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|  | **RESOURCE FAMILY EXIT INTERVIEW**  MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION |

**Foster Family Name:** **Departmental Vendor Number:**

**Licensing Capacity:** **Sex:** **\_ Ages: \_****\_\_** **to \_  \_\_ Date Closed: \_****\_**

**Contracts:**  **Foster Care**  **Medical** **Level A** **Professional Parenting** **Level B**

**Respite Level B** **Respite FC**  **Emergency** **Adoptive**

**Agency:**  **Children’s Division**  **Other Private Agency (list)\_****\_**

**Licensing Worker: \_****\_\_ County: \_****\_\_**

**GENERAL INFORMATION:**

How long did you foster? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Years

What was the maximum number of foster children you cared for at any one time?

1-2  3-4  5-6  7-8  9+

What was the total number of foster children you cared for as a foster family? \_\_\_\_\_\_

What were the children's ages?

0-5  6-12  13+  All Ages

**PREPARATION:**

Agency policies were explained to me.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I understood my responsibilities as a contracted foster parent.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

My expectations of fostering were addressed during training.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

The agency's expectations of me were addressed during training.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

**TRAINING**

MO C.A.R.E. training was helpful in preparing me to foster.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

SPAULDING training was helpful in preparing adopt.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

In-service training opportunities were routinely made available.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

All of my training needs were met through in-service training.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

What training did you find most helpful?

Was there training that you needed, but didn't received, which might have influenced your decision to quit fostering?

What training was that?

**PLACEMENT:**

I was satisfied with the information provided to me prior to placements?

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I felt free to make decisions to accept or decline placements without fear of negative repercussions.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

When a child left my care, I was given ample time to prepare that child.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

When a child left my care, I was given ample time to prepare my family.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

**SUPPORT:**

My Resource Worker made regular contact with my family

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I felt supported by my Resource Worker

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I had a monthly contact with the Children Social Workers for the children placed in my home.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I felt supported by the Children Social Workers.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I was active in a foster parent support group.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

**COMMUNICATION**

My phone calls to staff were promptly returned.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I had access to staff support after regular work hours.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I felt I could talk with a supervisor if I encountered difficulties.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I regularly attend court hearings for the children placed in my home.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

I regularly attend FST meetings, Adoption staffing, and other planning meetings for the children placed in my home.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

**OTHER COMMENTS**

I would encourage someone else to foster.

Strongly Agree  Agree  Feel Neutral  Disagree  Strongly Disagree

Describe your overall experience with the agency.

Very Positive  Positive  Feel Neutral  Negative  Very Negative

**What is the primary reason you decided to stop fostering?**

**What might the agency have done differently that would have kept you from leaving?**

**Any other comments the foster family would like to make?**

**BEFORE YOU GO:**

**Would you consider being a respite provider for other foster families?**  Yes  No