

**A Second Chance, Inc.**  
**INFORMATION/ORIENTATION QUESTIONNAIRE**

Please indicate your response to each statement by checking Yes or No.

\_\_\_ Yes \_\_\_ No

1. I understand that foster children suffer from separation and loss.

\_\_\_ Yes \_\_\_ No

2. I understand that foster children visit with their family members, which may include parents; siblings, grandparents and other extended family members.

\_\_\_ Yes \_\_\_ No

3. I understand that I must make any foster child in my care available for visitation with members of the child's birth family or anyone else who has been given permission.

\_\_\_ Yes \_\_\_ No

4. I understand that I should discuss all concerns that I might have over visitation of a foster child in my care with my Foster Care Caseworker.

\_\_\_ Yes \_\_\_ No

5. I understand that foster parents are mandated reporters of child abuse of children in their care.

\_\_\_ Yes \_\_\_ No

6. I understand that foster parents cannot challenge the rulings of the court

\_\_\_ Yes \_\_\_ No

7. I understand that there are rules and policies governing the disciplining of foster children which prohibits the use of corporal punishment of any kind.

\_\_\_ Yes \_\_\_ No

8. I understand that information shared with me by A Second Chance, Inc.'s staff and any other professionals about a foster child is confidential information and should not be shared with anyone without authorized permission.

\_\_\_ Yes \_\_\_ No

9. I understand that information about a foster child's special needs, medical needs, educational needs, etc. are to be shared with my Caseworker concerning the foster child's adjustment in my home.

Yes  No

10. I understand that as a foster parent I am to provide a safe and healthy environment for foster children pending reunification or other permanency plans.

Yes  No

11. I understand that as a foster parent I can only receive money from one funding source for the foster child in my home..

Signature: \_\_\_\_\_

Date: \_\_\_\_\_