covenanted to raise my
foster child as my biological child giving love and affection I will also raise the
child with discipline future more my entire household are absolutely have
willingness to raise a foster child.

Name of the foster family mother

Name of the foster family father

Name

Name

Date

Date

Signature

Signature

Social Expert evaluating foster family service provision

Name

Signature

Date

1.....

.....

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2.....

Foster family care service contract agreement

Photograph of the foster child and foster family

1. General information about the child and his parent

Name of the Child		Name of Foster parents
Birth date of the child	Date the child entered into the service Date-----Month----- Year-----	Address
Duration of care of Foster parents		-----

2. Trustee family care service parents, government institution responsible to follow up children’s affairs or the framework responsibility of institutions confiding to the care

Obligations of government institutions responsible to follow up children’s affairs or institutions confiding to the care	Obligations of Foster parents
Facilitating training opportunities’ to parents receiving trustee if necessary Regularly following up the growth of the child, the assimilation and getting together of the child with the family. Keeping the confidentiality of any confidential information related with the trustee family. The capacity of the government	Making the child that has joined the family to enjoy equal love and care like the children within the family, Even if the peace of the family is shaken, seriously protecting the right and safety of the children, Ensuring that the trustee family will not cause a serious penalty and exploitation on the child and making affirmative discipline procedures if necessary, Making follow up on the general health statues of the child, providing

institution responsible for children affairs / institution confiding to the care to take away the child from the parent provided that the child is subject to an action that can endanger him caused by the foster family, creating awareness to the foster family around this issue, Providing timely and problem solving responses when the truest family requires information, Facilitating/proposing strategies to provide a sustainable support and care to the child (including making to be beneficiary of adoption service),

the necessary medical treatment if the child ill,
 Enabling the child to attend his education properly and fulfilling the necessary educational materials,
 Honestly cooperating for the support and follow up made by the relevant body after the child is assigned, providing true and clear information;
 Actively participating in trainings provided by different bodies around the good custody of children and related issues,
 In the event that the trustee family evacuates their residence area due to different reasons, they should notify to the institution confiding the care at least one month in advance;
 Facilitating the transfer and cooperating in the case the child is required to join to his biological parents,

We have confirmed with our respective signature that we have agreed to observe the obligations stipulated above in order to protect the right and safety of the child and to discharge other responsibilities according to the directive.

Foster parents care service Representatives

Foster parents

Government body responsible to

Follow up children’s affairs

Name-----

Name-----

Signature-----

Signature-----

Job Title -----

Job Title -----

Date-----

Date-----

Orphanage institution/ Institution
Confiding to the care

Name-----
Signature-----
Job Title -----
Date-----

Biological parents (if alive)

Name-----
Signature-----
Date-----

Attachment One

- Name of the visited family _____
- Name of the child _____
- Kebele _____
- Visiting authority _____
- Gender _____
- Age _____
- Date _____

❖ General Information

1. Health Status of the child

1.1. Changes observed on the health status of the child

1.2. A seriousness of health situation that should be given attention

The feeding of the child

2. The Psychological and social interaction situation of the child

2.1. Change of behaviors observed after the child joined his foster families

2.2. School learning situation of the child (if the child has attained school age)

Checked by

Title

Signature

Attachment 2: Domestic adopting parent form

An application form required for adoption process

- Date of Submission of the request _____
1. Persons that requested the adoption
 - Full name of the applicant _____
 - Gender _____
 - Date of birth _____
 - Marital status : Married Single Divorced
 - Full name of Marriage partner _____ Age _____
Religion _____ Residence of the couples/her/him _____
 - Address: Region _____ City _____ Sub City _____ District _____
Kebele _____ Special name of the place _____ House No. _____
Telephone No. _____ P.O.Box _____
 2. Health status certificate : Presented Not presented
 3. Income status Statement Presented Not presented
 4. Certificate of good conduct: Presented Not presented
 5. Social interaction with the surrounding _____
 6. Taking training about custody of children, adoption etc. _____
 7. Number of biological children and their gender composition: Female _____ Male _____ Total _____ adoptee child (if any) Male _____ Female _____
Total _____ Total volume of the family _____
 8. The inspiration behind the reason for making adoption: _____

9. Statement about the consent issued to the relevant body to be able to make a door to door visit after the adoption assignment and consent to timely submit the post adoption follow up report .

10. Information with regard to the child they are desirous to take in adoption

Gender_____ Age_____ Educational level _____ Religion_____

Health status of the child _____ (No special problem) Child with special need _____

With regard to the family status of the child

- have both surviving parents _____
- One parent is alive _____
- Both parents are not alive _____
- Disposed child _____

I/we, applicants Mr. _____ and Mrs. _____ are residence of the above mentioned address and we are desirous to take child _____ from _____ institution/individual for a custodian in a domestic adoption, thus we cordial request your institution to provide the necessary support .

Name of applicant _____

Signature _____

Date _____

Name of marriage partner

Signature _____

Date _____

Notes

Notwithstanding the above mentioned form, it is possible to use forms underlined for foster family care programs by making them suitable for domestic adoption programs.

