



ARIZONA DEPARTMENT OF CHILD SAFETY EVALUATION OF POTENTIAL CAREGIVER(S)

Name of Person Completing this Form (First, Middle, Last)	Email Address			
Address (No., Street)	City	State	Zip	Phone
Name of Applicant 1	Name of Applicant 2			

Please consider thoughtfully the items listed below and be frank in your remarks. Strict confidence within the provisions of the law will be observed.

1. Has the individual(s) discussed with you the desire to provide foster care or to adopt a child? **Yes** **No**
2. How do you think an additional child would fit into the individual's lifestyle?

3. Have you observed the individual(s) with children (e.g. children of relatives and friends, children in the neighborhood? ... **Yes** **No**
From your viewpoint, what is the extent of the individuals' experience with children? Describe your observations.

4. If the individual(s) has children, describe the children and their relationship with the individual(s). What disciplinary methods are used with the children?

5. Would you be willing to place a child you love with the individual(s)? **Yes** **No**

6. How long have you known the individual(s) and what is the nature of the relationship?

7. Describe their marriage as you see it. If the individual is single, describe his/her social life, as you see it.

8. Make any additional comments which you feel will help us evaluate the individual(s).



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Applicant 1	Yes	No	Don't Know
Is able to set reasonable limits			
Is usually able to be consistent			
Is able to understand the child's viewpoint			
Is able to express warmth and appreciation			
Is able to accept a child despite their behavior.			
Is able to put a child's needs ahead of their own			
Is able to admit error			
Is able to accept professional help if needed			
Applicant 2	Yes	No	Don't Know
Is able to set reasonable limits			
Is usually able to be consistent			
Is able to understand the child's viewpoint			
Is able to express warmth and appreciation			
Is able to accept a child despite their behavior.			
Is able to put a child's needs ahead of their own			
Is able to admit error			
Is able to accept professional help if needed			

Signature of Person Completing this Form

Date

We appreciate your time and interest in helping us with this information. Please return the completed form to:

<i>Agency Representative's Name</i>	<i>Email Address</i>				
<i>Address (No., Street)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black; vertical-align: bottom;"><i>City</i></td> <td style="width: 25%; border-bottom: 1px solid black; vertical-align: bottom;"><i>State</i></td> <td style="width: 25%; border-bottom: 1px solid black; vertical-align: bottom;"><i>Zip</i></td> <td style="width: 25%; border-bottom: 1px solid black; vertical-align: bottom;"><i>Phone No.</i></td> </tr> </table>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone No.</i>
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