

CHILD SPECIFIC HOME STUDY REPORT

This home study was completed by [redacted] to consider the placement of a specific child or specific children with the applicant for the purpose of either relative or foster care placement, Legal Guardianship and / or adoption.

Type [redacted]	Date [redacted]
Name - Applicant [redacted]	Provider Number [redacted]
Address - Applicant (Street, City, State, Zip Code) [redacted]	
Telephone Number - Home [redacted]	Telephone Number - Cell [redacted]
Name - Worker [redacted]	Application Date [redacted]
	Approval Date [redacted]

APPLICATION DISPOSITION

The Applicants applied specifically to be considered for the placement of [redacted] on [redacted].

APPLICANT INFORMATION

Applicant #1

Name (Last, First, MI) [redacted]	
Alias / Nickname(s) [redacted]	Former Name(s) [redacted]
Birthdate [redacted]	Birthplace [redacted]
Race [redacted]	Gender [redacted]
Religion [redacted]	Occupation [redacted]
Language(s) [redacted]	Education [redacted]
Indian Ancestry [redacted]	Tribe [redacted]
Date of health questionnaire / report [redacted]	TB test results [redacted]





Applicant #2

Name (Last, First, MI) [redacted]	
Alias / Nickname(s) [redacted]	Former Name(s) [redacted]
Birthdate [redacted]	Birthplace [redacted]
Race [redacted]	Gender [redacted]
Religion [redacted]	Occupation [redacted]
Language(s) [redacted]	Education [redacted]
Indian Ancestry [redacted]	Tribe [redacted]
Date of health questionnaire / report [redacted]	TB test results [redacted]

MARITAL INFORMATION

Date of Marriage [redacted]	Marriage Verification [redacted]
Place of Marriage [redacted]	

DATES OF CONTACT

Date	Individual / Couple	Location
		
		

CHILD OR YOUTH BEING CONSIDERED FOR PLACEMENT

Provide the Name(s), DOB, gender, reason for protective custody and legal status of child(ren) or youth(s) being considered, e.g., reunification, reunification termination, TPR hearing pending, freed for adoption, etc.



If the child(ren) or youth(s) is / are currently placed in the home, discuss their adjustment since placement. If not currently placed with the applicant(s), discuss the nature and character of the applicants' relationship(s) with the child(ren) or youth(s).



Describe the strengths, personality, interests and emotional / physical development of each child or youth being considered. Discuss the level of understanding each child / youth has about such issues as reunification, maintaining connections, adoption, etc.



Identify and take into account the special considerations noted on the SAFE Matching Inventory, e.g. placement with siblings, special diet, accommodations for a physical disability, maintain connections with birth family, needs a stay-at-home parent, etc.



Describe the challenging child / youth issues identified on the SAFE Matching Inventory, e.g., difficult temperament, problematic behaviors, attachment issues, etc. Indicate whether or not therapeutic services are being used or are needed.



MOTIVATION

Provide the Applicants' stated reasons for wanting the child(ren) or youth(s) placed with them and the parenting responsibilities they are willing to assume, e.g., foster parent, legal risk parent, adoptive parent or shelter parent.



HOME ENVIRONMENT

Type of Residence (House, Apartment, Condo, etc.):



Square Footage:



Bedrooms:



Bathrooms:



Length of Time in Current Residence:




Describe general characteristics of the Applicants' home and neighborhood. Indicate the type of residence (house, apartment, condo, etc.) and square footage. Describe the floor plan including the number of bedrooms and bathrooms.



Describe the yard space and indicate if there is a pool, pond, fountain, spa, etc. Describe the sleeping arrangements and also indicate whether or not there are guns or pets in the home.



The interior and exterior of the home was inspected for health and safety hazards. The inspection was completed on  .



FAMILY

Applicant #1: 

Describe how the applicant presents him/her self. Also indicate any special interests, hobbies, expertise or talents the applicant possesses.



Provide a one paragraph factual description of the applicant's childhood history that includes childhood family constellation, where raised, schools attended, religious affiliation, family culture or tribal affiliation, activities engaged in, etc.



Identify parents, siblings, their location and circumstances plus type and frequency of contact.



Indicate name(s) and length of time of previous marriages and / or domestic partnerships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation.

Applicant #2:

Describe how the applicant presents him/her self. Also indicate any special interests, hobbies, expertise or talents the applicant possesses.

Provide a one paragraph factual description of the applicant's childhood history that includes childhood family constellation, where raised, schools attended, religious affiliation, family culture or tribal affiliation, activities engaged in, etc.

Identify parents, siblings, their location and circumstances plus type and frequency of contact.

Indicate name(s) and length of time of previous marriages and/or domestic partnerships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation.

Applicant's Son(s) and Daughter(s)

Indicate "None" or provide name(s), DOB and gender. Describe their personality, interests, school or occupational situation, general health and living situation.

Other Children or Youth Living or Frequently in the Home

Indicate "None" or provide name(s), DOB, gender. Provide description of their personality, interests, school report information if any, general health. Indicate nature of relationship to Applicants, and living situation.

Other Adults Residing or Frequently in the Home

Indicate name of any adult who is living in the home or who is in the home on a regular basis. Describe the amount and type of contact they would have with a child or youth being considered.

Indicate each individual's occupation, general health, TB results (if they live in the home) and the nature of their relationship to the Applicants.

Family Lifestyle

Describe current and proposed child care arrangements and work and non-work day routines and rituals.

What are the basic household rules and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, etc.? Describe how the family deals with privacy and nudity in the home.

What kind of recreational, social and religious activities does the family engage in? Does the family celebrate holidays; which ones and how are they spent?

Previous Adoptions or Foster Care Experience

Indicate "None" or discuss the circumstances and the adjustment of the child(ren) or youth(s) to the family.

FINANCES

Combined annual gross earned income: \$

Sources of additional income (Explain if any):

CRIMINAL / CHILD ABUSE RECORD

The required criminal record and Child Abuse Index checks were completed for . Indicate the name(s) of any other individuals who were screened.

State Automated System, IBIS, DOJ Clearance Findings (Indicate the findings for each individual screened.)

Other Findings (Indicate who was screened for each of the following and the findings for each person: DMV (optional), local law enforcement (optional) and CPS records. Provide results of any previous foster or adoptive home files. Indicate any previous Child Abuse or Neglect reports or investigations.)

CHILD CARE PLAN

Short-term substitute child care plan: Indicate what arrangements have been made for the provision of short-term emergency child care.

Long-term substitute child care plan: In case of an incapacitating illness or death of the Applicant(s), indicate whom the designated caretaker(s) will be and the nature of their relationship to the Applicant(s).

Indicate if these arrangements have been discussed with the designated caretaker(s), how willing they are to assume this responsibility and whether arrangements have been formalized in a will or trust.

CONTACT WITH FAMILY OF ORIGIN AND SIGNIFICANT OTHERS

Foster Care Contact: Describe the type of relationship and contact the applicant(s) is /are ready, willing and able to provide to support the reunification plan, e.g. transportation to services, visitation with birth family, etc.

Post Adoption Contact: Describe the type of relationship and contact the Applicant(s) is / are willing to have with the birth parents and other significant connections such as siblings, grandparents, foster parents, etc. Describe any written post-adoption contact agreement(s).

REFERENCES

FAMILY PREPARATION AND TRAINING ACTIVITIES

Identify and describe agency family preparation activities. Include Applicants' statement(s) regarding his / her / their participation and benefits derived from these activities.

LEGAL / FINANCIAL RIGHTS AND RESPONSIBILITIES

has been provided with information concerning the different roles, responsibilities, legal and financial rights and benefits of relative / fictive kin caregivers, foster parents, legal guardians and adoptive parents. Also, should he file a petition to adopt, understands that he will be accepting full legal and financial parental responsibility for once an adoption is finalized.

The agency's grievance review hearing procedures were explained to the Applicant(s).

PSYCHOSOCIAL INVENTORY RESULTS

NOTE: Below is a list of the psychosocial factors found on the Multi-Purpose Psychosocial Inventory. Using the Psychosocial Inventory, each factor was considered and rated several times by the social worker during the course of this home study. The ratings below represent the final ratings. The ratings are defined as follows: 1 = an exceptional strength, 2 = a strength, 3 = an issue of concern, 4 = a major issue of concern and 5 = very serious problem. The OVERALL EVALUATION OF SECTION ratings reflect the degree to which all issues of concern identified in the section were either resolved, mitigated or the prognosis for change.

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

PSYCHOSOCIAL EVALUATION REPORT

HISTORY

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and degree of resolution.

PERSONAL CHARACTERISTICS

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

MARITAL / DOMESTIC PARTNER RELATIONSHIP

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

SON(S) / DAUGHTER(S) / OTHERS RESIDING OR FREQUENTLY IN THE HOME

For each person identified in this section, provide full narration that relates to each of the Desk Guide examples for the rating given.

EXTENDED FAMILY RELATIONSHIPS

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

PHYSICAL / SOCIAL ENVIRONMENT

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

GENERAL PARENTING

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

SPECIALIZED PARENTING

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

ADOPTION ISSUES

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

PSYCHOSOCIAL EVALUATION CONCLUSIONS

Provide your conclusions regarding the Applicants' commitment, ability and readiness to parent. Highlight the strengths in any section given a rating of 1 and describe the effect any section rated as 3, 4 or 5 will have on parenting.

CHILDREN THE FAMILY CAN BEST SERVE

Indicate the age range, gender and number of children the Applicants are ready to accept.

Discuss the Applicants' ability to meet a child's special needs or considerations and level of competency to manage the characteristics, behaviors, conditions and issues of the children being considered for placement with him / her / them.



Specify any child's special needs, considerations, characteristics, behaviors, conditions or issues that the Applicants are uniquely qualified to address. Also indicate what they are unable and / or unwilling to consider.

PLACEMENT COMPATABILITY

Discuss each child's or youth's goodness of fit with this family in the context of the applicants' competency to address each of the child's / youth's needs, special considerations and issues as identified and described on the SAFE Matching Inventory.

Illuminate any special needs, considerations, characteristics, behaviors, conditions or issues of the child(ren) or youth(s) that the Applicant(s) is / are uniquely qualified to address or unable to manage.

RECOMMENDATION

It is recommended that  be approved for  Adoption.

SIGNATURES

Worker Signature

Date Signed

Supervisor Signature

Date Signed

Additional Attachments (Indicate None or list attachments):



REVIEW OF HOME STUDY REPORT

By signing below I acknowledge that I have read a copy of this report.



Date Signed



Date Signed