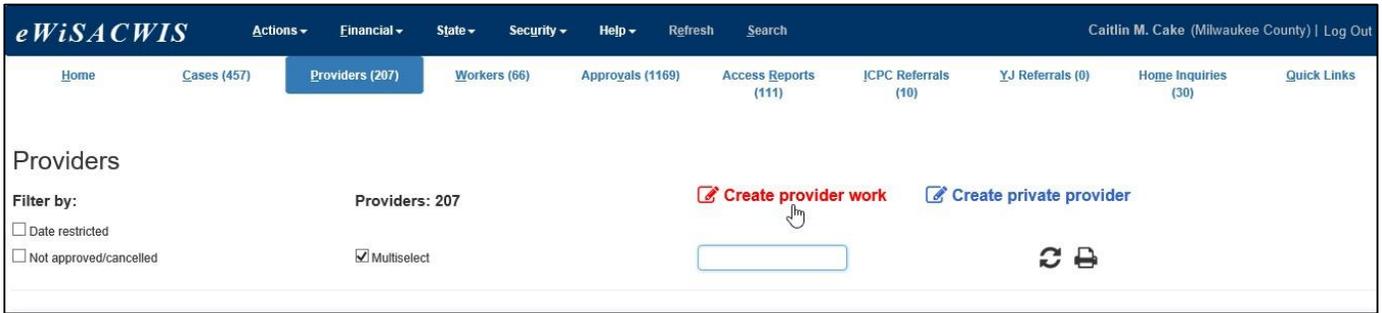


Home Study

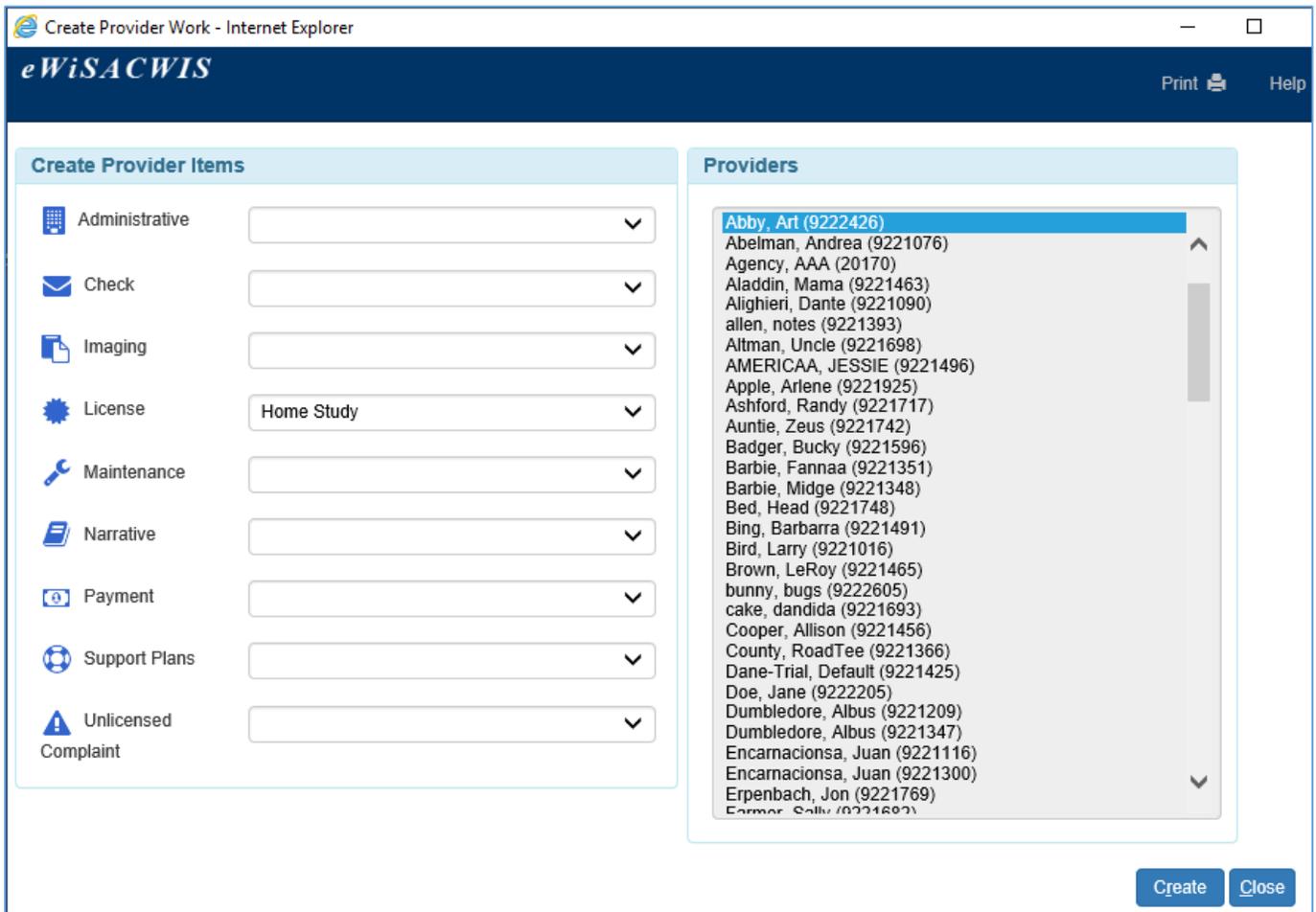
Note: You must have an assignment to the provider record to create a Home Study.

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 from the License drop-down, select the provider name in the Providers group box, and click the Create button.



- The Home Study page is used to document information gathered and to evaluate the status 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 home study type, update the home study date (if applicable), and select the placement type. Once you have completed the home study, you will update the home study status.

Note: For all home study types except “Adoptive,” up to four applicants will appear.

- The Applicant(s) Information tab contains information pertaining to the applicant(s): Name and DOB. In the Applicant Information group box, the majority of the applicant(s)’s information pre-fills from the applicant’s Person Management page.

Note: To update the applicant information that pre-fills from the Person Management page, click on the name of the applicant (blue link) to open the applicant’s Person Management page.

Basic

Applicant(s): [Aardvark, Andre Z., Sr. \(9228919\)](#) [Rankin, Jerry B. \(9228559\)](#) Provider: [Aardvark, Andre \(9221905\)](#)
[Aardvark, Marie \(9228920\)](#)

Lons. Type: County Lons. Agency: Dane County Department of Human Services Certification:
Home Study Type: Home Study Date: 02/26/2026 Placement Type: Child Specific Placement
Home Study Status: Pending [View/Update Hold History](#)

Applicant(s) Information Family Medical Reports Background Information Home/Community/Family Lifestyle Results

Applicant Information

Applicant 1: [Andre Z. Aardvark, Sr.](#) Applicant 2: [Jerry B. Rankin](#)
Date of Birth: 01/19/1954 Date of Birth: 04/05/1988
Applicant 3: [Marie Aardvark](#)
Date of Birth: 02/13/1956

Vital Information

This is only required for adoption home studies.

Birth Records
 Yes No N/A I have seen and verified the birth records for all individuals in the Applicant(s)' household.

Marital/Partnership/Naturalization Records
 Yes No N/A I have seen and verified the Applicant(s)' marriage, divorce, and naturalization records, if applicable.

Child Specific Placement

Name	DOB	Gender

[Insert](#)

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.

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

- In the vital Information group box, select Yes or No for Birth Records and Marital/Partnership/Naturalization Records to indicate whether the Child Welfare Professional has seen and verified the birth records for all individuals in the Applicant(s) household; and the Applicant(s) marriage, divorce, and naturalization records, if applicable. If not applicable, select the N/A checkbox.

Vital Information

This is only required for adoption home studies.

Birth Records
 Yes No N/A I have seen and verified the birth records for all individuals in the Applicant(s)' household.

Marital/Partnership/Naturalization Records
 Yes No N/A I have seen and verified the Applicant(s)' marriage, divorce, and naturalization records, if applicable.

- b. If the Placement Type of “Future Placement” was selected in the Basic group box at the top of the page, enter applicable information in the Motivation group boxes.

Motivation

Indicate the Applicant(s)' stated reasons for wanting to become a foster parent or adoptive family.

Indicate whether the Applicant(s) has/have any adoption or foster care experience. Also indicate if any adult household member has been denied or deferred as a prospective adoptive or foster parent or been the subject of an unfavorable home study with any licensing agency.

- c. If the Placement Type of “Child Specific Placement” was selected in the Basic group box at the top of the page, the Child Specific Placement group box will display on this tab. 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	

[Insert](#)

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.

5. Once all children have been inserted, complete the narrative boxes for each child.

Child Specific Placement

Name	DOB	Gender	
The Buckeye, (921003)	03/04/1961	Female	Delete

[Insert](#)

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.

Describe the relationship between the Applicant(s) and the child/youth placed in their home or intended to be placed in their home.
Name: The Buckeye, 03/04/1961, Female

If the child/youth is currently placed in the home, discuss their adjustment since placement occurred.
Name: The Buckeye, 03/04/1961, Female

Describe the child's/youth's strengths and specific needs (educational, physical health, mental health, etc.).
Name: The Buckeye, 03/04/1961, Female

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

6. The Family tab contains Applicant(s)' Children includes biological children, children through marriage, children under guardianship, and adopted children, Other household members residing in home. The children(s) information pre-fill from the Home Provider page if they have been documented on the Members tab with a son or daughter Role or Relationship. 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. If the son/daughter is living out of the home, indicate where. It is important to verify that the son or daughter'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.

7. 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.

Applicant(s) Information	Family	Medical Reports	Background Information	Hgme/Community/Family Lifestyle	Results
Applicant(s)' Children					
This includes biological children, children through marriage, children under guardianship, and adopted children.					
Name	DOB	Age	DOD	Receiving Care	Residing
Child Abby (9225310)	01/01/2013	13	00/00/0000	Yes	<input checked="" type="radio"/> In Home <input type="radio"/> Out of Home
Emily Watson (9228538)	08/15/2007	18	00/00/0000	Yes	<input checked="" type="radio"/> In Home <input type="radio"/> Out of Home
Marty Abby	09/23/1992	32	00/00/0000	No	<input type="radio"/> In Home <input checked="" type="radio"/> Out of Home
Modify					
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 the children placed in the home.					
Name	DOB	Age	Relationship to Applicant(s)	Receiving Care	
Nana Abby (9228864)	01/01/1924	102	Grandmother	No	
Sally Licensee (9227779)	03/04/1981	64	Licensee	No	
Sister Abby	00/00/0000	44	Sister	No	
Modify					

- The Medical Reports tab contains the medical report for all that are included in home study, as well as the school reports for everyone (but not the applicants). The Medical Reports group box has a row shown for applicant 1, followed by a row for applicant 2 (if applicable), followed by a row for each of the sons and daughters who have the In Home radio button selected and each of the others residing or frequently in the home. Enter data in the Completed By and Completion Date fields.

Applicant(s) Information	Family	Medical Reports	Background Information	Hgme/Community/Family Lifestyle	Results
Medical Reports					
Name	Completed By	Completion Date	N/A		
Art J. Abby	<input type="text"/>	<input type="text" value="00/00/0000"/>	<input type="checkbox"/>		
Parenttwo Abby	<input type="text"/>	<input type="text" value="00/00/0000"/>	<input type="checkbox"/>		
Child Abby	<input type="text"/>	<input type="text" value="00/00/0000"/>	<input type="checkbox"/>		
Sister Abby	<input type="text"/>	<input type="text" value="00/00/0000"/>	<input type="checkbox"/>		
Emily Watson	<input type="text"/>	<input type="text" value="00/00/0000"/>	<input type="checkbox"/>		
Nana Abby	<input type="text"/>	<input type="text" value="00/00/0000"/>	<input type="checkbox"/>		
Sally Licensee	<input type="text"/>	<input type="text" value="00/00/0000"/>	<input type="checkbox"/>		
Options: <input type="text"/> <input type="button" value="Go"/>		<input type="button" value="Save"/> <input type="button" value="Close"/>			

- The Background Information tab contains references, and summary of Background Check Results.
- The References (see program guidelines) group box allows you to document reference used for the home study. You can document the name of the reference, relationship to applicant as well as the date the reference was received. Click the Insert button to add additional references.
- 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.

Applicant(s) Information	Family	Medical Reports	Background Information	Home/Community/Family Lifestyle	Results
--------------------------	--------	-----------------	-------------------------------	---------------------------------	---------

References (see program guidelines)

Name	Relationship to Applicant(s)	Received On

[Insert](#)

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 Home/Community/Family Lifestyle tab allows you to record information about the residence and family lifestyle. In the Home and Community group box, document the physical description of the home and surrounding premises. Indicate the sleeping arrangements for each household member and child(ren)/youth placed in the home.

13. For each applicant, enter narrative in the Profile group box. Enter information in each of the narrative fields in the Family Lifestyle group box, including the Childcare and Privacy sections.

Applicant(s) Information	Family	Medical Reports	Background Information	Home/Community/Family Lifestyle	Results
--------------------------	--------	-----------------	------------------------	--	---------

Home and Community

Provide a physical description of the home and surrounding premises. Indicate the sleeping arrangements for each household member and child(ren)/youth placed in the home.

Art J. Abby Profile

Describe the Applicant's personality and demeanor. Briefly describe the Applicant's strengths and interests.

Parenttwo Abby Profile

Describe the Applicant's personality and demeanor. Briefly describe the Applicant's strengths and interests.

Family Lifestyle

Describe the Applicant(s)' typical schedule and routine. Describe how the Applicant(s) anticipate their routine adjusting with placement of a child(ren)/youth.

What are the basic household rules, roles, and expectations?

Describe what recreational, cultural, social, and religious activities the Applicant(s) participate in?

Child Care

Describe the Applicant(s)' proposed child care arrangements for the child(ren)/youth placed in the home. Who will the Applicant(s) utilize for respite or child care in an emergency?

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

14. 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 Recommendations based on the home study. 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 page, as well as the associated Psychosocial Evaluation Report page, you will return to the Results tab to complete the home study.

Basic

Applicant(s): [Abby, Art J. \(20998\)](#) [Abby, Parenttwo \(9228863\)](#) Provider: [Abby, Art \(9222426\)](#)

Lons. Type: **Child Placing Agency** Lons. Agency: **Anu Family Services Inc.** Certification: **Level 2**

Home Study Type: **Adoptive** Home Study Date: **03/02/2026** Placement Type: **Child Specific Placement**

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

Applicant(s) Information Family Medical Reports Background Information Hgme/Community/Family Lifestyle Results

Adoption/Foster Care Issues

Art J. Abby	Parenttwo Abby	
2	2	Infertility
2	2	Telling Child about Adoption
2	2	Openness in Adoption
2	2	Adoptive Parent Status

Options: **Psychosocial Evaluation Report** **Go** **Save** **Close**

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

16. 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, enter text in each of the narrative fields for each applicant. Click on the [Follow Evaluation Instructions](#) link to open the associated Psychosocial Narration Instructions.

Psychosocial Evaluation Report

Basic

Applicant(s): [Abby, Art J. \(20998\)](#) [Abby, Parenttwo \(9228863\)](#) Provider: [Abby, Art \(9222426\)](#) Completed

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

History - Art J. Abby

Historical Information

Provide a one paragraph narrative describing the Applicant's history: where and when they were born, who they were born to, siblings, schooling, marriages, civil unions, domestic partnerships, deaths, divorces, etc. Do not include issues you have identified in the Psychosocial Inventory with Desk Guide Ratings. This is a factual description of the Applicant's history.

Evaluation

[Follow Evaluation Instructions](#)

Save **Close**

17. On the Personal Characteristics tab, enter text in each of the narrative fields for each applicant. Click on the [Follow Evaluation Instructions](#) link to open the associated Psychosocial Narration Instructions.

Psychosocial Evaluation Report

Basic

Applicant(s): [Abby, Art J. \(20298\)](#) [Abby, Parenttwo \(9228663\)](#)

Provider: [Abby, Art \(9222426\)](#) Completed

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

Personal Characteristics - Art J. Abby

Evaluation

[Follow Evaluation Instructions](#)

If Applicant is taking any medications (prescribed or over-the-counter), please list and indicate the medical reasons for which they are being taken.

Save Close

18. On the Marital/Partnership Relationship tab, enter text in each of the narrative fields. Click on the [Follow Evaluation Instructions](#) link to open the associated Psychosocial Narration Instructions.

Psychosocial Evaluation Report

Basic

Applicant(s): [Abby, Art J. \(20298\)](#) [Abby, Parenttwo \(9228663\)](#)

Provider: [Abby, Art \(9222426\)](#) Completed

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

Marital/Partnership Relationship

Evaluation

[Follow Evaluation Instructions](#)

Provide a brief description of the Applicant(s)' Marriage/Partnership highlighting their roles in the relationship, division of duties, strengths, and skills.

Save Close

19. 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. Click on the [Follow Evaluation Instructions](#) link to open the associated Psychosocial Narration Instructions.

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 Child(s) and others residing or frequently in the home that were inserted on the Home Study 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 Report template.

Psychosocial Evaluation Report Print

Basic

Applicant(s): [Abby, Art J. \(20998\)](#) [Abby, Paranthos \(9228663\)](#)

Provider: [Abby, Art \(922426\)](#) Completed

[History](#) [Personal Characteristics](#) [Marital/Partnership Relationship](#) **[Children/Others](#)** [Extended Family](#) [Physical/Social Environment](#) [Parenting](#) [Adoption/Foster Care](#)

Minor Children - Child Abby

Provide description of their personality, interests, school, and living situation.

Evaluation

[Follow Evaluation Instructions](#)

Is the minor's behavior age-appropriate? Does the minor present any health, developmental, educational or mental health issues? How secure, well-adjusted, and adaptable is the minor? Are their needs being well met? Does the minor exhibit any 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? Does the minor have any alcohol or drug involvement? How prepared is the minor for the arrival of a new child into the family?

Other Minors Residing or Frequently in the Home

There are no other minors residing or frequently in the home.

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

Psychosocial Evaluation Report Print

Basic

Applicant(s): [Abby, Art J. \(20998\)](#) [Abby, Paranthos \(9228663\)](#)

Provider: [Abby, Art \(922426\)](#) Completed

[History](#) [Personal Characteristics](#) [Marital/Partnership Relationship](#) **[Children/Others](#)** [Extended Family](#) [Physical/Social Environment](#) [Parenting](#) [Adoption/Foster Care](#)

Adult Children - Emily Watson

Provide the marital/partnership status, occupation, circumstances and place of residence of any adult child. Also indicate if they have children and the type of contact they would have with a child placed in the Applicant(s)' home.

Evaluation

[Follow Evaluation Instructions](#)

How positive and supportive are they about having a new child come into the family? How much and how frequently do they consume alcohol? Do they use illegal drugs or abuse prescriptive/over-the-counter drugs? How well do they accept differences? Do they exhibit responsible behavior and emotional stability? Do they exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Do they have a history of criminal arrests, convictions or allegations of child sexual/physical abuse, child neglect, child exploitation or failure to protect?

Adult Children - Marty Abby

Provide the marital/partnership status, occupation, circumstances and place of residence of any adult child. Also indicate if they have children and the type of contact they would have with a child placed in the Applicant(s)' home.

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

Psychosocial Evaluation Report Print

Basic

Applicant(s): [Abby_Art_J_\(20995\)](#) [Abby_Parenttwo_\(9228663\)](#)

Provider: [Abby_Art_\(922426\)](#) Completed

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

Adults Residing or Frequently in the Home - Nana Abby

Provide the marital/partnership status of each adult identified. Indicate each individual's occupation, circumstances, the nature of their relationship with the Applicant(s) and the amount and type of contact they would have with a child placed in the Applicant(s)' home.

Evaluation

[Follow Evaluation Instructions](#)

How positive and supportive are they about having a new child come into the family? How much and how frequently do they consume alcohol? Do they use illegal drugs or abuse prescriptive/over-the-counter drugs? How well do they accept differences? Do they exhibit responsible behavior and emotional stability? Do they exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Do they have a history of criminal arrests, convictions or allegations of child sexual/physical abuse, child neglect, child exploitation or failure to protect?

Adults Residing or Frequently in the Home - Sally Licensee

Provide the marital/partnership status of each adult identified. Indicate each individual's occupation, circumstances, the nature of their relationship with the Applicant(s) and the amount and type of contact they would have with a child placed in the Applicant(s)' home.

Save Close

20. On the Extended Family tab, enter text in each of the narrative fields for each applicant. Click on the [Follow Evaluation Instructions](#) link to open the associated Psychosocial Narration Instructions.

Psychosocial Evaluation Report Print

Basic

Applicant(s): [Abby_Art_J_\(20995\)](#) [Abby_Parenttwo_\(9228663\)](#)

Provider: [Abby_Art_\(922426\)](#) Completed

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

Extended Family - Art J. Abby

Evaluation

[Follow Evaluation Instructions](#)

Describe if and how the extended family is positive regarding the Applicant's desire to foster or adopt. Has anyone in the extended family had any experience as foster or adoptive parents?

Save Close

21. On the Physical/Social Environment tab, enter text in each of the narrative fields. Click on the [Follow Evaluation Instructions](#) link to open the associated Psychosocial Narration Instructions.

Psychosocial Evaluation Report Print

Basic

Applicant(s): [Abby_Art_J_\(20998\)](#) [Abby_Parenttwo_\(9228663\)](#)

Provider: [Abby_Art_\(9222426\)](#) Completed

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

Physical/Social Environment

Evaluation
[Follow Evaluation Instructions](#)

Finances: Indicate what the family's gross and net monthly income is. Is the income reliable and sufficient to meet the family's needs? Is/Are the Applicant(s) able to budget, organize, and spend money within their budget? Does/Do the Applicant(s) manage their debts responsibly and do they live within their available finances? Are there adequate resources available for emergencies?

Safety: Provide the information that your regulations, rules and statutes require pertaining to the residence such as swimming pool/fountains, other water features, guns, trampolines, etc. Please provide the Risk Management Plan if appropriate. Describe all pets and discuss their comfort level with

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

22. On the Parenting tab, enter text in each of the narrative fields. Click on the [Follow Evaluation Instructions](#) link to open the associated Psychosocial Narration Instructions.

Psychosocial Evaluation Report Print

Basic

Applicant(s): [Abby_Art_J_\(20998\)](#) [Abby_Parenttwo_\(9228663\)](#)

Provider: [Abby_Art_\(9222426\)](#) Completed

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

General Parenting

Evaluation
[Follow Evaluation Instructions](#)

How was/were the Applicant(s) disciplined as a child and how does that impact the way they discipline their children and/or will discipline any future children? What kind of discipline does/do the Applicant(s) intend to use? Does/Do the Applicant(s) have good knowledge of appropriate and effective forms of discipline?

Parental Style: Describe how the Applicant(s) would parent a child with few or no issues.

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

23. On the Adoption/Foster Care tab, enter text in each of the narrative fields. Click on the [Follow Evaluation Instructions](#) link to open the associated Psychosocial Narration Instructions.

Psychosocial Evaluation Report

Basic

Applicant(s): [Abby, Art J. \(20298\)](#) [Abby, Parenttwo \(9228863\)](#)

Provider: [Abby, Art \(9222428\)](#) Completed

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

Adoption/Foster Care

Maintaining Connections with Birth Families: Does/Do the Applicant(s) understand and accept the importance of maintaining birth family connections for a child in foster care and/or adoption? Are they secure in their parental role as foster/adoptive parents and ready, willing and able to support contact with birth parents and other significant connections such as siblings, grandparents, and foster parents based on the best interest of the child? Is/Are the Applicant(s) willing to be involved in family interaction, family team meetings, and working as a team member to meet the permanency goal for a child?

Evaluation

[Follow Evaluation Instructions](#)

Save Close

24. 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 page.

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

Note: The Completed checkbox may become unchecked throughout the home study 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 page.

25. Once you have completed all of the tabs on the Home Study page, as well as the associated Psychosocial Evaluation Report page, return to the Results tab of the Home Study page. Update any ratings as necessary. Enter narrative in the Psychosocial Evaluation Conclusion and Placement Considerations group boxes.

Note: The Placement Considerations group box will have different directions, based on the Placement Type.

26. The Recommendation section contains conclusions and considerations based on the home study, a recommendation by you, the home study worker, and the supervisor's approval/denial of that recommendation. Once you have completed the home study, click the [Select Applicant\(s\)](#) link to open the Applicant Selection page.

Recommendation

It is recommended that [Art J. Abby](#) be **Approved** for **Adoption**

It is recommended that [Select Applicant\(s\)](#) be for [Delete](#)

Insert

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

Applicant Selection Print

Applicants

<input type="checkbox"/> Select All	Name	Role	DOB
<input type="checkbox"/>	Abby, Art J. (20698)	Parent 1	11/11/1961
<input type="checkbox"/>	Abby, Parenttwo (9228863)	Parent 2	03/04/1961

Continue Close

28. Record the recommended 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.

29. Select the worker recommendation.

30. In the "Home Study was completed by" section, verify the information, and update accordingly.

31. Update the supervisor's recommendation.

Recommendation

It is recommended that [Select Applicant\(s\)](#) be for Insert

Home Study was completed by:

Home Study Practitioner: Supervisor:

Name of Agency: Home Study Supervisor:

Agency Address:

Options:

32. When the Home Study 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 page.

Basic

Applicant(s): [Abby, Art J. \(20698\)](#) [Abby, Parenttwo \(9228863\)](#) Provider: [Abby, Art \(922426\)](#)

Lons. Type: Lons. Agency: Certification:

Home Study Type: Home Study Date: Placement Type:

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

Basic

Applicant(s): [Abby, Art J. \(20998\)](#)

Lcons. Type:

Home Study Type:

Home Study Status:

Applicant(s) Information

Applicant Information

Applicant 1:

Date of Birth:

Vital Information

This is only required for a

Birth Records

Yes No N/A

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

eWiSACWIS Print

Basic

Applicant(s): [Abby, Art J. \(20998\)](#) [Abby, Parenttwo \(9228683\)](#) Provider: [Abby, Art \(9222426\)](#)

Lcons. Type: Lcons. Agency: Certification:

Home Study Type: Home Study Date: Placement Type:

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

Applicant(s) Information **Family** **Medical Reports** **Background Information** **Home/Community/Family Lifestyle** **Results**

It is recommended that [Art J. Abby](#) be for

Home Study was completed by:

Home Study Practitioner: Supervisor:

Name: Home Study Supervisor:

Agency:

Options:

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

Approval History Print

Document Information

Provider: Abby
 Type: Home Study
 Date: 03/02/2026

Approval Decision

Approve Reroute Recall/Return Not Approve

Supervisor Approval

You have completed and are about to approve this piece of work. Do you wish to route this work to the supervisor listed below for future approval? If no, please select "Other" to select the appropriate party.

Supervisor:

Approval History

Worker Name	Status	Date	Action
Caitlin C. Cake	Initial	03/02/2026	Initial

[Continue](#) [Close](#)

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

Placing a Home Study On Hold

You can place a Home Study 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 is set to "On Hold". The supervisor must then approve the removal from hold and when doing so the status of the Home Study is set back to 'pending'.

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

Basic

Applicant(s): [Aardvark, Andrew, Sr. \(9226919\)](#) [Aardvark, Marie \(9226920\)](#)

Lcns. Type: Not Licensed Lcns. Agency:

Home Study Type: Adoption and Foster Care Home Study Date: 02/13/2019

Home Study Status: Approved for Adoption and Foster Care [View/Update Hold History](#)

2. On the Home Study Hold Status page, click the Insert button. Select on the [Reason\(s\)](#) link. This will open the Home Study Reason(s) Place on Hold page.

Home Study - Internet Explorer

Home Study Hold Status Print Help

Place On/Remove Hold

Status	Effective From	Reason(s)	Worker
<input type="radio"/> Place on Hold	00/00/0000	Reason(s)	Caitlin C. Cake
Description:	<input type="text"/>		

Options:

- There are multiple reasons a Home Study can be placed on hold. On the Home Study Reason(s) Place on Hold page, select one or more reasons and click Continue. This will return you to the Home Study Reason Hold Status page.

Home Study Reason(s) Place on Hold

Reason(s)

Action: Place on Hold

Reason(s)

Select Reason(s)

Application not complete

Change in family circumstances

Delay in legal process

Other

Support plan in place

4. Enter a date next to the Place on Hold field and enter a description in the Description field, if applicable
5. 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 Hold Status page, click Save to send the approval to your supervisor.

Approval History Print Help

Document Information

Provider: Abby

Type: Home Study Status

Date:

Approval Decision

Approve Reroute Recall/Return Not Approve

Supervisor Approval

You have completed and are about to approve this piece of work. Do you wish to route this work to the supervisor listed below for future approval? If no, please select "Other" to select the appropriate party.

Supervisor:

Approval History

Worker Name	Status	Date	Action

[Continue](#) [Close](#)

You can place a Home Study 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 is set to "On Hold". The supervisor must then approve the removal from hold and when doing so the status of the Home Study is set back to 'pending'.

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

Basic

Applicant(s): [Aardvark, Andrew, Sr. \(9226919\)](#) [Aardvark, Marie \(9226920\)](#)

Lcns. Type: Not Licensed ▼ Lcns. Agency:

Home Study Type: Adoption and Foster Care ▼ Home Study Date: 02/13/2019

Home Study Status: Approved for Adoption and Foster Care ▼ [View/Update Hold History](#)

2. On the Home Study Hold Status page, click the Insert button. Select the [Reason\(s\)](#) link for the Remove from Hold status. This will open the Home Study Reason(s) Remove from Hold page.

Home Study Hold Status Print Help

Place On/Remove Hold

Status	Effective From	Reason(s)	Worker
<input type="radio"/> Place on Hold	06/15/2020	Application not complete	Caitlin C. Cake
Description:	<div style="border: 1px solid gray; height: 20px;"></div>		
<input checked="" type="radio"/> Remove from Hold	06/16/2020	Reason(s) Application complete	Caitlin C. Cake
Description:	<div style="border: 1px solid gray; height: 20px;"></div>		

Insert

3. On the Home Study Reason(s) Remove from Hold page, select one or more reasons and click Continue.

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

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

Place On/Remove Hold

Status	Effective From	Reason(s)	Worker
<input type="radio"/> Place on Hold	06/15/2020	Application not complete	Caitlin C. Cake
Description:	<input type="text"/>		
<input checked="" type="radio"/> Remove from Hold	06/16/2020	Reason(s) Application complete	Caitlin C. Cake
Description:	<input type="text"/>		

Insert

Options: Actions
Approval

Save Close