

COLOMBIA HOSTING PROGRAM **PSYCHOSOCIAL STUDY FOR HOST FAMILY**

Social worker information:

Name

Address

Email

Phone number

License information and expiration

Host Family Identifying Information:

Full family name(s):

Home address:

City/State/Zip Code:

Date of the home visit:

Date of the report:

1. Family composition of all members in the household:

2. Description of family dynamics:

3. Personality traits of all family members

4. Relationship of family with their community:

5. Relationship of family with their extended family and friends:

6. Physical description of home and availability of enough space to accommodate the child/children and chaperone:

7. Medications, cleaning products and other dangerous items (including weapons) are stored safely and out of reach? The pool is fenced or adequately secured?

8. How did the family learn about the hosting program?

9. Which is the family's motivation to host the child/children?

10. Family feelings and expectations towards the hosting experience:

11. Characteristics of the child/children the family would like to host:

12. Family routine:

13. Activities the family plans on doing with the child/children:

14. Family's previous experience with children:

15. Parenting and discipline methods:

16. What knowledge and understanding does the family have of special needs and possible issues that a child exposed to situations of abandonment, abuse, negligence, trauma, and institutionalization can display?

17. Background clearances:

18. Medical, psychological and/or psychiatric history:

19. Have any family members been victim of physical, sexual or psychological abuse? Which treatments were received?

20. Bereavements:

21. Does any family member have a history of substance abuse/DUI?

22. Has the family considered the possibility of adopting at any point of their lives?

23. Has the family ever been subject of an unfavorable home study or has had a failed adoption?

24. Has the family investigated the adoption process and requirements in the United States of America and in Colombia?

25. Does the family know other families who have adopted older children?

26. Has the family completed at least 10 hours of training on the topic of adopting/hosting older children?

27. Please state if the family understands and agrees to complete the requirements to participate in the Hosting Program.

28. Professional concept of the family's readiness to host and recommendations:

29. How long does the family plan on sending their children to camp for, if they have such plans?

30. Where will the chaperones sleep?

Additional Recommendations:

Signed by:

Use which one applies:

Performed by any BSW, LSW, LCSW, MSW working with an adoption agency, use the following example:

Example: Please be advised that ADOPTION AGENCY NAME, Inc. is a licensed agency by the State of NAME OF STATE, authorized to complete adoptive family assessments. The license number is CP00000000 and expires _____ (or has no expiration date). The preparer of this family assessment is duly authorized by ADOPTION AGENCY NAME to complete adoptive family assessments.

Performed by any LSW, LCSW, MSW, etc., not working with an adoption agency, use the following example:

Example: Please be advised that NAME, CREDENTIALS is a licensed worker by the State of NAME OF STATE, authorized to complete child/family assessments. The license number is CP00000000 and expires _____ (or has no expiration date).

State of _____)

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County of _____)

On this ____ day of _____, in the year 20____, before me, _____, a notary public, personally appeared _____, proved on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to this instrument, and acknowledged she (he/they) executed the same. Witness my hand and official seal.

Notary Public