

INITIAL FOSTER HOME LICENSING ASSESSMENT

FAMILY NAME: _____ **DATE:** _____

PROVIDER ID#: _____

I. TYPE OF ASSESSMENT:

Initial **Related Only** **Adopt Only**

New Entity

Interstate Compact ID#: _____ **Requesting State:** _____

Contact Dates: _____

Supervising Agency: _____

Agency Address: _____

Licensing Worker: _____

Licensing Worker's Phone: _____ **Fax:** _____

Licensing Supervisor: _____

| APPLICANT A | APPLICANT B |
|---------------------------------------|---------------------------------------|
| Name (Last, First) | Name (Last, First) |
| Date of Birth: | Date of Birth: |
| Place of Birth: | Place of Birth: |
| Race/Ethnicity/Nationality: | Race/Ethnicity/Nationality: |
| Home address: | Home phone (including area code): |
| Cellular Phone (including area code): | Cellular Phone (including area code): |
| Email Address (optional): | Email Address (optional): |

II. INDIVIDUALS RESIDING IN THE HOME:

(Add additional Information on another sheet as needed)

| NAME | DATE OF BIRTH | RESIDES (Check Box) | | RELATIONSHIP TO APPLICANT (Biological, step, foster, adopted child, related, or other, i.e., grandparent, friend, etc.) |
|------|---------------|--------------------------|--------------------------|--|
| | | Part-Time | Full-Time | |
| 1. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | | <input type="checkbox"/> | <input type="checkbox"/> | |

III. HOME DESCRIPTION (Check all that apply):

Arrangement: Rent Own Other _____

How long has the applicant resided in their current residence? _____

Construction: Single Family One Level Two or More Levels
 Apartment Building Condominium Town Home
 Duplex Mobile Home Other _____

Outdoor Space: Porch Deck Patio Balcony
 Fenced Yard Play Equipment Shed/Barn
 Pool / Hot tub Pond / Lake / Waterway
 Handicapped Accessible

Indoor Space: Basement Attic
 _____ Number of Bedrooms Handicapped Accessible

(* Indicate where foster child or children will sleep.)

| BEDROOM MEASUREMENTS | FLOOR/LEVEL | NAMES OF OCCUPANTS (If occupied) | TYPES OF BEDS FOR CHILDREN (Crib, Single, Double, Bunk , Trundle, Toddler) |
|-----------------------------|--------------------|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

If basement or attic space is approved for sleeping, please describe.

IV. MOTIVATION: *What is the motivation for becoming a foster/adoptive parent? Why is this a good time for the family to bring children into their home? What adjustments will need to be made if a child is placed in the home?*

V. PERSONAL HISTORY OF EACH APPLICANT (Interview each applicant separately):

Family of Origin / Childhood: *Discuss family composition: caregivers, siblings, extended family involvement; household rules and responsibilities; and activities or routines that are important to the family. What person had a positive impact on the applicant's life and why? What statement best captures the applicant's childhood?*

Religion/Values/Beliefs/Culture: *Discuss the role religion/culture played in the applicant's upbringing. What values or beliefs were held by the family? Discuss the community in which the applicant was raised in addition to experiences with different cultures, discrimination, prejudice and the impact.*

Emotional and Physical Well-Being: *Does the applicant feel that his/her needs were met? How did the applicant know he/she was loved? Did anyone in the applicant's family have medical, mental health or substance abuse issues and what was the impact? Was there violence in the home? Was there any abuse or neglect in the home? Did the family have contact with the child welfare system? Criminal system? Who? Why? If the applicant's childhood experiences were traumatic, comment on the resolution and whether or not counseling was provided. Comment on how the applicant's experiences might support or be a deterrent to fostering/adoption.*

Discipline: *How did your caregivers communicate acceptable behavior? How was the applicant taught acceptable / unacceptable behavior as a child? What behaviors resulted in being disciplined? How were they disciplined? By whom? Does the applicant feel that discipline was excessive or abusive?*

Education: *Discuss level of education attained and the applicant's attitude about school. What was the expectation within the applicant's family regarding education? Does the applicant have any certifications/trainings, that will be useful in their role as foster parent(s)?*

Military History: *Branch served, length of service, type of discharge. Discuss any current or future military obligations, summarize military experience.*

Employment History: *Briefly discuss your adult work history, how long at each job and reason(s) for leaving.*

Previous Significant Relationships / Marriage(s): *Discuss significant relationships/ marriage(s): length of relationship, strengths and deficits. Why did the relationship(s) end? Was there a history of domestic violence? Any protective or restraining orders? What is the relationship with that person like currently? Are there any children as a result of the relationship(s) (names, ages, living arrangements)? Any custody / visitation / child support issues?*

VI. CURRENT FAMILY DYNAMICS:

Current Significant Relationship/Marriage: *Discuss current relationship/marriage: length of relationship and strengths. How did they meet? How are decisions made within the relationship? What causes conflict? How is it resolved? How was the decision made to become foster/adoptive parents? Is extended family supportive of the decision to foster/adopt?*

Personality: *Have the applicant describe his/her personality (i.e. strengths, weaknesses, sense of humor, initiative, coping skills, etc.). How does the applicant's significant other describe him/her? What personality traits does each applicant think are needed to be a good foster/adoptive parent?*

Current Household Composition (Interview each child and adult family member separately):

Describe the other members of the household.

**Children: (names, ages, schools attended, grade level and achievement, personalities). What do they think about being a foster/ adoptive family? Are they willing to share a bedroom? Have the applicant describe the children's reaction to the decision to foster/adopt.*

**Adults: (names, ages, relationship to applicant, school /employment, circumstances for being in the home, contributions to the household). How do they fit into the fostering/ adoptive process (what is their role)? What is their reaction to being a foster/ adoptive family?*

Communication: *Have the applicant describe his/her communication style. How do family members express their needs?*

Ability to Handle Stress and Problem Solve: *What stresses you and how do you recognize you are under stress? What do you do for stress relief? How do family members handle problems and resolve crisis? How is anger expressed? How is it managed? Describe your support system.*

Support of Birth Parents and Family Reunification: *What is the applicant's understanding of reunification? How does the applicant feel about birth parents that have abused or neglected their child? To what extent is the applicant willing to work with the birth parent? If adoption is to occur, what is the applicant's attitude towards supporting the child's understanding of adoption and openness towards the birth family?*

Attachment and Loss: *How will the family respond to a child placed in the home that may be grieving due to separation/loss from family, friends and community? How will the family feel about a child they have become attached to leaving the home? How will this impact the foster family? If an adoption is to occur, how will the family respond to a child who wants to know more about his/her birth family and the reasons why the child is not with the birth family?*

Philosophy and Experience of Child Rearing: *Have the family describe their parenting philosophy. What does the family enjoy about parenting? Describe experiences caring for children. What are the behavioral expectations of children? Has the family cared for a "difficult" child or a child with special needs? Is the family doing anything differently than how they were raised?*

Philosophy and Experience of Discipline: *Have the applicants describe their philosophy on discipline. What are the behavioral expectations in the household? Describe the household rules. Specifically describe the type of discipline used in the household for children of various developmental / age levels.*

Health of Family Members: *Summarize findings of the CFS 604 Medical Evaluation of an Adult, the medical reports of the minors (if applicable) and discussion with the applicant. Are there any medical conditions that would impact the applicant's ability to provide care to a child? Is the applicant sufficiently mobile and does he/she have the physical strength to care for younger children? Do any family members have any health concerns? Does anyone in the household take medication? If so, what medications? Does anyone require therapeutic devices or interventions? Does anyone have numerous medical appointments?*

Alcohol / Tobacco Use and Substance Use: *If alcohol is consumed in the household, how do the applicants describe their use? Discuss impact of alcohol use on ability to parent, provide adequate supervision and transportation of children. How is alcohol stored? Does anyone in the household smoke? What is the plan for tobacco use when there are foster/adoptive children residing in the home [review Part 402.8(e)]?*

** Has anyone in the household had substance abuse treatment? What did it consist of?*

Mental Health of Family Members: *Has anyone in the household experienced depression, anxiety or any other mental health issues? Has anyone in the household been treated for mental health concerns? What did the treatment entail (therapy, medication, psychiatric hospitalizations).*

Background Checks: *Provide a summary of the background check findings, specifically discussing any problematic findings and how they were resolved.*

Training: *Discuss training and each applicant's response to the information learned, e.g. P.R.I.D.E., Adopt only or other pre-service training.*

Interests and Hobbies: *What does each applicant like to do individually? What activities are done for leisure as a family? How will leisure and activities be affected by the placement of a child?*

VII. HOME AND COMMUNITY:

Safe Home Environment Assessment: *Does the home have sufficient space / sleeping arrangements to accommodate foster/adoptive children?*

**Are there guns/weapons in the home? If so, describe the storage plan. Are all state and local ordinances being met?*

**Is there a waterway, pond, swimming pool or other water hazard on or adjacent to the property? Is the applicant CPR certified? Are state and local ordinances for water hazards being met?*

**Discuss drinking water source / water temperature compliance.*

**Discuss smoke detector and carbon monoxide compliance.*

**Describe any apparent safety hazards in the home or on the property and how the applicants are addressing them.*

Household Pets:

** All pets in the household were observed and documented as well-kept and healthy; please describe:*

**All household pets observed and found to be well-socialized with household members and within the family home environment; please describe:*

**Has any household pet shown aggression towards household members or others?* *Yes* *No*

If Yes, please explain:

**All household pets are up-to-date with required inoculations?* *Yes* *No*

If no, please explain:

Financial Resources: *Discuss the foster/adoptive family's employment / income sources and the ability to provide necessities for the family including food, clothing, shelter, utilities and basic health care. Discuss assets, stability of income and ability to manage resources.*

Childcare and Supervision Plan: *Does the family run a business from their home? If so, what is the impact on their ability to supervise or provide care to children placed in their home? Describe the family's childcare plan for children during employment/school, holidays, summer, when the child is ill or if the caretaker is absent for more than 24 hours. Describe family members, friends and other children who frequent the home. Is there anyone who should not be allowed to supervise children? Why?*

Transportation: *Who will be transporting foster/ adoptive children? Does the foster/ adoptive family have car seats and a vehicle that can accommodate the number and types of children they wish to be licensed for? If the applicant does not drive, what is the transportation plan?*

Neighborhood and Availability of Community Resources: *How well does the family know the neighbors and their children? Describe the medical, educational, religious and recreational resources available in the community. Which resources are being used?*

VIII. EVALUATION OF APPLICANT AND RECOMMENDATION:

Understanding: *Describe the family's understanding of how fostering /adoption will affect their lives and the lives of their children. Does the applicant understand the legal, social, inter-racial and emotional aspects of fostering/adoption?*

Applicant Preferences and Expectations: *Summarize how the family would like to be utilized and what age range, gender and needs of a child they feel they are equipped to manage.*

Contact with Professionals: *Do you work with any other social service agencies, if so, describe. What is the family's attitude towards professional services and agency supervision? How willing are they to access specialized resources that may be essential in maintaining the placement of a child?*

Agency Evaluation of the Characteristics, Strengths, Limitations and Responsibilities of the Caregiver(s): *Evaluate each caregiver based upon the information provided during your assessment interviews and responses to the proceeding questions, your observations, the training homework, provide a summary of references, comment on the references perceived strengths and weaknesses of each applicant. Provide overview of the CFS 590, the medical forms and the background checks.*

** Provide rationale for issuance or denial of license.*

RECOMMENDATION:

ISSUE LICENSE

DENY LICENSE

Age Range of Children _____

License Capacity_____

Gender: **Either**

Boys Only

Girls Only

Licensing Representative Signature

Date

ID#

Licensing Representative Printed Name

Licensing Supervisor Signature

Date

ID#

Licensing Supervisor Printed Name