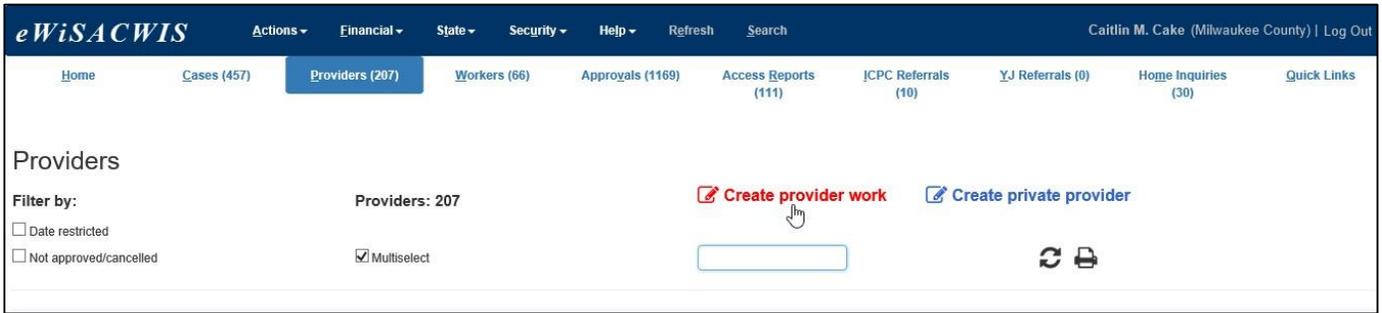


## Home Study Update/Recertification

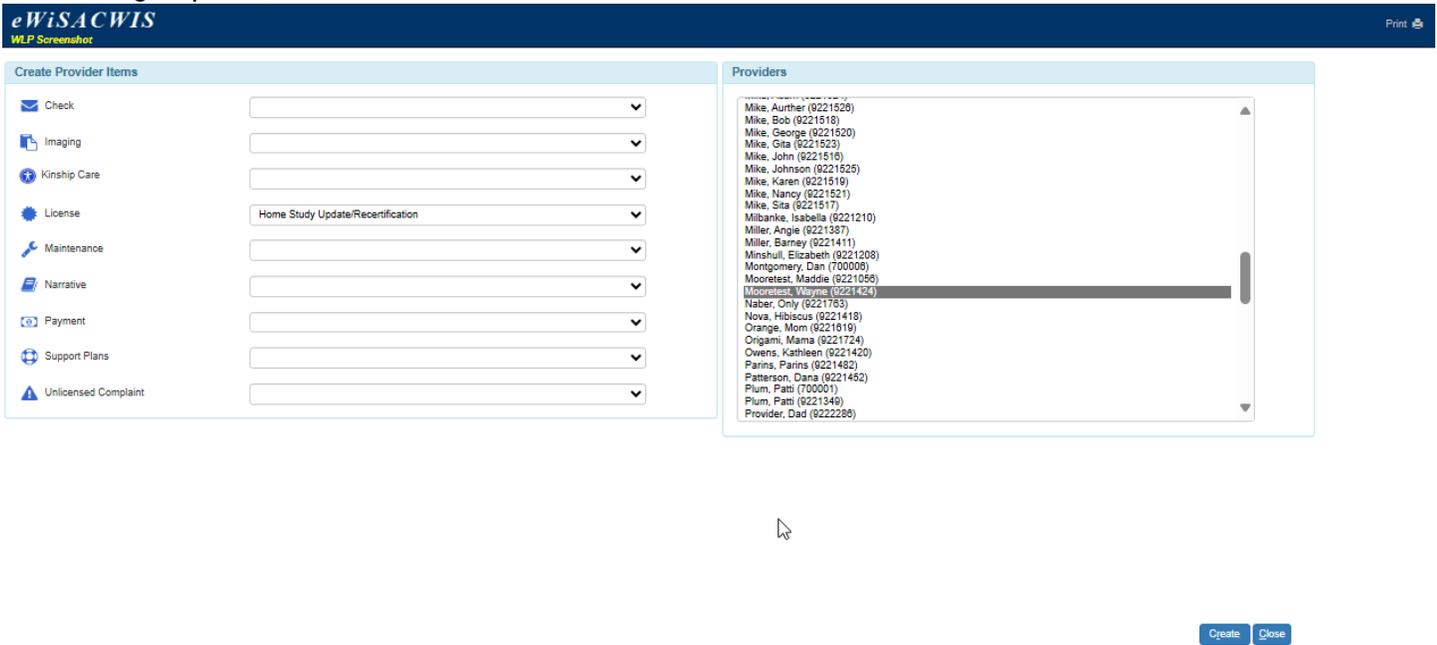
**Note:** You must have an assignment to the provider record to create a Home Study Update/ Recertification.

**Note:** Information related to applicants is entered on a number of pages, including the Home Provider, Person Management, Home Study, and Psychosocial Evaluation Report.

1. From your desktop, go to the Provider tab and click the Create Provider Work hyperlink [Create provider work](#) or select Create Provider Work from the Actions drop-down next to the specific provider to open the Create Provider Work page.



2. Select Home Study Update/Recertification from the License drop-down, select the provider name in the Providers group box, and click the Create button.



3. The Home Study Update/Recertification page is used to document information gathered and to evaluate the recertification of the family. The Basic group box includes general information items relevant to the applicant(s). If the provider is licensed or has a pending license, the license type, licensing agency, and certification level will pre-fill from the Licensing page. Select the update purpose, home study type, update the home study date (if applicable), and select the placement type. Once you have completed the home study update/recertification, you will update the home study status.

**Basic**

Applicant(s): [Mooretest, Wayne L., III \(9221581\)](#) [Mooretest, Morgan \(9221128\)](#) Provider: [Mooretest, Wayne \(9221434\)](#)

Update Purpose:

Lons. Type:  Lons. Agency:  Certification:

Home Study Type:  Home Study Date:  Placement Type:

Home Study Status:  [View/Update Hold History](#)

**Family** | [Current Placements/Situation](#) | [Background Information](#) | [Results](#)

**Applicant(s)' Children**

This includes biological children, children through marriage, children under guardianship, and adopted children.

Name	DOB	Age	DOD	Receiving Care
<a href="#">Daughter Moore (9230259)</a>	06/14/2017	8	00/00/0000	No
<a href="#">Son Moore (9230276)</a>	03/03/2003	23	00/00/0000	Yes
<a href="#">Tester Ajax (9229214)</a>	10/25/2012	13	00/00/0000	No
Me	03/04/1981	58	10/24/2019	No

[Modify](#)

**Other Household Members**

Options:

- The Family tab contains the Applicant(s) Children group box and Others Household Members group box. The first group box Applicant(s) Children pre-fill from the Home Provider page if they have been documented on the Members tab. Clicking the [Modify](#) link will direct you to the Home Provider page where you can Insert additional person(s) on the Members tab. The Receiving Care field is prefilled based on the radio button selected on the Home Provider record. If the child is living out of the home, indicate where. It is important to verify that the child's age is identified, as this will determine which questions to answer for them on the Psychosocial Evaluation Report.

**Note:** If the foster parents have adopted a child, a new person record needs to be created for the adoptive child.

**Family** | [Current Placements/Situation](#) | [Background Information](#) | [Results](#)

**Applicant(s)' Children**

This includes biological children, children through marriage, children under guardianship, and adopted children.

Name	DOB	Age	DOD	Receiving Care
<a href="#">Daughter Moore (9230259)</a>	06/14/2017	8	00/00/0000	No
Mary	03/04/1981	58	10/24/2019	No
<a href="#">Son Moore (9230276)</a>	03/03/2003	23	00/00/0000	Yes
<a href="#">Tester Ajax (9229214)</a>	10/25/2012	13	00/00/0000	No

[Modify](#)

- The Other Household Members group box displays others who have been previously entered on the Members tab of the Home Provider page. You can select the [Modify](#) link to add additional people. Clicking Modify will direct you to the Home Provider page where you can Insert an additional person on the Members tab. The Receiving Care field is prefilled based on the radio button selected on the Home Provider record. It is important to verify that the person's age is identified, as this will determine which questions to answer for them on the Psychosocial Evaluation Report.

Other Household Members				
Children placed in the foster home or children placed in the pre-adoptive home are not included here. This includes individuals frequently in the home on a regular basis and have substantial contact with children placed in the home.				
Name	DOB	Age	Relationship to Applicant(s)	Receiving Care
Alex	03/01/2014	12	Cousin	No
<a href="#">Lester De Ford (9229194)</a>	02/02/1982	84	Aunt	Yes

- The Current Placements/Situation tab is used to document the Current Placements/Situation for children who are currently placed or for those who have been identified for future placement. The Children Currently Placed in the Home group box provides a listing of all the children who have a current placement open with the provider.

**eWiSACWIS**  
WLP Screenshot

Print

**Basic**

Applicant(s): [Mooretest, Wayne L. III \(9221581\)](#) [Mooretest, Morgan \(9223129\)](#) Provider: [Mooretest, Wayne \(9221424\)](#)

Update Purpose: **Pre-adoptive**

License Type: **County** License Agency: **Dane County Department of Human Services** Certification: **Level 2**

Home Study Type: **Adoptive** Home Study Date: **03/03/2026** Placement Type: **Future Placement**

Home Study Status: **Pending** [View/Update Hold History](#)

Family **Current Placements/Situation** Background Information Results

**Children Currently Placed in 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.

Name	DOB	Age
Blueberry Pancake	02/21/2010	16
Duantwo J. Asfa	11/01/2014	11
Sally B. Allen	12/01/2003	22

**Current Situation**

Discuss the relationship between the foster parent(s) and the child(ren)/youth currently placed in the home.

Options:

- The Current Situation group box allows you to document information regarding the relationship the applicants have with a child currently placed in the home.

**Current Situation**

Discuss the relationship between the foster parent(s) and the child(ren)/youth currently placed in the home.

Discuss the personality, strengths, and interests of each child/youth currently placed in the home.

Discuss the special needs, considerations, and/or behaviors of each child/youth currently placed in the home.

- Document information in the Fostering Experience group box. If there are no children currently placed, select the N/A checkbox.

**Fostering Experience**

N/A - 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.

9. Document information in the Family Lifestyle group box.

10. The Child Specific Placement group box will display if the Placement Type of "Child Specific Placement" was selected in the Basic group box at the top of the page. To search out and retrieve the child(ren) who will be placed at this home, click the Insert button.

**Child Specific Placement**

Name	DOB	Gender	
<a href="#">Pancake, Blueberry (9229697)</a>	02/21/2010	Male	<a href="#">Delete</a>

[Insert](#)

Options:  [Go](#) [Save](#) [Close](#)

11. The Background Information tab contains summary of Background Check Results. The Summary of Background Check Results is narrative field allows you to document the background checks completed and whether those results were determined to be substantially related to caring for children under Ch. DCF 12.06 If findings are identified for an individual in the home, address them in the History portion of the Psychosocial Evaluation Report for that individual.

**eWiSACWIS** WLP Screenshot Print

**Basic**

Applicant(s): [Mooretest, Wayne L., III \(9221581\)](#) [Mooretest, Marwan \(9221228\)](#) Provider: [Mooretest, Wayne \(9221424\)](#)  
 Update Purpose: [Pre-adoptive](#)

Lens Type: [County](#) Lens Agency: [Dane County Department of Human Services](#) Certification: [Level 2](#)  
 Home Study Type: [Adoptive](#) Home Study Date: [03/03/2026](#) Placement Type: [Future Placement](#)  
 Home Study Status: [Pending](#) [View/Update Hist History](#)

[Family](#) [Current Placements/Situation](#) **[Background Information](#)** [Results](#)

**Summary of Background Check Results**

The required criminal record and child abuse/neglect checks were completed for the Applicant(s) and any non-client residents in the home. List any results from the background checks completed and whether those results were determined to be substantially related to caring for children under Ch. DCF 12.06. If there were no results or findings, indicate that below. For any individual with results or findings, you must discuss those under the history section of the Psychosocial Evaluation Report. Be sure to discuss the results or findings that warranted a rating of 3, 4, or 5 and all mitigation that reduces the final rating.

Options:  [Go](#) [Save](#) [Close](#)

12. The Results tab contains all inventory items related to Psychosocial Evaluation Report (completed in the next step), as well as a Psychosocial Evaluation Conclusion, Placement Considerations, and Recommendation based on the home study update/recertification. Record the answer for each applicant (when applicable) using a rating in the drop-down. The values default to a '2' rating. Once you have completed all of the tabs on the Home Study Update/Recertification page, as well as the associated

Psychosocial Evaluation Report page, you will return to the Results tab to complete the home study update/recertification.

**eWiSACWIS**  
WLP Screenshot

**Basic**

Applicant(s): [Maorestel, Wayne L., III \(9221581\)](#) [Maorestel, Morgan \(922128\)](#) Provider: [Maorestel, Wayne \(9221424\)](#)

Lons. Type: County Update Purpose: Pre-adoptive

Home Study Type: Adoptive Lons. Agency: Dane County Department of Human Services Certification: Level 2

Home Study Status: Pending Home Study Date: 03/03/2026 Placement Type: Future Placement

[View/Update Hold History](#)

**Recommendation**

It is recommended that [Select Applicant\(s\)](#) be **Approved** for **Adoption and Foster Care**

**Home Study was completed by:**

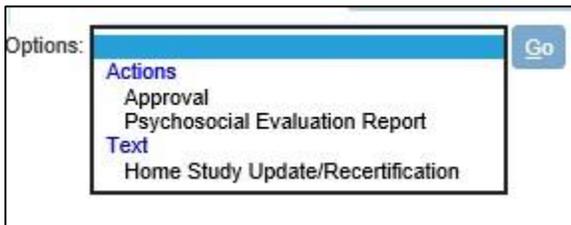
Home Study Practitioner: [Caitlin C. Cake](#) Supervisor:

Name of Agency: [Agency](#) Home Study Supervisor: [Caitlin C. Cake](#)

Agency Address: [Milwaukee, WI](#)

Options:  **Go** **Save** **Close**

13. From the Options drop-down (on any tab of the Home Study Update/Recertification page), select Psychosocial Evaluation Report and click Go. This will open the Psychosocial Evaluation Report page.



14. On the Psychosocial Evaluation Report page, there are 8 tabs: History, Personal Characteristics, Marital/Partnership Relationship, Children/Others, Extended Family, Physical/Social Environment, Parenting, and Adoption/Foster Care. On the History tab, answer each question. If applicable, complete the narrative fields for each applicant.

Psychosocial Evaluation Report

Basic

Applicant(s): [Mooretest, Wayne L., III \(9221581\)](#) [Mooretest, Morgan \(9223128\)](#)

Provider: [Mooretest, Wayne \(9221424\)](#)  Completed

History | Personal Characteristics | Marital/Partnership Relationship | Children/Others | Extended Family | Physical/Social Environment | Parenting | Adoption/Foster Care

History - Wayne L. Mooretest, III

Yes  No During this psychosocial evaluation update process was anything reported, detected or observed that resulted in the revision of any of the most current determinations recorded for this section? If yes, provide the basis for the newly determined Desk Guide and/or Mitigation Rating. If no, no other narration is needed.

Yes  No Does this section contain any issues of concern that were not mitigated? If yes, discuss the way in which issues of concern that could not be mitigated impede effective family functioning. If no, no other narration is needed.

Yes  No During this psychosocial evaluation update process did the applicant have any new arrest or conviction? If yes, discuss how this 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. If no, no other narration is needed.

Save Close

15. On the Personal Characteristics tab, answer each question for each applicant and if applicable, complete the narrative fields.

Psychosocial Evaluation Report

Basic

Applicant(s): [Mooretest, Wayne L., III \(9221581\)](#) [Mooretest, Morgan \(9223128\)](#)

Provider: [Mooretest, Wayne \(9221424\)](#)  Completed

History | Personal Characteristics | Marital/Partnership Relationship | Children/Others | Extended Family | Physical/Social Environment | Parenting | Adoption/Foster Care

Personal Characteristics - Wayne L. Mooretest, III

Yes  No During this psychosocial evaluation update process was anything reported, detected or observed that resulted in the revision of any of the most current determinations recorded for this section? If yes, provide the basis for the newly determined Desk Guide and/or Mitigation Rating. If no, no other narration is needed.

Yes  No Does this section contain any issues of concern that were not mitigated? If yes, discuss the way in which issues of concern that could not be mitigated impede effective family functioning. If no, no other narration is needed.

Personal Characteristics - Morgan Mooretest

Save Close

20. On the Marital/Partnership Relationship tab, answer each question and if applicable, complete the narrative fields.

Psychosocial Evaluation Report Print

Basic

Applicant(s): [Mooretest, Wayne L, III \(9221581\)](#) [Mooretest, Morgan \(9223128\)](#)

Provider: [Mooretest, Wayne \(9221424\)](#)  Completed

History | Personal Characteristics | **Marital/Partnership Relationship** | Children/Others | Extended Family | Physical/Social Environment | Parenting | Adoption/Foster Care

**Marital/Partnership Relationship**

Yes  No During this reporting period has there been a change in the marital/partnership status of the Applicant(s)? If yes, provide the basis for the newly determined Desk Guide and/or Mitigation Rating. If no, no other narration is needed.

Yes  No Does this section contain any issues of concern that were not mitigated? If yes, discuss the way in which issues of concern that could not be mitigated impede effective family functioning. If no, no other narration is needed.

[Save](#) [Close](#)

21. On the Children/Others tab, there are four sections: Minor Children, Other Minors Residing or Frequently in the Home, Adult Children, and Adults Residing or Frequently in the Home. Enter text in each of the narrative fields.

**Note:** If there are no minor children, other minors residing or frequently in the home, adult children, and /or adults residing or frequently in the home, you will see that there are no narrative fields to complete and text indicating there are none of those individuals in the family/home.

**Note:** For Minor Children and others residing or frequently in the home that were inserted on the Home Study Update/Recertification page (Family tab), the gender is not included. You will need to include the gender of the individual in your description, as it is not included on the Home Study Update/Recertification template.

Psychosocial Evaluation Report Print

Basic

Applicant(s): [Mooretest, Wayne L, III \(9221581\)](#) [Mooretest, Morgan \(9223128\)](#)

Provider: [Mooretest, Wayne \(9221424\)](#)  Completed

History | Personal Characteristics | Marital/Partnership Relationship | **Children/Others** | Extended Family | Physical/Social Environment | Parenting | Adoption/Foster Care

**Minor Children - Daughter Moore**

During the reporting period has the minor's behavior been age-appropriate? Has the minor presented any health, developmental, education or mental health issues? How secure, well-adjusted and adaptable has the minor been? Have their needs been well met? Has the minor exhibited behaviors that pose a threat to the health, safety and well-being of self or others? Does the minor have a secure attachment to both their parents? Have any alcohol or drug involvement occurred? How has the minor responded to the arrival of a new child or children into the family?

**Minor Children - Tester Ajax**

During the reporting period has the minor's behavior been age-appropriate? Has the minor presented any health, developmental, education or mental health issues? How secure, well-adjusted and adaptable has the minor been? Have their needs been well met? Has the minor exhibited behaviors that pose a threat to the health, safety and well-being of self or others? Does the minor have a secure attachment to both their parents? Have any alcohol or drug involvement occurred? How has the minor responded to the arrival of a new child or children into the family?

[Save](#) [Close](#)

22. On the Extended Family tab, answer each question for each applicant and if applicable, complete the narrative fields.

The screenshot shows the 'Extended Family' tab of a 'Psychosocial Evaluation Report'. The 'Basic' section at the top lists two applicants: 'Mooretest, Wayne L, III (9221581)' and 'Mooretest, Morgan (9223128)'. The provider is 'Mooretest, Wayne (9221424)'. The 'Completed' checkbox is unchecked. The 'Extended Family' tab is selected in the navigation bar. The main content area is titled 'Extended Family - Wayne L. Mooretest, III' and contains three questions, each with a 'Yes' or 'No' radio button and a large text area for a narrative response:

- Question 1: 'For the period of this review were there additions or subtractions from the extended family constellation? If yes, provide the names and relationship of the extended family member added or subtracted. If no, no other narration is needed.'
- Question 2: 'Were there allegations of abuse or neglect involving any extended family members? If yes, narrate the nature of the allegations and disposition. If no, no other narration is needed.'
- Question 3: 'During this psychosocial evaluation update process was anything reported, detected or observed that resulted in the revision of any of the most current determinations recorded for this section? If yes, provide the basis for the newly determined Desk Guide and/or Mitigation Rating. If no, no other narration is needed.'

'Save' and 'Close' buttons are located at the bottom right of the form.

23. On the Physical/Social Environment tab, answer each question and if applicable, complete the narrative fields.

The screenshot shows the 'Physical/Social Environment' tab of a 'Psychosocial Evaluation Report'. The 'Basic' section at the top lists two applicants: 'Mooretest, Wayne L, III (9221581)' and 'Mooretest, Morgan (9223128)'. The provider is 'Mooretest, Wayne (9221424)'. The 'Completed' checkbox is unchecked. The 'Physical/Social Environment' tab is selected in the navigation bar. The main content area is titled 'Physical/Social Environment' and contains three questions, each with a 'Yes' or 'No' radio button and a large text area for a narrative response:

- Question 1: 'During the reporting period were there significant changes in the home, neighborhood, community, job status, income and resources available since the last home study or update/renewal was completed? If yes, discuss the nature of the changes noted. If no, no other narration is needed.'
- Question 2: 'During this psychosocial evaluation update process was anything reported, detected or observed that resulted in the revision of any of the most current determinations recorded for this section? If yes, provide the basis for the newly determined Desk Guide and/or Mitigation Rating. If no, no other narration is needed.'
- Question 3: 'Does this section contain any issues of concern? If yes, discuss the way in which issues of concern that could not be mitigated impede safe and effective family functioning. If no, no other narration is needed.'

'Save' and 'Close' buttons are located at the bottom right of the form.

24. On the Parenting tab, answer each question and if applicable, complete the narrative fields.

**Psychosocial Evaluation Report** Print

Basic

Applicant(s): [Moonest, Wyoia L. III /9221581](#) [Moonest, Morgan /922128](#)

Provider: [Moonest, Wayne /9221424](#)  Completed

History | Personal Characteristics | Marital/Partnership Relationship | Children/Others | Extended Family | Physical/Social Environment | **Parenting** | Adoption/Foster Care

**General Parenting**

Yes  No During this psychosocial evaluation update process was anything reported, detected or observed that resulted in the revision of any of the most current determinations for this section? If yes, provide the basis for the newly determined Desk Guide and/or Mitigation Rating. If no, no other narration is needed.

Yes  No Does this section contain any issues of concern? If yes, discuss the way in which issues of concern that could not be mitigated impede safe and effective family functioning. If no, no other narration is needed.

**Specialized Parenting**

Yes  No During this psychosocial evaluation update process was anything reported, detected or observed that resulted in the revision of any of the most current determinations for this section? If yes, provide the basis for the newly determined Desk Guide and/or Mitigation Rating. If no, no other narration is needed.

25. On the Adoption/Foster Care tab, answer each question and if applicable, complete the narrative fields.

**Psychosocial Evaluation Report** Print

Basic

Applicant(s): [Moonest, Wyoia L. III /9221581](#) [Moonest, Morgan /922128](#)

Provider: [Moonest, Wayne /9221424](#)  Completed

History | Personal Characteristics | Marital/Partnership Relationship | Children/Others | Extended Family | Physical/Social Environment | Parenting | **Adoption/Foster Care**

**Adoption / Foster Care**

Yes  No During this psychosocial evaluation update process was anything reported, detected or observed that resulted in the revision of any of the most current determinations for this section? If yes, provide the basis for the newly determined Desk Guide and/or Mitigation Rating. If no, no other narration is needed.

Yes  No Does this section contain any issues of concern? If yes, discuss the way in which issues of concern that could not be mitigated impede safe and effective family functioning. If no, no other narration is needed.

26. Once you have completed all of the information on each of the tabs, select the Completed checkbox in the Basic group box and click Save. If any messages appear, complete the required fields. Once all errors have been fixed, click the Close button to return to the Home Study Update/Recertification page.

**Note:** In order to approve the Home Study Update/Recertification, the Completed checkbox must be selected.

**Note:** The Completed checkbox may become unchecked throughout the home study update/recertification process. Since the age of an individual (child, other residing in the home) determines which section of the Psychosocial Evaluation Report the individual falls into (minor or adult), an evaluation is done

anytime there are updates to the Home Provider page, as well as the Family tab of the Home Study Update/Recertification page.

27. Once you have completed all of the tabs on the Home Study Update/Recertification page, as well as the associated Psychosocial Evaluation Report page, return to the Results tab of the Home Study Update/Recertification page. Update any ratings as necessary. Enter narrative in the Psychosocial Evaluation Conclusion and Placement Considerations group boxes.
28. The Recommendation section contains conclusions and considerations based on the home study update/recertification, a recommendation by you, the home study worker, and your supervisor's approval/denial of that recommendation. Once you have completed the home study update/recertification, click the [Select Applicant\(s\)](#) link to open the Applicant Selection page.

29. On the Applicant Selection page, select the checkbox next the appropriate applicant(s). Then click Continue.

<input checked="" type="checkbox"/> Select All	Name	Role	DOB
<input checked="" type="checkbox"/>	Aardvark, Andrew Z., Sr. (9226919)	Parent 1	01/19/1954
<input checked="" type="checkbox"/>	Aardvark, Amy B. (9226559)	Parent 2	01/01/1974
<input checked="" type="checkbox"/>	Aardvark, Marie (9226920)	Licensee	02/13/1956

30. Record the recommend approvals or non-approvals for the applicant(s) and for what type of home he/she/they are being recommended for (foster care, adoption or both). Click the Insert button to record additional/different approvals or non-approvals.

**Basic**

Applicant(s): [Mooretest, Wayne L. III \(9221581\)](#) [Mooretest, Morgan \(9223128\)](#) Provider: [Mooretest, Wayne \(9221424\)](#)

Lcns. Type: County Lcns. Agency: Dane County Department of Human Services Update Purpose: Pre-adoptive

Home Study Type: Adoptive Home Study Date: 03/03/2026 Certification: Level 2

Home Study Status: Pending Placement Type: Future Placement

[View/Update Hold History](#)

Family      Current Placements/Situation      Background Information      **Results**

**Recommendation**

It is recommended that [Morgan Mooretest](#) be **Approved** for **Adoption and Foster Care**

Home Study was completed by:

Home Study Practitioner: [Caitlin C. Cake](#) Supervisor:

Name of Agency: [Agency](#) Home Study Supervisor: [Caitlin C. Cake](#)

Agency Address: [Milwaukee, WI](#)

Options:  **Go** **Save** **Close**

31. In the “Home Study was completed by” section, verify the information, and update accordingly.

32. When the Home Study Update/Recertification is first created, it has a status of Pending. Update the Home Study Status in the Basic group box at the top of the Home Study Update/Recertification page.

**Basic**

Applicant(s): [Aardvark, Andrew Z., Sr. \(9226919\)](#) [Aardvark, Amy B. \(9226559\)](#) Provider: [Aardvark, Andrew \(9221905\)](#)

[Aardvark, Marie \(9226920\)](#) Update Purpose:

Lcns. Type: County Lcns. Agency: Dane County Department of Human Certification: Level 2

Home Study Type: Home Study Date: 06/22/2020 Placement Type: Child Specific Placement

Home Study Status: **Pending** [View/Update Hold History](#)

33. The Home Study Update/Recertification template is created from the Home Study Update/Recertification page by selecting Home Study Update/Recertification from the Options drop-down (on any tab of the Home Study Update/Recertification pages) and clicking the Go button. Information will pre-fill from the Home Study Update/Recertification and Psychosocial Evaluation Report pages onto the template.



**Multipurpose Home Assessment Update / Recertification**

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**Licensing Agency**  
Agency

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**Applicant(s) Information**

Name - Applicant 1 (Last, First MI) Mooretest, Wayne L.	Birthdate - Applicant 1 01/01/1970
Name - Applicant 2 (Last, First MI) Mooretest, Morgan	Birthdate - Applicant 2 06/05/1980

Address (Street, City, State, Zip Code)  
789 Main St  
Madison, WI 53701

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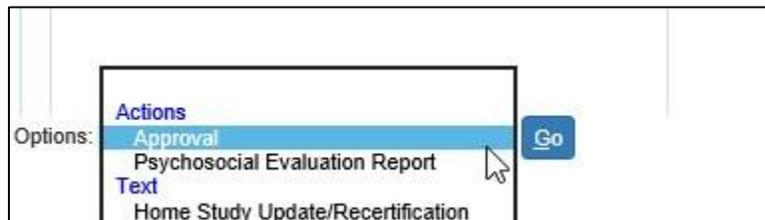
**Update Purpose**  
Purpose of Update: Pre-adoptive

---

**Household Member(s) Information**  
Children placed in the foster home or children placed in the pre-adoptive home are not included here.  
This includes children of the Applicants, adult household members, and individuals frequently in the home on a regular basis and have substantial contact with children placed in the home.

Full Name	Birthdate	Relationship to Applicant(s)	Receiving Care
Daughter Moore	06/14/2017	Child	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Son Moore	03/03/2003	Child	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tester Ajax	10/25/2012	Child	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
tester De Ford	02/02/1962	Aunt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

34. To approve the home study update/recertification, launch the Psychosocial Evaluation Report to check the Completed checkbox, close back to the home study, then select Approval from the Options drop-down (that can be accessed from any tab on the Home Study Update/Recertification page) and click Go. On the Approval History page, select the Approve radio button and click Continue. On the Home Study Update/Recertification page, click Save to send the approval to your supervisor.



**Note:** If validation errors exist, you will have to make the updates and then approve the home study again.

### Placing a Home Study Update/Recertification On Hold

You can place a Home Study Update/Recertification on hold and remove from hold during the documentation process for the Home Study Update/Recertification. When your supervisor approves the Place On Hold request the overall status of the Home Study Update/Recertification is set to "On Hold". Your supervisor must then

approve the removal from hold and when doing so the status of the Home Study Update/Recertification is set back to 'pending'.

1. The Home Study Update/Recertification Hold Status page is accessed from the [View/Update Hold History](#) link.

**Basic**  
Applicant(s): [Aardvark, Andrew Z., Sr. \(9226919\)](#)    [Aardvark, Amy B. \(9226559\)](#)    Provider: [Aardvark, Andrew \(9221905\)](#)  
[Aardvark, Marie \(9226920\)](#)  
Update Purpose :   
Lcns. Type:     Lcns. Agency:     Certification:   
Home Study Type:   
Home Study Date:     Placement Type:   
Home Study Status:     [View/Update Hold History](#)

2. On the Home Study Recert Hold Status page, click the Insert button.

**Home Study Recert Hold Status**    Print    Help  
**Place On/Remove Hold**  

Status	Effective From	Reason(s)	Worker
<input checked="" type="radio"/> Place on Hold	<input type="text" value="06/22/2020"/>	<a href="#">Reason(s)</a>	Caitlin C. Cake

Description:

3. Select the [Reason\(s\)](#) link. This will open the Home Study Recert Reason(s) Place on Hold page.

**Home Study Recert Reason(s) Place on Hold**    Print    Help  
**Reasons**  
Action: Place on Hold  
**Reason(s)**  
Select Reason(s)  

<input type="checkbox"/>	Application not complete
<input type="checkbox"/>	Change in family circumstances
<input type="checkbox"/>	Delay in legal process
<input type="checkbox"/>	Other
<input type="checkbox"/>	Support plan in place

- There are multiple reasons a Home Study Update/Recertification can be placed on hold. On the Home Study Recert Reason(s) Place on Hold Page, select one or more reason and click Continue. This will return you to the Home Study Recert Hold Status page.
- Enter a date next to the Place on Hold field and enter a description in the Description field, if applicable.
- Select the Place on Hold radio button. Select Approval from the Options drop-down and click Go. On the Approval History page, select the Approve radio button and click Continue. On the Home Study Recert Hold Status page, click Save to send the approval to your supervisor.

### Remove Home Study from Hold

You can place a Home Study Update/Recertification on hold and remove from hold during the documentation process for the Home Study. When the supervisor approves the Place On Hold request the overall status of the Home Study Update/Recertification is set to "On Hold". The supervisor must then approve the removal from hold and when doing so the status of the Home Study Update/Recertification is set back to 'pending'.

- Access the Home Study Recert Hold Status page via the [View/Update Hold History](#) link on the Home Study Update/Recertification page.

**Basic**

Applicant(s): [Aardvark, Andrew Z., Sr. \(9226919\)](#)    [Aardvark, Amy B. \(9226559\)](#)    Provider: [Aardvark, Andrew \(9221905\)](#)  
[Aardvark, Marie \(9226920\)](#)

Lcns. Type: County    Lcns. Agency: Dane County Department of Human    Certification: Level 2

Home Study Type:    Home Study Date: 06/22/2020    Placement Type: Child Specific Placement

Home Study Status: **On Hold**    [View/Update Hold History](#)

- On the Home Study Recert Hold Status page, click the Insert button. This will insert the Remove from Hold row.

**Home Study Recert Hold Status**    Print    Help

**Place On/Remove Hold**

Status	Effective From	Reason(s)	Worker
<input type="radio"/> Place on Hold	06/22/2020	Application not complete	Caitlin C. Cake
Description:	Reason for hold...		
<input type="radio"/> Remove from Hold	00/00/0000	<a href="#">Reason(s)</a>	Caitlin C. Cake
Description:			

**Insert**

3. Select the [Reason\(s\)](#) link. This will open the Home Study Recert Reason(s) Remove from Hold page. On the Home Study Recert Reason(s) Remove from Hold page, select one or more reason and click Continue.

**Home Study Recert Reason(s) Remove from Hold**

**Reasons**

Action: Remove from Hold

**Reason(s)**

Select Reason(s)

<input checked="" type="checkbox"/>	Application complete
<input type="checkbox"/>	Family circumstances resolved
<input type="checkbox"/>	Legal process resolved
<input type="checkbox"/>	Other
<input type="checkbox"/>	Support plan complete
<input type="checkbox"/>	Withdrawal from program

4. On the Home Study Recert Hold Status page, select the radio button for Remove from Hold status, enter the effective from date and enter a description, if applicable. Select Approval from the Options drop-down and click Go. On the Approval History page, select the Approve radio button and click Continue. On the Home Study Recert Hold Status page, click Save to send the approval to your supervisor.

**Home Study Recert Hold Status** Print Help

**Place On/Remove Hold**

Status	Effective From	Reason(s)	Worker
<input type="radio"/> Place on Hold	06/22/2020	Application not complete	Caitlin C. Cake
Description:	Reason for hold...		
<input checked="" type="radio"/> Remove from Hold	06/23/2020	<a href="#">Reason(s)</a> Application complete	Caitlin C. Cake
Description:			