**Multipurpose Home Study Update / Recertification**

**Use of form:** The Multipurpose Home Study Update / Recertification is used to document the results of the Structured Analysis Family Evaluation (SAFE) home study update. The SAFE home study update is the approved standardized assessment tool prescribed by DCF. The SAFE home study update is required for the approval of a placement for adoption, recognition of a foreign adoption, and issuance of a license renewal to operate a foster home pursuant to Wis. Admin. Code s. DCF 56.16(1)(n). Personal information provided may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wis. Stats].

**Instructions:** The multipurpose home study update / recertification is completed by a SAFE certified home study practitioner with a licensing agency. Applicants shall be provided the opportunity to review the home study report. Applicants shall sign the home study report once it has been reviewed. If an applicant chooses not to sign the home study report, the licensing agency shall document in the provider record that the applicant had the opportunity to review and sign the home study report.

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| Home study was completed by**:** | | | | | Full Name of SAFE Certified Home Study Practitioner  Name of Agency  Number and Street  City, State, Zip Code | | | | | | | | | | | | | | | | | | | | | | |
| Foster / Pre-Adoptive Parent | | | | | | | | | | | | | | | | | Additional Licensee(s), if applicable | | | | | | | | | | |
| Licensed by | | | | | | | | | | | | | | Level of Care Certification | | | | | | | | | | | | | |
| Address – (Street, City, State, Zip Code) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone - Home | | Telephone – Cell | | | | | | | | | | | | | Email Address | | | | | | | | | | | | |
| **UPDATE PURPOSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved for Foster Care On: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved for Adoption On: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Update: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATES OF CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | **Person(s) Interviewed** | | | | | | | | | | | | | | | | | | | | | **Location** | | | | | |
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| **CHILDREN OF APPLICANT(S)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | **Birthdate** | | | **Age** | | | | **DOD, if Deceased** | | | | | | **Location and Living Situation** | | | | | | | | | | | **Receiving Care** |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
|  | | |  | | |  | | | |  | | | | | |  | | | | | | | | | In Home  Out of Home | | Yes  No |
| **OTHERS RESIDING OR FREQUENTLY IN THE HOME (INCLUDING OTHER PERSONS RECEIVING CARE)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foster children placed in the home or children placed in the pre-adoptive home are not included here.  The definition of adults frequently in the home is any adult who is in the home on a regular basis and has substantial contact with children placed in the home or any adult who while in the home would have access to be alone with children placed in the home. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | | | | **Age** | | | | **Relationship** | | | | | | | | **Current Situation** | | | | | | | **Receiving Care** |
|  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | Yes  No |
|  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | Yes  No |
|  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | Yes  No |
|  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | Yes  No |
|  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | Yes  No |
|  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | Yes  No |
| **EXTENDED** **FAMILY** **MEMBERS**: Applicant Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | **Age** | **DOD, if Deceased** | | | | | | | **Relationship** | | | | | | | **Frequency of Contact** | | | | | **Location** | | | **Source of Supportive Relationship** | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | |  | | | Yes  No | |
| **EXTENDED** **FAMILY** **MEMBERS**: Applicant Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | **Age** | **DOD, if Deceased** | | | | | | | **Relationship** | | | | | | | **Frequency of Contact** | | | | | | **Location** | | **Source of Supportive Relationship** | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
|  | | |  |  | | | | | | |  | | | | | | |  | | | | | |  | | Yes  No | |
| **CHILDREN CURRENTLY PLACED IN THE HOME** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please keep in mind that any information written in this section is confidential and must be redacted should the home study be shared with a third party.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | | | **Gender** | | | | | | **Birthdate** | | | | | **Age** | | | **Placement Service** | | | | | | |
|  | | | | | | |  | | | | | |  | | | | |  | | |  | | | | | | |
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| **CURRENT SITUATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discuss the nature of the relationship between the foster parent(s) and the children / youth that are currently placed in the home.  Describe the personality, strengths, and interests of each child / youth.  Discuss the special considerations and / or challenging child / youth issues rated on the Compatibility Inventory or identified by other means. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOSTERING EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Not Applicable – Waiting pre-Adoptive Applicant, a foster home license has not been issued.]  Identify and describe all foster care and / or adoption related education or activities the family has participated in since the last evaluation. Narrate how trainings or other activities have enhanced this family’s ability to provide safety and well-being to the child(ren) in their home. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FAMILY LIFESTYLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe how fostering has affected the family lifestyle. How have family roles, routines, and impacted family recreational, social and religious activities been affected as a result of fostering? How have sleeping arrangements been handled? Who does what in terms of chores? How has privacy and nudity as it relates to children been dealt with? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UPDATED APPLICANT’S / OTHER’S CRIMINAL / CPS RECORDS CHECK** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The required criminal record and child abuse / neglect checks (including all the States the Applicant(s) or other adults living in the home have resided in for the past 5 years) were completed for Applicant 1 Full Nameand Applicant 2 Full Namealong with any adult(s) living in the Applicant(s)’s home. The determination of whether an offense or finding is substantially related to caring for children in foster care, from the results found in the checks listed below, as required under Ch. DHS 12.06 is elaborated on in the section below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Foster Home** | | | | | | | | | Sex offender address check | | | | | | | | | | Completed: | | | | | | | | |
| Applicant 1 Full Name | | | | | | | | | Adam Walsh / FBI | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | CCAP | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | CPS records | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | DMV | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | DOJ | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | IBIS / Caregiver | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Local law enforcement | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Out of state (if applicable) | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Other (if applicable) | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Other (if applicable) | | | | | | | | | | Completed: | | | | | | | | |
| Applicant 2 Full Name | | | | | | | | | Adam Walsh / FBI | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | CCAP | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | CPS records | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | DMV | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | DOJ | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | IBIS / Caregiver | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Local law enforcement | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Out of state (if applicable) | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Other (if applicable) | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Other (if applicable) | | | | | | | | | | Completed: | | | | | | | | |
| **Others Screened** | | | | | | | | | Adam Walsh / FBI | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | CCAP | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | CPS records | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | DMV | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | DOJ | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | IBIS / Caregiver | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Local law enforcement | | | | | | | | | | Completed: | | | | | | | | |
|  | | | | | | | | | Out of state (if applicable) | | | | | | | | | | Completed: | | | | | | | | |
| **EXPLANATION OF BACKGROUND CHECK** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PSYCHOSOCIAL NARRATION RATING DESCRIPTION** |
| For all nine (9) Sections of the Psychosocial Evaluation Report, use the following guidelines each time it indicates “Follow Evaluation Instructions.”  EVALUATION  **If the Final Desk Guide Rating is a 2:**  In a narrative for each section, bundle all your Final Desk Guide Ratings of 2 and indicate that nothing remarkable was identified for these factors. Write one to two paragraphs discussing all of the 2's and why the 2’s are strengths.  **If the Final Desk Guide Rating is a 1, provide a narrative that includes the following:**  Describe the basis for each factor that is an exceptional strength including any historical data.  Indicate how each exceptional strength would or could support safe and effective parenting of a child or children.  **If the Final Desk Guide Rating is a 3, 4, or 5 provide a narrative that includes the following:**  What issues / behavior or event warranted the Desk Guide Rating of 3, 4 or 5? State what the issue / behavior or event is / was.  Describe the societal, personal, cultural and / or family dynamic that contributed to or set the stage for the issue / behavior or event.  Describe the frequency and severity or intensity of the issue / behavior or event.  Describe how the issue / behavior or event influenced the Applicant’s ability to function, both in the past and currently.  **All mitigation that Reduces or Erases a Final Desk Guide Rating must include supporting evidence or documentation – facts, observations, analyses, and/or examples**.  REMEMBER**:**  **Sustaining**: If an issue / behavior or event is not resolved and you are sustaining the Desk Guide Rating, please indicate how it affects the Applicants’ current functioning, ability to parent and how it would or does affect children in the home.  **Reducing**: If an issue / behavior or event is partially resolved and you are reducing the Desk Guide Rating, please provide evidence that indicates how the issue / behavior or event was reduced, how it would or does affect current functioning, ability to parent, and how it would or does affect children in the home.  **Erasing**: If you believe that an issue/behavior or event no longer affects the Applicants and you are erasing the SAFE Desk Guide Rating, please provide evidence to support your assessment that the issue/behavior or event no longer affects the Applicants’ current functioning or ability to parent.  **Never reference numbers or ratings in your narration.** |

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| PSYCHOSOCIAL EVALUATION REPORT | | | | | | | | | | | | |
| **HISTORY**: Applicant Full Name | | | | | | | | | | | | |
| Evaluation For every new arrest or conviction please clearly discuss the offense and how it does or could affect the Applicant’s current functioning and / or ability to parent. Use the same criteria in the Evaluation Instructions and determine whether you are going to sustain, reduce or mitigate the offense. | | | | | | | | | | | | |
| **HISTORY**: Applicant Full Name | | | | | | | | | | | | |
| Evaluation For every new arrest or conviction please clearly discuss the offense and how it does or could affect the Applicant’s current functioning and / or ability to parent. Use the same criteria in the Evaluation Instructions and determine whether you are going to sustain, reduce or mitigate the offense. | | | | | | | | | | | | |
| **PERSONAL** **CHARACTERISTICS**: Applicant Full Name | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | |
| **PERSONAL** **CHARACTERISTICS**: Applicant Full Name | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | |
| **MARITAL / PARTNERSHIP RELATIONSHIP** | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | |
| CHILDREN / Others Residing or Frequently In the Home | | | | | | | | | | | | |
| Minor CHILDREN | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Other Minors Residing or Frequently In the Home | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Adult CHILDREN | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Adults Residing or Frequently In the Home | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| EXTENDED FAMILY RELATIONSHIPS: Applicant Full Name | | | | | | | | | | | | |
| Evaluation Evaluation | | | | | | | | | | | | |
| EXTENDED FAMILY RELATIONSHIPS: Applicant Full Name | | | | | | | | | | | | |
| Evaluation Evaluation | | | | | | | | | | | | |
| Physical / Social Environment | | | | | | | | | | | | |
| During the reporting period there significant changes in the home, neighborhood, community, job status, income and resources available since the last home study or update / renewal was completed. Evaluation Evaluation | | | | | | | | | | | | |
| General Parenting | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | |
| Specialized Parenting | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | |
| ADOPTION / FOSTER CARE ISSUES | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | |
| Psychosocial Evaluation Conclusions | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Placement Considerations | | | | | | | | | | | | |
| Present your overall findings in terms of the quality of care the foster or pre-adoptive parent(s) is / are prepared to provide or is / are providing to meet the needs and challenges of the children or youth placed in their care.  Describe how any changes in the family’s situation and / or newly identified family strengths impact parenting. Also discuss the impact any newly detected or existing issues of concern that could not be mitigated have on parenting and any steps taken or planned aimed at ameliorating the concern.  Note any foster care licensure / certification issues or concerns registered during the reporting period. If children are placed in the home, discuss the way in which the family has worked in collaboration with the agency and other professionals to achieve the goals set forth in the permanency plan for each child or youth placed in the home. Also discuss whether or not the family would be a viable permanency option for the child or youth should reunification efforts fail. | | | | | | | | | | | | |
| Recommendation | | | | | | | | | | | | |
| It is recommended that       and      be  for . | | | | | | | | | | | | |
| **Home Study Practitioner** | | | |  |  | | **Supervisor** | | | | | |
| I certify that I am authorized by the laws of the state of Wisconsin to prepare home studies by virtue of my status or employment with      .  I affirm that the factual statements in the home study are true and correct to the best of my knowledge and the home study recommendation was arrived at with professional due diligence and judgment. | | | |  | |  | This home study was prepared in accordance with the requirements that apply to foster care and adoption in the state of Wisconsin. I  this home study and certify that this is a true and accurate copy. | | | | | |
|  | |  |  |  | |  |  | | | |  |  |
| **SIGNATURE** – SAFE Certified Home Study Practitioner | |  | Date Signed |  | |  | **SIGNATURE** – SAFE Certified Home Study Supervisor | | | |  | Date Signed |
|  | | | |  | |  |  | | | | | |
| Full Name – SAFE Certified Home Study Practitioner | | | |  | |  | Full Name – SAFE Certified Home Study Supervisor | | | | | |
|  | | | |  | |  |  | | | | | |
| Title | | | |  | |  | Title | | | | | |
| RECEIPT OF COPY OF HOME STUDY REPORT | | | | | | | | | | | | |
| By signing below, I acknowledge and affirm that the information I have provided is accurate and truthful.  I acknowledge that I have read a copy of this home study. | | | | | | | | | | | | |
| SIGNATURES | | | | | | | | | | | | |
|  |  | | | | | | |  |  | | | |
|  | Full Name – Applicant 1 | | | | | | |  |  | | | |
|  | | | | | | | | | | | | |
|  |  | | | | | | |  |  |  | | |
|  | **SIGNATURE** – Applicant 1 | | | | | | |  | Date Signed |  | | |
|  | | | | | | | | | | | | |
|  |  | | | | | | |  |  | | | |
|  | Full Name – Applicant 2 | | | | | | |  |  | | | |
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|  |  | | | | | | |  |  |  | | |
|  | **SIGNATURE** – Applicant 2 | | | | | | |  | Date Signed |  | | |

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| **PSYCHOSOCIAL INVENTORY RESULTS** | | | | | | |
| **#1** | **#2** | **Applicant #1:** Applicant Full Name |  | **#1** | **#2** | **Applicant #2:** Applicant Full Name |
| **HISTORY** | | |  | **EXTENDED FAMILY RELATIONSHIPS** | | |
|  |  | Childhood Family Adaptability |  |  |  | Extended Family Cohesion |
|  |  | Childhood Family Cohesion |  |  |  | Extended Family Adaptability |
|  |  | Childhood History of Deprivation / Trauma |  |  |  | Relationship with own Extended Family |
|  |  | Child History of Victimization |  |  |  | Relationship with Spouse’s / Partner’s Family |
|  |  | Adult History of Victimization / Trauma |  | **PHYSICAL / SOCIAL ENVIRONMENT** | | |
|  |  | History of Child Abuse / Neglect |  |  |  | Cleanliness / Orderliness / Maintenance |
|  |  | History of Alcohol / Drug Use |  |  |  | Safety |
|  |  | Crime / Arrest / Allegations / Violence |  |  |  | Furnishings |
|  |  | Psychiatric History |  |  |  | Play Area / Equipment / Clothing |
|  |  | Occupational History |  |  |  | Finances |
|  |  | Marriage / Partnership History |  |  |  | Support System |
| **PERSONAL CHARACTERISTICS** | | |  |  |  | Household Pets |
|  |  | Communication |  | **GENERAL PARENTING** | | |
|  |  | Commitment and Responsibility |  |  |  | Child Development |
|  |  | Problem Solving |  |  |  | Parenting Style |
|  |  | Interpersonal Relations |  |  |  | Disciplinary Methods |
|  |  | Health and Physical Stamina |  |  |  | Child Supervision |
|  |  | Self-esteem |  |  |  | Learning Experiences |
|  |  | Acceptance of Differences |  |  |  | Parental Role |
|  |  | Coping Skills |  |  |  | Child Interactions |
|  |  | Impulse Control |  |  |  | Communication with Child |
|  |  | Mood |  |  |  | Basic Care |
|  |  | Anger Management and Resolution |  |  |  | Child’s Play |
|  |  | Judgment |  | **SPECIALIZED PARENTING** | | |
|  |  | Adaptability |  |  |  | Expectations |
| **MARITAL / PARTERNSHIP RELATIONSHIP** | | |  |  |  | Effects of Abuse / Neglect |
|  |  | Conflict Resolution |  |  |  | Effects of Sexual Abuse |
|  |  | Emotional Support |  |  |  | Effects of Separation and Loss |
|  |  | Attitude Toward Spouse / Partner |  |  |  | Structure |
|  |  | Communication Between Couple |  |  |  | Therapeutic / Educational Resources |
|  |  | Balance of Power |  |  |  | Birth Sibling Relationships |
|  |  | Stability of the Marriage / Partnership |  |  |  | Child Background Information |
|  |  | Sexual Compatibility |  |  |  | Birth Parent Issues |
| **CHILDREN / OTHERS RESIDING OR FREQUENTLY IN THE HOME** | | |  | **ADOPTION / FOSTER CARE ISSUES** | | |
|  |  | Minor Children |  |  |  | Infertility |
|  |  | Minors Residing or Frequently in the Home |  |  |  | Telling Child about Adoption |
|  |  | Adult Children |  |  |  | Openness in Adoption |
|  |  | Adults Residing or Frequently in the Home |  |  |  | Adoptive Parent Status |

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| --- | --- | --- | --- | --- | --- |
| **PSYCHOSOCIAL INVENTORY RESULTS** | | | | | |
| **#3** | **#4** | **Applicant #3:** Applicant Full Name | **#3** | **#4** | **Applicant #4:** Applicant Full Name |
| **HISTORY** | | | **EXTENDED FAMILY RELATIONSHIPS** | | |
|  |  | Childhood Family Adaptability |  |  | Extended Family Cohesion |
|  |  | Childhood Family Cohesion |  |  | Extended Family Adaptability |
|  |  | Childhood History of Deprivation / Trauma |  |  | Relationship with own Extended Family |
|  |  | Child History of Victimization |  |  | Relationship with Spouse’s / Partner’s Family |
|  |  | History of Child Abuse / Neglect | GENERAL PARENTING | | |
|  |  | History of Alcohol / Drug Use |  |  | Child Development |
|  |  | Crime / Arrest / Allegations / Violence |  |  | Parenting Style |
|  |  | Psychiatric History |  |  | Disciplinary Methods |
|  |  | Occupational History |  |  | Child Supervision |
|  |  | Marriage / Partnership History |  |  | Learning Experiences |
| PERSONAL CHARACTERISTICS | | |  |  | Child Interactions |
|  |  | Communication |  |  | Communication with Child |
|  |  | Commitment and Responsibility |  |  | Basic Care |
|  |  | Problem Solving |  |  | Child’s Play |
|  |  | Health and Physical Stamina | SPECIALIZED PARENTING | | |
|  |  | Self-esteem |  |  | Expectations |
|  |  | Acceptance of Differences |  |  | Effects of Abuse / Neglect |
|  |  | Coping Skills |  |  | Effects of Sexual Abuse |
|  |  | Impulse Control |  |  | Effects of Separation and Loss |
|  |  | Mood |  |  | Structure |
|  |  | Anger Management and Resolution |  |  | Therapeutic / Educational Resources |
|  |  | Judgment |  |  | Birth Sibling Relationships |
|  |  | Adaptability |  |  | Child Background Information |
|  | | |  |  | Birth Parent Issues |
|  | | | ADOPTION / FOSTER CARE ISSUES | | |
|  | | |  |  | Infertility |
|  | | |  |  | Telling Child about Adoption |
|  | | |  |  | Openness in Adoption |
|  | | |  |  | Adoptive Parent Status |

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| **I affirm that each psychosocial factor listed above was considered and rated with due professional diligence on the Psychosocial Inventory during the course of this home study. The ratings above represent the Final Desk Guide Ratings and corresponding Mitigation Ratings for all Final Desk Guide Ratings of 3, 4, or 5.** | | | | |
| **SIGNATURES** | | | | |
|  |  |  |  | |
|  | Full Name – SAFE Certified Home Study Practitioner |  |  | |
|  |  |  |  |  |
|  | **SIGNATURE** – SAFE Certified Home Study Practitioner |  | Date Signed |  |
|  |  |  |  | |
|  | Full Name – SAFE Certified Home Study Supervisor |  |  | |
|  |  |  |  |  |
|  | **SIGNATURE** – SAFE Certified Home Study Supervisor |  | Date Signed |  |