

PS-MAPP FAMILY PROFILE SUMMARY

<input type="checkbox"/> Foster home <input type="checkbox"/> Adoptive home <input type="checkbox"/> Both			Initial study date	
FC provider number		Adopt provider number		IAES number
Author of homestudy			Agency phone number	
Renewal month			Date of updates/renewals	
Name			Name	
DOB		Social Security number	DOB	Social Security number
Address				
County of residence			Home phone	
Work phone			Work phone	
Cell phone			Cell phone	
Occupation			Occupation	
E-mail address			E-mail address	
School district			Mandatory reporter training date	
Smoking habits			Pets	
Household Members	DOB	Grade/Occupation	Race	Role in Family (birth child, adopted, foster)
Child Preferences:				
<input type="checkbox"/> Foster <input type="checkbox"/> Adopt <input type="checkbox"/> Either			Age range	Sex
			to	
Ethnic background		HIV status		License capacity
Legal risk: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tx level: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sibling group: <input type="checkbox"/> Yes <input type="checkbox"/> No

Special needs the applicants *WILL* consider:

Special needs the applicants *WILL NOT* consider:

If preferences are different for foster and adoptive placement, indicate differences here:

Family's strengths:

Family's needs:

Additional comments: