Catholic Charities

Helping People, Strengthening Families, Building Community

STEPPARENT ADOPTION APPLICATION LETTER

Thank you for selecting our agency for stepparent adoption screening services! Catholic Charities of the Diocese of Green Bay, Inc. offers stepparent adoption screenings services in accordance with Wisconsin State Statutes. Our Stepparent Adoption program follows the procedures and policies of the State as well as those established by the Agency. We are pleased that you have selected Catholic Charities as the agency to assist you in the adoption process.

APPLICATION MATERIALS

Enclosed is a packet of forms that must be completed as the initial step of the stepparent adoption screening process for Catholic Charities. Please complete and return the following forms to the agency as soon as possible:

#	Form	Form Number
1	Stepparent Adoption Application	SP-2
2	Financial Statement	810
3	Safe Questionnaire I	n/a
4	Consent for the Release of Information	AD-8
5	Statement of Health	AD-9
6	Reference List	AD-3
7	Background Information Disclosure	HFS-64

In order to meet the requirements set forth by the State of Wisconsin, the following documents must be provided to the agency on or prior to the date of the screening interview:

#	Name of Document
1	Certificate of Marriage
2	Divorce Decree(s) (if applicable)
3	Birth certificates for all household members
4	Military release Form DD214 (if applicable)
5	Letter Verifying Employment from Employer(s)

BACKGROUND CHECKS AND FEES

In accordance with Wisconsin Statutes, a series of background checks must be conducted on behalf of the petitioning stepparent. The various agencies involved in the check of public

records are: County Clerk of Courts and/or Sheriff's Department; County Department of Health & Family Services as well as the Wisconsin Department of Justice.
Enclosed in the packet, you should also find the consent form required by each agency to release your information to the agency. Once the forms are completed, please return them along with your payment to our agency, *your caseworker will forward them to the appropriate offices.*

STEPPARENT ADOPTION SCREENING FEE

Catholic Charities has established a fee of $450 for providing Stepparent Adoption Services. This fee includes one or more of the following activities:

- Preparation and review of public records check
- Correspondence with County Sheriff's Department, County Department of Health & Family Services, and Wisconsin Department of Justice
- Correspondence with Attorney, Guardian Ad Litem, and/or Paralegal workers
- Stepparent Screening Interview
- Interaction with birth parent terminating parental rights (if necessary)
- Correspondence with References
- Preparation of Investigative Report to the presiding Judge, Attorney(s), Guardian Ad Litem, and Family members.

Please make your check payable to Catholic Charities in the amount of $450.00.

This payment is required at the same time that the application materials are returned to the agency. Should you, for some reason, terminate your request for the stepparent adoption service, all time and fees are billable to the client.

The process of investigation on behalf of the agencies performing public records check might take up to 6 weeks. Typically the documents are returned to the agency within 4 weeks and an interview time can be set shortly thereafter.

However we recommend waiting until you have completed the screening interview with Catholic Charities prior to setting your hearing date with the court. This will avoid having to establish a continuum on your court date.

I shall contact you immediately when the references and background checks are returned to set up an interview time. Should you have any questions feel free to reach me at (920) 272-8234.

Thank you for your interest in our program!
Child Welfare Staff of Catholic Charities

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APPLICATION FOR STEPPARENT ADOPTION SERVICES

Husband			Wife		
Last Name	First	Middle	Last & Maiden Name	First	Middle
Driver's License #			Driver's License #		
Social Security #			Social Security #		

Residence & Contact Information

Number Street City State Zip Code County Township

Telephone: (Home) _____ (Work-Husband) _____ (Work-Wife) _____

Can we leave messages for you at home? Yes No Can we leave messages for you at work? Yes No

Please include all contact information that we can reach you at and leave messages at:

_____ email _____ cell phone (husband) _____ cell phone (wife)

Please attach a list of ALL Counties and States that you have resided in the last 5 years

Birth Information

Date	**Place**	**Date**	**Place**
Nationality/Ethnicity		**Nationality/Ethnicity**	

Religion

Denomination	**Denomination**
Name & Location of Church	**Name & Location of Church**
City & Church of Baptism	**City & Church of Baptism**

Marriage History

Date of Current Marriage:

City/Location:

Previous Marriages:	**Date/Place**	**Previous Marriage:**	**Date/Place**
Date of Separation	**Date Divorced**	**Date of Separation**	**Date Divorced**

Education

Schools Attended, Dates, Field, Degree	Schools Attended, Dates, Field, Degree

Application-Page 2

Husband		Wife	
Employment *Please include past 5 years of employment history, attach additional sheets if necessary*			
Current Occupation	Employment Date	Current Occupation	Employment Date
Annual Gross Income:		Annual Gross Income:	
Duties	Working Hours/Days	Duties	Working Hours/Days
Employer Name & Address	Phone	Employer Name & Address	Phone
Previous Employment	Reason for Leaving	Previous Employment	Reason for Leaving
Employer Name	Employment Dates	Employer Name	Employment Dates
Previous Employment	Reason for Leaving	Previous Employment	Reason for Leaving
Employer Name	Employment Dates	Employer Name	Employment Dates
Military Service			
Branch	Service Dates	Branch	Service Dates
Rank/Rate	Type of Discharge	Rank/Rate	Type of Discharge
Health			
Current Health Status (indicate medical history)		Current Health Status (indicate medical history)	
Physician Name/Address	Phone	Physician Name/Address	Phone

Children & Others in the Household

Full Name	Date of Birth	Birth Place	Relationship	Child to be Adopted?

Previous Adoption Experience				
Has individual and/or couple ever applied to adopt before? If so, when, and with what agency and what was the result?				
Has individual and/or couple ever been licensed as a foster home before? If so, when and with what agency?				
If Yes to either: Was a license ever issued?		Date Applied for:		Licensure Date(s):
Name of Licensee		Name under which license was issued:		
Was a license(s) ever revoked?		If yes, indicate when, by whom & reason:		
Birthparent whose rights are to be terminated:				
Name:				
Address:				
Additional Information:				

Insurance: Please Circle				
Homeowners/Renters:	Yes	No		
Health	Yes	NO		
Automobile	Yes	NO		
Life Insurance	Yes	NO	Amount: $	Carrier:

Please circle to indicate whether the descriptions below apply to you, your spouse, or a member of your family of origin.				
Treated for Alcoholism?	Husband	Wife	Family Member	When?
Treated for Drug Abuse?	Husband	Wife	Family Member	When?
Hospitalized for Mental Illness?	Husband	Wife	Family Member	When?
Convicted of a Crime?	Husband	Wife	Family Member	When?

I/We understand that this information is confidential. In making this application, there is no guarantee that an adoption will occur. Any falsification may disqualify me/us from the adoption process.

Applicant Signature		**Date**	
Applicant Signature		**Date**	

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CHILD WELFARE SERVICES

REFERENCE LIST

Please provide the name(s) and contact information of 3 persons whom you are not related to.

#	Name	Address	Phone	Relationship with Reference
1				
2				
3				

FORM SP-12, REVISED 5/5/11

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Statement of Health

Applicant Name: _____
DOB: _____ Social Security Number: _____
Address: _____
Telephone #: _____
Name of Spouse: _____ Date of Marriage: _____

****

Please Answer the Following Questions:

1. Have you or any of your family members ever had diabetes or tuberculosis?
   _____ Yes _____ No

2. Have you or any of your family members (siblings, parents, etc.) ever attempted suicide or had a mental disorder?
   _____ Yes _____ No

3. Have you ever been rejected from Military Service or given a Medical Discharge?
   _____ Yes _____ No

4. Has your Life Insurance ever been declined, postponed or minified?
   _____ Yes _____ No

   Please explain for questions answered yes: _____
   _____
   _____

5. Have you ever been under observation for any of the following?
   (Please circle any that apply)

   A. Fainting spells, headaches, nervousness, unconsciousness, and epilepsy?
   B. Asthma, TB, spitting of blood, pleurisy?
   C. Gout, Rheumatism, Sciatica, Syphilis, Gonorrhea?
   D. Ulcer of the stomach or Duodenum, indigestion, Colitis or Appendicitis?
   E. Kidney or Gallbladder Disease, Goiter, Thyroid or Chronic Diarrhea?
   F. Albumin, sugar, blood or cast in urine?
   G. Have you ever had any other disease, injury, treatment or operation?

Please explain for questions answered yes: _____
_____
_____

****

_____ _____
Signature Date

FORM AD-8, REVISED 07/14/09

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CHILD WELFARE SERVICES

FINANCIAL STATEMENT

Client Name: _____ Case #: _____

Date of Completion: _____

INCOME:	GROSS	NET (After Taxes)
Husband:	$_____	$_____
Wife:	$_____	$_____
Other Sources:	$_____	$_____
TOTAL INCOME:	$_____	$_____

ASSETS:	VALUE OF	DEBT REMAINING
Home Ownership	$_____	$_____
Savings Account	$_____	
Stocks, Bonds Retirement, etc	$_____	
Other (specify)	$_____	
Checking Account	$_____	
TOTAL ASSETS:	$_____	

INSURANCE:	VALUE (death benefit)	CASH VALUE
Life Insurance Policies		
Husband	$_____	$_____
Wife	$_____	$_____

Medical Insurance ☐ YES ☐ NO

LIABILITIES:

Amount Remaining on Mortgage $_____

Loans, Notes, Installments (specify) $_____

Other Debts (specify) $_____

TOTAL PERSONAL DEBT $_____

FIXED MONTHLY EXPENSES:

Rent $_____
Mortgage $_____
Monthly Installments on Loans other than mortgage $_____
Insurance Premuims $_____
Savings $_____

VARIABLE MONTHLY EXPENDITURES:

Heat $_____
Utilities $_____
Groceries $_____

Transportation $_____
Clothing $_____
Household Items $_____
Medical/Dental $_____
Recreation $_____
Church Support $_____
Other Expenses $_____

TOTAL MONTHLY INCOME $_____ **TOTAL MONTHLY EXPENSES** $_____

How would you describe your financial condition at this time?

What is your plan for payment of Adoption Related Expenses?

Have either husband or wife ever filed for Bankruptcy or have a history of financial mismanagement? If yes, please explain:

Do either husband or wife have any pending fnancial related lawsuits or claims at this time? If yes, explain:

****

By signing this form you are stating that the information provided is true and accurate to the best of your knowledge. Please include verification of employment and income with this form.

_____ _____
Signature Father Signature Mother

_____
Date

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CONSENT FOR THE RELEASE OF FINDINGS

We, the undersigned, do hereby agree to have Catholic Charities perform Local Police, Criminal Investigation, Driving Record, Clerk of Courts, Sheriff's Department, and Social Service Child Abuse/Neglect background checks for any records pertaining to complaints or arrests. If information exists, it may be released to the above named agency.

Print Name	Date
Signature	Social Security Number
Maiden Name and/or Alias	Date of Birth
Print Name	Date
Signature	Social Security Number
Maiden Name and/or Alias	Date of Birth

This consent will expire six months after date of signing.

****

This Space is to be Completed by Authorized Agent and/or Organization

- This Agency/Organization _____ has had
  (Name of Agency/Organization)
  the following contacts with the petitioner (please specify the dates and nature of contacts on reverse side, and **include a copy of the child protective record from WiSACWIS, if applicable)**.

- There is no record of any contacts with said petitioner with this agency and/ or organization _____
  (Please indicate "none" if applicable).

Signature of Authorized Agent _____ Date _____

Form AD-5, Revised 07/14/09

Instructions

SAFE QUESTIONNAIRE I

- Please answer the following questions as they apply to you.
- Check all the choices that apply. Most of the questions have more than one answer.

PRINT NAME: _____ DATE: _____

1. Who primarily raised you?

- ☐ Mother and Father
- ☐ Father
- ☐ Mother
- ☐ Mother and Stepparent
- ☐ Father and Stepparent
- ☐ Stepmother
- ☐ Stepfather
- ☐ Maternal Grandparent(s)
- ☐ Paternal Grandparent(s)
- ☐ Aunt(s) and/or Uncle(s)
- ☐ Older Sibling(s)
- ☐ Adoptive Parent(s)
- ☐ Foster Parent(s)
- ☐ Institutional Caretaker(s)
- ☐ Legal Guardian(s)
- ☐ Other: _____

2. Were you separated from either or both of your parents during your childhood for any of the following reasons?

- ☐ No separations
- ☐ Parents separated
- ☐ Parents divorced
- ☐ Death of parent(s)
- ☐ Abandoned by parents(s)
- ☐ Parent(s) long-term hospitalization
- ☐ Parent(s) in military
- ☐ Parent(s) in prison
- ☐ Removed from your home by police or social services
- ☐ Other: _____

3. How old were you when you moved away from your parent(s)or primary caretaker(s) home?

- ☐ ____ years of age
- ☐ I currently live with my parent(s) or primary caretaker(s)

4. What were the circumstances that led you to leave home?

_____

_____

5. Among the children in your family, what is your position?

- ☐ Only child
- ☐ Number ____ of ____ children

6. Check the boxes that best characterize your childhood relationship with your mother:

- ☐ No relationship
- ☐ Abusive
- ☐ Idolized
- ☐ Neglectful
- ☐ Caring
- ☐ Supportive
- ☐ Fun
- ☐ Friendly
- ☐ Warm
- ☐ Gentle
- ☐ Smothering
- ☐ Demonstrative
- ☐ Over protective
- ☐ Respectful
- ☐ Affectionate
- ☐ Anxious
- ☐ Consistent
- ☐ Distant/Uninvolved
- ☐ Superficial
- ☐ Strained
- ☐ Close
- ☐ Took care of mother
- ☐ Afraid of mother
- ☐ Unpredictable
- ☐ Full of conflict
- ☐ Relaxed
- ☐ Loving
- ☐ Other: _____

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7. **Check the boxes that best characterize your childhood relationship with your father:**

☐ No relationship	☐ Friendly	☐ Affectionate	☐ Took care of father
☐ Abusive	☐ Warm	☐ Anxious	☐ Afraid of father
☐ Idolized	☐ Gentle	☐ Consistent	☐ Unpredictable
☐ Neglectful	☐ Smothering	☐ Distant/Uninvolved	☐ Full of conflict
☐ Caring	☐ Demonstrative	☐ Superficial	☐ Relaxed
☐ Supportive	☐ Over protective	☐ Strained	☐ Loving
☐ Fun	☐ Respectful	☐ Close	☐ Other: _____

8. **If you were not primarily raised by your mother and/or father, which of the following best describes your relationship with your primary caretaker(s)?**

☐ Non-Applicable	☐ Friendly	☐ Affectionate	☐ Predictable
☐ Abusive	☐ Warm	☐ Anxious	☐ Educational
☐ Idolized	☐ Gentle	☐ Consistent	☐ Unpredictable
☐ Neglectful	☐ Smothering	☐ Distant/Uninvolved	☐ Full of conflict
☐ Caring	☐ Crazy making	☐ Superficial	☐ Relaxed
☐ Supportive	☐ Over protective	☐ Strained	☐ Loving
☐ Fun	☐ Respectful	☐ Close	☐ Other: _____

9. **Check the boxes that best describe what your childhood experience was like:**

☐ Painful	☐ Stable	☐ Traumatic
☐ Happy	☐ Confusing	☐ Spoiled
☐ Fun	☐ Frightening	☐ Enjoyable
☐ Wonderful	☐ Chaotic	☐ Sad
☐ Exciting	☐ Lonely	☐ Stimulating
☐ Unhappy	☐ Secure	☐ Difficult to remember
☐ Carefree	☐ Sickly	☐ Other: _____

10. **Check the boxes that best describe your parents'/primary caretakers' relationship with each other when you were a child:**

☐ No relationship	☐ Cold	☐ Committed
☐ Divorced	☐ Loving	☐ Hostile
☐ Separated	☐ Violent	☐ On again/off again
☐ Close	☐ Fulfilling	☐ Supportive
☐ Happy	☐ Full of Conflict	☐ Relaxed
☐ Fun and playful	☐ Domineering/Submissive	☐ Affected by alcohol/drug abuse
☐ Distrustful and suspicious	☐ Tense	☐ Other: _____

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11. How would you rate your parents'/primary caretakers' ability to manage their lives?

Mother or Primary Caretaker	Father or Primary Caretaker
☐ Very good	☐ Very good
☐ Good	☐ Good
☐ Fair	☐ Fair
☐ Poor	☐ Poor
☐ Unknown	☐ Unknown

12. Check the boxes that best describe the personal characteristics of your mother or primary caretaker when you were a child:

☐ Not applicable	☐ Active	☐ Moody	☐ Easy going
☐ Loving	☐ Outgoing	☐ Overly critical	☐ Kind
☐ Perfectionist	☐ Generous	☐ Hardworking	☐ Self centered
☐ Domineering	☐ Aggressive	☐ Flexible	☐ Unforgiving
☐ Isolated	☐ Shy	☐ Content	☐ Stubborn
☐ Happy	☐ Irresponsible	☐ Serious	☐ Irrational
☐ Optimistic	☐ Pessimistic/Worrier	☐ Compassionate	☐ Manipulative/Controlling
☐ Calm	☐ Temperamental	☐ Friendly/Social	☐ Passive
☐ Violent	☐ Understanding	☐ Warm	☐ Prejudiced
☐ Substance Abuser	☐ Nervous/Anxious	☐ Supportive	☐ Emotional
☐ Preoccupied	☐ Fun/Playful	☐ Dramatic	☐ Reassuring
☐ Self-confident	☐ Rigid	☐ Irritable	☐ Other: _____

13. Check the boxes that best describe the personal characteristics of your father or other primary caretaker when you were a child:

☐ Not applicable	☐ Active	☐ Moody	☐ Easy going
☐ Loving	☐ Outgoing	☐ Overly critical	☐ Kind
☐ Perfectionist	☐ Generous	☐ Hardworking	☐ Self centered
☐ Domineering	☐ Aggressive	☐ Flexible	☐ Unforgiving
☐ Isolated	☐ Shy	☐ Content	☐ Stubborn
☐ Happy	☐ Irresponsible	☐ Serious	☐ Irrational
☐ Optimistic	☐ Pessimistic/Worrier	☐ Compassionate	☐ Manipulative/Controlling
☐ Calm	☐ Temperamental	☐ Friendly/Social	☐ Passive
☐ Violent	☐ Understanding	☐ Warm	☐ Prejudiced
☐ Substance abuser	☐ Nervous/Anxious	☐ Supportive	☐ Emotional
☐ Preoccupied	☐ Fun/Playful	☐ Dramatic	☐ Reassuring
☐ Self-confident	☐ Rigid	☐ Irritable	☐ Other: _____

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14. Who primarily disciplined you during your childhood?

- ☐ Both parents equally
- ☐ Mother
- ☐ Father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Older sibling(s)
- ☐ Maternal grandparent(s)
- ☐ Paternal grandparent(s)
- ☐ Aunt and/or uncle
- ☐ Foster parent(s)
- ☐ Legal guardian(s)
- ☐ Primary caretaker(s)
- ☐ Other_____

15. Check the boxes that best describe the way your parent(s)/primary caretaker(s) disciplined you during your childhood:

Mother or Primary Caretaker		Father or Primary Caretaker	
☐ Not applicable	☐ Praised positive behaviors	☐ Not applicable	☐ Praised positive behaviors
☐ Consistently	☐ Shamed	☐ Consistently	☐ Shamed
☐ Fairly	☐ Grounded	☐ Fairly	☐ Grounded
☐ Strictly	☐ Removed privileges	☐ Strictly	☐ Removed privileges
☐ Leniently	☐ Logical consequences	☐ Leniently	☐ Logical consequences
☐ Made idle threats	☐ Withheld food	☐ Made idle threats	☐ Withheld food
☐ Lectured	☐ Sent me to my room	☐ Lectured	☐ Sent me to my room
☐ Used time outs	☐ Ignored misbehaviors	☐ Used time outs	☐ Ignored misbehaviors
☐ Reasoned with me	☐ Used physical restraints (e.g., tied to bed)	☐ Reasoned with me	☐ Used physical restraints (e.g., tied to bed)
☐ Spanked		☐ Spanked	
☐ Physically punished (other than spanking)	☐ Other: _____	☐ Physically punished (other than spanking)	☐ Other: _____

16. Check the boxes that represent the personal values held by your parents/primary caretakers:

Mother or Primary Caretaker		Father or Primary Caretaker	
☐ Not applicable	☐ Honesty	☐ Not applicable	☐ Honesty
☐ Religious beliefs	☐ Family closeness	☐ Religious beliefs	☐ Family closeness
☐ Compassion	☐ Family support	☐ Compassion	☐ Family support
☐ Social conscience	☐ Social status	☐ Social conscience	☐ Social status
☐ Strong work ethic	☐ Education	☐ Strong work ethic	☐ Education
☐ Being responsible	☐ Self Respect	☐ Being responsible	☐ Self Respect
☐ Freedom of expression	☐ Independence	☐ Freedom of expression	☐ Independence
☐ Leading a balanced life	☐ Making money	☐ Leading a balanced life	☐ Making money
☐ Being a parent	☐ Fidelity	☐ Being a parent	☐ Fidelity
☐ Patriotism	☐ Healthy Life Style	☐ Patriotism	☐ Healthy Life Style
☐ Other: _____		☐ Other: _____	

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17. How do your own personal values compare to those of your parents/primary caretakers?

- ☐ Basically share the same values
- ☐ Share most of their values
- ☐ Share some of their values
- ☐ Do not share any of their values
- ☐ Don't know

18. Check the boxes that best describe your parents'/primary caretakers' attitudes about sexuality when you were a child:

Mother or Primary Caretaker		Father or Primary Caretaker	
☐ Unknown	☐ Awkward discussing	☐ Unknown	☐ Awkward discussing
☐ Open about sexuality	☐ Believed sex was sinful	☐ Open about sexuality	☐ Believed sex was sinful
☐ Comfortable discussing	☐ Liberal sexual attitudes	☐ Comfortable discussing	☐ Liberal sexual attitudes
☐ Old fashioned	☐ Conservative attitudes	☐ Old fashioned	☐ Conservative attitudes
☐ Never discussed sex	☐ Sexually repressed	☐ Never discussed sex	☐ Sexually repressed
☐ No sex before marriage	☐ Sexually irresponsible	☐ No sex before marriage	☐ Sexually irresponsible
☐ Condemned homosexuality	☐ Knowledgeable	☐ Condemned homosexuality	☐ Knowledgeable
☐ Supported sex education	☐ Other: _____	☐ Supported sex education	☐ Other: _____

19. Check the boxes that best describe what you were like as a child (pre-teenage years):

☐ Happy	☐ Awkward	☐ Responsible	☐ Rebellious	☐ Shy
☐ Temperamental	☐ Self-confident	☐ Sad	☐ Disobedient	☐ Curious
☐ Stubborn	☐ Friendly	☐ Irresponsible	☐ Outgoing	☐ Compliant
☐ Unhappy	☐ Calm	☐ Anxious/Nervous	☐ Sickly	☐ Thoughtful
☐ Aggressive	☐ Serious	☐ Active	☐ Insecure	☐ Quiet
☐ Fearful	☐ Hyperactive	☐ Funny	☐ Obedient	☐ Other: _____

20. Check the boxes that best describe what you were like as a teenager:

☐ Happy	☐ Awkward	☐ Responsible	☐ Rebellious	☐ Shy
☐ Temperamental	☐ Self-confident	☐ Sad	☐ Disobedient	☐ Curious
☐ Stubborn	☐ Friendly	☐ Irresponsible	☐ Outgoing	☐ Compliant
☐ Unhappy	☐ Calm	☐ Anxious/Nervous	☐ Sickly	☐ Thoughtful
☐ Aggressive	☐ Serious	☐ Active	☐ Insecure	☐ Quiet
☐ Fearful	☐ Hyperactive	☐ Funny	☐ Obedient	☐ Other: _____

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21. When you were a child, with whom would you confide?

- ☐ Mother
- ☐ Father
- ☐ Sibling(s)
- ☐ Grandparent(s)
- ☐ Aunt(s)/Uncle(s)
- ☐ Stepparent
- ☐ Primary Caretaker(s)
- ☐ Cousins(s)
- ☐ Counselor(s)/Teacher(s)
- ☐ Psychiatrist(s)/Psychologist(s)/Social Worker(s)
- ☐ Clergy
- ☐ Others:

22. When you were a child or adolescent, did you require counseling or psychiatric care?

- ☐ No
- ☐ Yes

23. Are there issues, traumatic incidents or accidents from your childhood that currently cause you distress?

- ☐ No
- ☐ Yes

24. Check the boxes that best describe your early dating experiences:

- ☐ Didn't date
- ☐ Fun
- ☐ Unremarkable
- ☐ Traumatic
- ☐ Too much too soon
- ☐ Dull
- ☐ Extensive
- ☐ Unusual
- ☐ Pressured
- ☐ Frightening
- ☐ Exciting
- ☐ Limited
- ☐ Other: _____

25. Check the boxes that best describe your early sexual experiences:

- ☐ Limited
- ☐ Traumatic
- ☐ Awkward
- ☐ Exciting
- ☐ Unremarkable
- ☐ Unusual
- ☐ Romantic
- ☐ Regretful
- ☐ Frightening
- ☐ Confusing
- ☐ Shameful
- ☐ Amusing
- ☐ Pleasurable
- ☐ Abusive
- ☐ Pressured
- ☐ Other: _____

26. If you were married previously, how did your marriage(s) end?

- ☐ Not Applicable
- ☐ Death of spouse(s)
- ☐ Divorce
- ☐ Annulment

27. If you were previously in a domestic partnership(s), how did your partnership(s) end?

- ☐ Not Applicable
- ☐ Terminated partnership without legal agreement(s)
- ☐ Terminated partnership with legal agreement(s)

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28. If you went through a divorce or terminated a domestic partnership, check the boxes that best describe what the experience was like for you:

- ☐ Not Applicable
- ☐ Easy
- ☐ Expensive
- ☐ Frightening
- ☐ Painful
- ☐ Unfair
- ☐ Bitter
- ☐ Amicable
- ☐ Crazy
- ☐ Frustrating
- ☐ Fair
- ☐ Devastating
- ☐ A relief
- ☐ Long and drawn out
- ☐ Depressing
- ☐ Other: _____

29. Have you ever been in a custody dispute?

☐ No ☐ Yes

30. How long did you know your current spouse/partner before you were married or established a domestic partner relationship?

- ☐ Not Applicable
- ☐ Less than 6 months
- ☐ Less than a year
- ☐ 1 to 2 years
- ☐ 3 to 4 years
- ☐ 5 to 7 years
- ☐ 8 to 12 years
- ☐ 13 or more years

31. Check the boxes that best describe the characteristics of your current spouse/partner:

- ☐ Not Applicable
- ☐ Religious
- ☐ Uncaring
- ☐ Appreciative
- ☐ Affectionate
- ☐ Compassionate
- ☐ Dogmatic
- ☐ Introvert
- ☐ Emotional
- ☐ Friendly
- ☐ Rigid
- ☐ Self-centered
- ☐ Gentle
- ☐ Good listener
- ☐ Playful
- ☐ Distant
- ☐ Thoughtful
- ☐ Athletic
- ☐ Workaholic
- ☐ Prejudiced
- ☐ Careful
- ☐ Outgoing
- ☐ Quick tempered
- ☐ Worrier
- ☐ Domineering
- ☐ Supportive
- ☐ Predictable
- ☐ Considerate
- ☐ Unhappy
- ☐ Argumentative
- ☐ Competitive
- ☐ Sarcastic
- ☐ Faultfinding
- ☐ Flexible
- ☐ Abusive
- ☐ Moody
- ☐ Stubborn
- ☐ Depressed
- ☐ Tolerant
- ☐ Communicative
- ☐ Clear thinking
- ☐ Anxious
- ☐ Smart
- ☐ Social
- ☐ Happy
- ☐ Unforgiving
- ☐ Understanding
- ☐ Honest
- ☐ Romantic
- ☐ Generous
- ☐ Dependable
- ☐ Impulsive
- ☐ Good sense of humor
- ☐ Kind
- ☐ Energetic
- ☐ Other: _____

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32. Check the boxes that best describe the various roles you and your spouse/partner play in the relationship:

Roles you play in relationship		Roles spouse/partner plays in relationship	
☐ Not Applicable	☐ Wage earner	☐ Not Applicable	☐ Wage earner
☐ Head of household	☐ Decision maker	☐ Head of household	☐ Decision maker
☐ Leader	☐ Rational one	☐ Leader	☐ Rational one
☐ Emotional one	☐ Organizer	☐ Emotional one	☐ Organizer
☐ Social planner	☐ Compromiser	☐ Social planner	☐ Compromiser
☐ Initiator	☐ Caregiver	☐ Initiator	☐ Caregiver
☐ Peacemaker	☐ Follower	☐ Peacemaker	☐ Follower
☐ Comforter	☐ Negotiator	☐ Comforter	☐ Negotiator
☐ Risk taker	☐ Manager	☐ Risk taker	☐ Manager
☐ Money manager	☐ Homemaker	☐ Money manager	☐ Homemaker
	☐ Other: _____		☐ Other: _____

33. How often do you and spouse/partner argue?

☐ Not Applicable	☐ Once or twice a year	☐ Almost daily
☐ Never	☐ Once or twice a month	☐ Once a day
☐ Rarely	☐ Once or twice a week	☐ Several times a day

34. Check the boxes that best describe the major areas of conflict between you and your spouse/partner?

☐ Not Applicable	☐ Personal habits	☐ Sexual relations	☐ Personal expectations
☐ Discipline of children	☐ Household chores	☐ Politics	☐ Friends
☐ Religion	☐ Work	☐ Values	☐ Leisure time
☐ Alcohol/Drugs	☐ Infidelity	☐ Separate activities	☐ Shared activities
☐ Emotional closeness	☐ Emotional separateness	☐ Time apart	☐ Time together
☐ Family involvement	☐ Money	☐ Travel	☐ Other _____

35. Check the boxes that best describe the way you typically react when you have a major disagreement with your spouse/partner:

☐ Not Applicable	☐ Agree to disagree
☐ Reach agreement through mutual give and take	☐ Sometimes yell and shout
☐ Take time to think things over before discussing	☐ Leave the house to cool off
☐ Give in and attempt to smooth things over	☐ Become silent
☐ Seek outside help such as a counselor/clergy person	☐ Try to outwit spouse/partner
☐ Sometimes pound or break things	☐ Things get physical (pushing, shoving, hitting)
☐ Change the topic	☐ Other: _____

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36. How sexually compatible are you and your spouse/partner?

☐ Not Applicable ☐ Compatible ☐ Not very compatible
☐ Very compatible ☐ Somewhat compatible ☐ Incompatible

37. Have you and your spouse/partner ever gone through a difficult period that threatened your relationship?

☐ No ☐ Yes ☐ Not Applicable

38. Have you and your spouse/partner ever separated?

☐ No ☐ Yes ☐ Not Applicable

39. Check the boxes that best describe your current relationship with your mother and father:

Relationship with Mother		Relationship with Father	
☐ Mother deceased	☐ Dependent	☐ Father deceased	☐ Dependent
☐ No contact	☐ Loving	☐ No contact	☐ Loving
☐ Strained	☐ Very close	☐ Strained	☐ Very close
☐ Distant	☐ Comfortable	☐ Distant	☐ Comfortable
☐ Caring	☐ Over involved	☐ Caring	☐ Over involved
☐ Emotionally intense	☐ Not involved enough	☐ Emotionally intense	☐ Not involved enough
☐ Flexible	☐ On again, off again	☐ Flexible	☐ On again, off again
☐ Hostile	☐ Problematic	☐ Hostile	☐ Problematic
☐ Understanding	☐ Enjoyable	☐ Understanding	☐ Enjoyable
☐ Argumentative	☐ Improving	☐ Argumentative	☐ Improving
☐ Manipulative	☐ Gratifying	☐ Manipulative	☐ Gratifying
☐ Positive	☐ I am caretaker for	☐ Positive	☐ I am caretaker for
☐ Supportive	☐ Other:	☐ Supportive	☐ Other: _____

40. How helpful and supportive do you feel members of your extended family are/will be to you as a parent?

Your side of the family	Spouse/Partner's side of the family
☐ All family members are helpful and supportive	☐ Not Applicable
☐ Most family members are helpful and supportive	☐ All family members are helpful and supportive
☐ About half are helpful and supportive	☐ Most family members are helpful and supportive
☐ Few are helpful and supportive	☐ About half are helpful and supportive
☐ No family members are helpful and supportive	☐ Few are helpful and supportive
	☐ No family members are helpful and supportive

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41. **In some families, different viewpoints concerning such things as life-styles, personal values, religion, socio/economic status, sexual orientation, politics, etc., interfere with family relationships. To what degree is that the case in your family?**

- ☐ Issues such as these do not interfere with relationships within my family
- ☐ Issues such as these seldom interfere with relationships within my family
- ☐ Occasionally issues such as these interfere with relationships within my family
- ☐ Frequently issues such as these interfere with relationships within my family

42. **How comfortable are members of your extended family when it comes to being around and relating to children?**

Your side of the family

- ☐ All family members are comfortable
- ☐ Most family members are comfortable
- ☐ About half are comfortable
- ☐ Few are comfortable
- ☐ No family members are comfortable

Spouse/Partner's side of the family

- ☐ Not Applicable
- ☐ All family members are comfortable
- ☐ Most family members are comfortable
- ☐ About half are comfortable
- ☐ Few are comfortable
- ☐ No family members are comfortable

43. **List your siblings according to how close or distant your relationship is with them:**

- ☐ I don't have any brothers or sisters
- ☐ I am very close to: _____
- ☐ I am somewhat close to: _____
- ☐ I am distant from: _____
- ☐ I am in conflict with: _____

44. **How many members of your immediate and extended family are ready, willing and able to fully accept an unrelated child into the family?**

- ☐ All family members are ready, willing and able to fully accept
- ☐ Most family members are ready, willing and able to fully accept
- ☐ About half are ready, willing and able to fully accept
- ☐ Few are ready, willing and able to fully accept
- ☐ No family member is ready, willing and able to fully accept

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45. How many people in your life, outside of your family, are ready, willing and able to provide you support as a parent?

- ☐ There are numerous people who are ready, willing and able to be supportive
- ☐ There are several people who are ready, willing and able to be supportive
- ☐ There are a few select people who are ready, willing and able to be supportive
- ☐ There is one person who is ready, willing and able to be supportive
- ☐ There is nobody who is ready, willing and able to be supportive

46. How many people in your life cause you serious conflict and stress?

- ☐ There are numerous people who cause me serious conflict and stress
- ☐ There are several people who cause me serious conflict and stress
- ☐ There are a few select people who cause me serious conflict and stress
- ☐ There is one person who causes me serious conflict and stress
- ☐ There is nobody who causes me serious conflict and stress

47. Check the boxes that best describe your community involvement:

- ☐ Have no friends that I socialize with
- ☐ Have a few friends that I socialize with
- ☐ Have many friends that I socialize with
- ☐ Regular involvement in social organizations
- ☐ Occasional involvement in social organizations
- ☐ Rarely get involved in social organizations
- ☐ Other:_____
- ☐ Active in politics
- ☐ Regular attendance at religious services
- ☐ Occasional attendance at religious services
- ☐ Rarely/Never attend religious services
- ☐ Active in community organizations
- ☐ Occasional involvement in community organizations
- ☐ No involvement in community organizations

48. If you are employed outside of the home, how many hours per week do you work?

- ☐ Non-Applicable
- ☐ Less than 20 hours
- ☐ 20 - 30 hours
- ☐ 31 - 40 hours
- ☐ 41 - 50 hours
- ☐ More than 50 hours

49. If you are employed outside of the home, how long have you worked at your current job?

- ☐ Non-Applicable
- ☐ _____years and _____ months

50. Whether you work inside or outside the home, do you enjoy your work?

- ☐ No
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

51. Have you ever been fired?

☐ No ☐ Yes

52. Do you plan any career or job changes in the near future?

☐ No ☐ Yes

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53. **How do/will you discipline a child in your care?**

- ☐ Spanking
- ☐ Lecturing
- ☐ Rational discussion
- ☐ Consistently use reasonable consequences
- ☐ Ignore the child's misbehavior
- ☐ Discipline according to how I feel at the time
- ☐ Physical restraint, e.g., strap down in crib
- ☐ Make rules and consequences clear in advance
- ☐ Take away privileges
- ☐ Physical punishment other than spanking
- ☐ Use "time outs"
- ☐ Raise my voice
- ☐ Have my spouse/partner handle the discipline
- ☐ Tell child they are grounded
- ☐ Tell child he/she should be ashamed
- ☐ Threaten punishment in the future
- ☐ Tell child how angry he/she makes me
- ☐ Send child to their room
- ☐ Other: _____

54. **What is the overall condition of your health?**

☐ Excellent ☐ Good ☐ Fair ☐ Poor

55. **Have you ever been hospitalized or had surgery?**

☐ No ☐ Yes

56. **Are you currently taking any medication(s)?**

☐ No ☐ Yes

57. **Have you or any of the family members listed below had any of the following conditions? Indicate which family member by using the following code, place the appropriate number in front of the condition:**

1 = Self 2 = Parent(s) 3 = Sibling(s) 4 = Children 5 = Spouse/Partner

_____ Diabetes	____ Arthritis	_____ Seizures
_____ High blood pressure	____ Cancer	_____ Frequent headaches
_____ Ulcers	____ Colitis	_____ Asthma
_____ Hearing loss	____ Impaired sight	_____ Allergies
_____ Kidney disease	____ Insomnia	_____ Sickle cell anemia
_____ Heart condition	____ High cholesterol	_____ Tuberculosis
_____ Thyroid condition	____ Mental retardation	_____ Alcoholism
_____ Drug Addiction	____ Eating Disorder	_____ Anxiety/Panic attacks
_____ Depression	____ Bipolar Illness	_____ Schizophrenia
_____ Attention Deficit Disorder	____ Infertility/Sterility	_____ Sexually transmitted disease

_____ Other condition(s) not listed: _____

I affirm that the information given in this questionnaire is correct to the best of my ability.

Signature_____ **Date** _____

To check for form updates, press the ctrl key and click this link.

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
HFS-64 (02/05)

STATE OF WISCONSIN

BACKGROUND INFORMATION DISCLOSURE

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. Failure to comply may result in a denial or revocation of your license, certification or registration; or denial or termination of your employment or contract. Refer to the attached instructions (HFS-64 A) for additional information. Providing your social security number is voluntary, however, your social security number is one of the unique identifiers used to prevent incorrect matches.

Please print your answers.

Check the box that applies to you.

- ☑ Employe / Contractor (Including new applicant)
- ☐ Applicant for a license or certification or registration (including continuation or renewal)
- ☐ Household member / lives on premises - but not a client
- ☐ Other – specify:

NOTE: If you are an owner, operator, board member, or nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions.

Name - First and Middle	Name - Last	Position Title (Complete only if you are a prospective employe or contractor, or a current employe or contractor.)	
Any other names by which you have been known (including maiden name)	Birthdate	Gender (M / F)	Race
Address		Social Security Number(s)	
Business Name and Address of Employer or Care Provider (Entity)			

Section A - ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➢ If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➢ If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: ☐ (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➢ If Yes, explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➢ If Yes, explain, including when and where it happened.		

(Continued on next page)

Section A - Continued	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➢ If Yes, explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? ➢ If Yes, explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➢ If Yes, explain, including credential name, limitations or restrictions, and time period.		

Section B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied or revoked your license, certification or registration to provide care, treatment or educational services? ➢ If Yes, explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➢ If Yes, explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➢ If Yes, attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. ➢ You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
4. Have you resided outside of Wisconsin in the last 3 years? ➢ If Yes, list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➢ If Yes, list the date of each check, and the name, address and phone number of the person, facility or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? ➢ If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.		

A "NO" answer to all questions does not guarantee employment, residency, a contract or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to $1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

YOUR SIGNATURE	Date Signed