**Viability Assessment**

**Initial Questionnaire**

As part of the Care Proceedings for ..................... your name has been put forward by ........................ as a potential long term, permanent placement for .............. in the event that they cannot remain, or be returned to the care of their parent/s.

This requires the Local Authority to carry out a viability assessment of you to determine whether this may be a suitable and realistic option for ............ long term care.

Please could you complete the following questions as fully as possible as this will form the basis of the viability assessment.

Your name/s and dates of birth:

|  |
| --- |
|  |

Racial origin and cultural/linguistic background:

|  |
| --- |
|  |

Family members living with you:

|  |  |
| --- | --- |
| Name and relationship to you | D.O.B |
|  |  |
|  |  |
|  |  |
|  |  |

Other children living apart from you; please provide details of names, ages and whom they live with:

|  |
| --- |
|  |

Marital status/civil partnership status – length of relationship:

|  |
| --- |
|  |

Employment history including current occupation and household income:

|  |
| --- |
|  |

Housing status and details of accommodation (Inc. landlord, number of bedrooms):

|  |
| --- |
|  |

Details of any past or previous health concerns:

|  |
| --- |
|  |

Your experience of caring for children; if this is your own child/ren, please include details of their education:

|  |
| --- |
|  |

Your relationship to the child concerning this assessment and the nature of the relationship. Please include time spent with the child past and present:

|  |
| --- |
|  |

Your relationship to the parent/s of the child concerned; please provide details of the nature of the relationship both past and present:

|  |
| --- |
|  |

Please share your understanding of what has happened for the child/ren to become subject to Care Proceedings; please include any views/opinions you hold:

|  |
| --- |
|  |

What do you think will be the main issues for the child/ren as they grow up in your care:

|  |
| --- |
|  |

What is your view on future contact arrangements for the parents and how this could be facilitated:

|  |
| --- |
|  |

Thank you for taking the time to complete this form and please return it in the self-addressed-envelope provided.