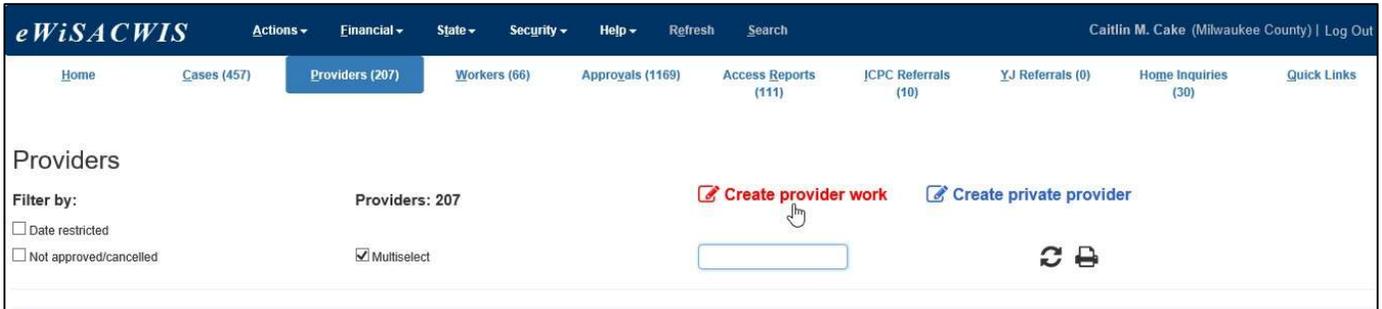


# Home Study

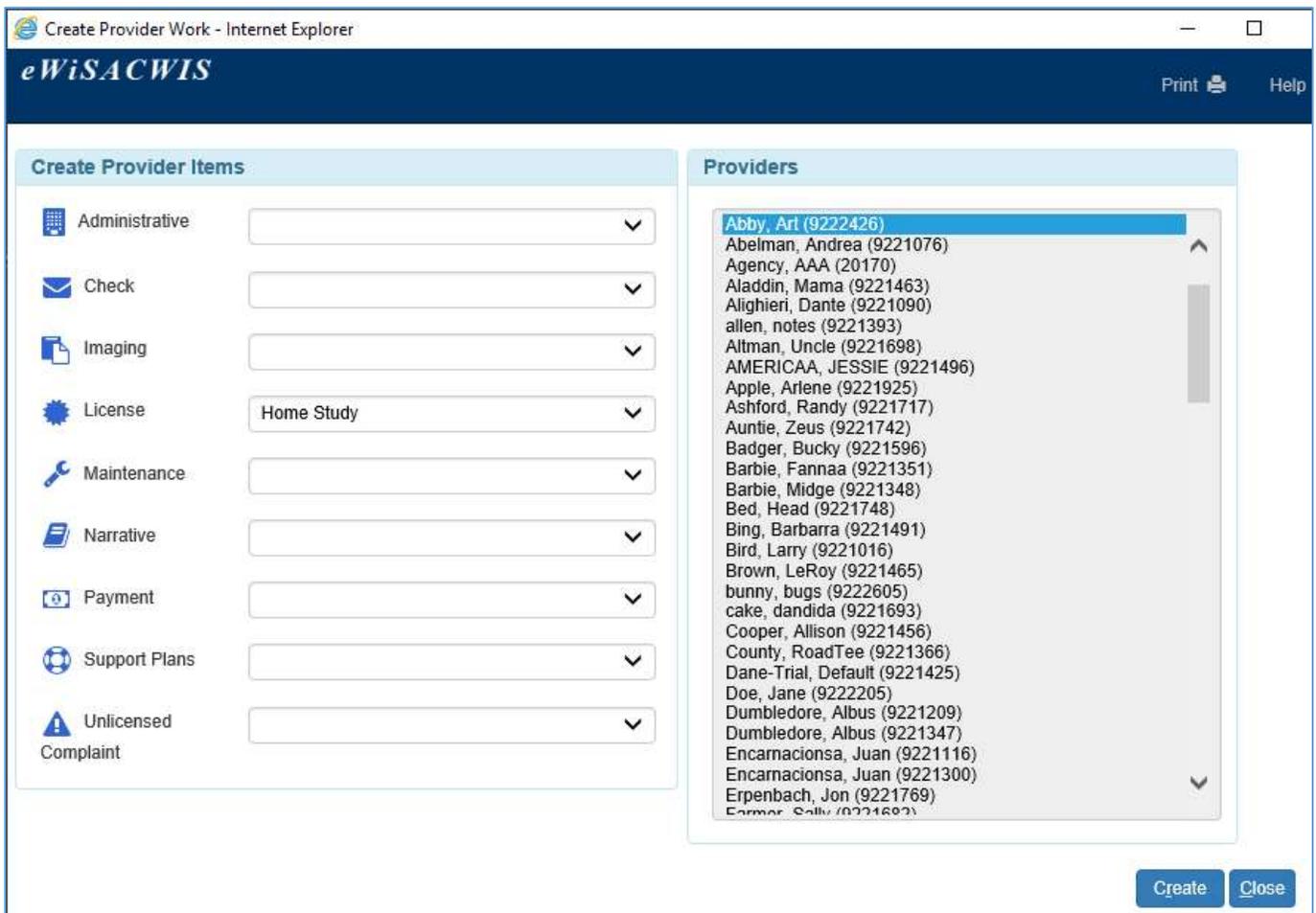
**Note:** You must have an assignment to the provider record to create a Home Study.

**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.



- If a previously approved or not approved Home Study already exists, you will be presented with the Home Study Creation page. On the Home Study Creation page, either select the [Copy](#) link next to the home study you would like to copy, or select the Create button to create a new home study not copying any information from a previous home study.

Please select a Home Study to copy from, if appropriate

**Existing Home Studies**

Study Date	Status	Placement Type	Licensing Agency	
10/02/2019	Not Approved	Child Specific Placement	Milwaukee	<a href="#">Copy</a>
09/27/2019	Not Approved	Child Specific Placement	Milwaukee	<a href="#">Copy</a>
08/09/2019	Not Approved		Milwaukee	<a href="#">Copy</a>

- 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): demographics, marital/domestic partnerships/civil unions, and motivation for becoming an adoptive and/or foster parent(s). In the Applicant Information group box, the majority of the applicant(s)’s information pre-fills from the applicant’s Person Management page. Enter the weight, height, hair, eye color, occupation, employer, and source of additional income for each applicant. Select a value from the Education and Gross Annual Income fields.

**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.

Home Study - Internet Explorer

**eWiSACWIS** TM Print

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**Basic**

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

Lcns. Type: **Not Licensed**      Lcns. Agency:       Certification:

Home Study Type:       Home Study Date: **02/12/2019**      Placement Type: **Child Specific Placement**

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

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

---

**Applicant Information**

Applicant 1: <a href="#">Andrew Aardvark, Sr.</a>	Applicant 2: <a href="#">Marie Aardvark</a>
AKA Name(s):	AKA Name(s):
Date of Birth: 01/19/1954	Date of Birth: 02/13/1956
Birthplace:	Birthplace:
Race(s):	Race(s):
Gender: Male	Gender: Female

Options:

- a. In the Marital/Domestic Partner/Civil Union Information group box, enter the Date of Current Marriage/Domestic Partnership/Civil Union. If not applicable, select the N/A checkbox. In the Past Marriage(s)/Domestic Partnership(s)/Civil Union(s) section, enter the name of the past spouse/partner and the begin and end dates. If not applicable, select the N/A checkbox.

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

---

**Marital/Domestic Partnerships/Civil Unions**

Date of Current Marriage/Domestic Partnership/Civil Union:   N/A

Art J. Abby's Past Marriage(s)/Domestic Partnership(s)/Civil Union(s):  N/A

Name of Past Spouse/Partner: <input type="text"/>	Date Begun: <input type="text" value="00/00/0000"/>	Date Ended: <input type="text" value="00/00/0000"/>	<a href="#">Delete</a>
---	---	---	------------------------

Options:

- 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 Applicant Disposition and Motivation group boxes.

**Applicant Disposition**

The Applicant(s) applied to become a(n) placement of  between the ages of

The Applicant(s)  open to placement of a sibling group. If open to a sibling group, how many?

---

**Motivation**

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

Indicate whether or not the Applicant(s) has/have any adoption or foster care experience and the response of each adult member of the household as to whether he/she has ever been rejected or deferred as a prospective adoptive parent or foster parent or has been the subject of an unfavorable home study with any licensing agency.

Options:

- 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	

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.

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

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

**Child Specific Placement**

Name	DOB	Gender	
<a href="#">The Buckeye (9230635)</a>	03/04/1961	Female	<a href="#">Delete</a>

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.

Provide family circumstances and legal situation of the child being considered.  
Name: The Buckeye, 03/04/1961, Female

Physically describe the child/youth involved in the home study: name, gender, age, date of birth, height, weight, eye, and hair color.  
Name: The Buckeye, 03/04/1961, Female

If the child/youth is currently in the home, discuss his or her adjustment since placement. If not currently placed with the Applicant(s), discuss the nature and character of the Applicant(s)'s relationship(s) with the child or youth.  
Name: The Buckeye, 03/04/1961, Female

Describe the strengths, personality, interests, emotional/physical development, and medical history of the child or youth being considered.  
Name: The Buckeye, 03/04/1961, Female

7. The Family tab contains the sons and daughters of the applicant(s), others residing or frequently in the home, and extended family members. The first group box is the Sons and Daughters of Applicant(s). The sons and daughters 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.

8. The Others Residing or Frequently in the Home group box displays others who have been previously entered on the Members tab of the Home Provider page. If the individual should not be included, click the N/A checkbox. 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.

**Basic**

Applicant(s): [Abby, Art J. \(20998\)](#) [Abby, Parenttwo \(9228663\)](#) Provider: [Abby, Art \(922426\)](#)  
[Licensee, Sally \(9227779\)](#)

Lcns. Type: Not Licensed Lcns. Agency:  Certification:   
Home Study Type:  Home Study Date: 06/16/2020 Placement Type: Child Specific Placement  
Home Study Status: Pending [View/Update Hold History](#)

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[Applicant\(s\) Information](#) **Family** [Medical/School Reports](#) [Background Information](#) [Home/Community/Family Lifestyle](#) [Results](#)

**Sons and Daughters of Applicant(s)**

Name	DOB	Age	DOD	Receiving Care	Location and Living Situation
<a href="#">Child Abby (9225310)</a>	00/00/0000		00/00/0000	Yes	<input checked="" type="radio"/> In Home <input type="radio"/> Out of Home
<a href="#">Emily Watson (9226838)</a>	08/15/2007	12	00/00/0000	Yes	<input checked="" type="radio"/> In Home <input type="radio"/> Out of Home
Marty Abby	09/23/1992	27	00/00/0000	No	<input type="radio"/> In Home <input checked="" type="radio"/> Out of Home <input type="text"/>

[Modify](#)

**Others Residing or Frequently in the Home**

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.

Name	DOB	Age	Relationship	Current Situation	Receiving Care	N/A
<a href="#">Nana Abby (9228664)</a>	01/01/1924	96	Grandmother		No	<input type="checkbox"/>
Sister Abby	00/00/0000	44	Sister		No	<input type="checkbox"/>

[Modify](#)

- The last group box is Extended Family Members. A separate group box will appear for each Applicant and Licensee. This group box allows you to add the additional extended family member's name, location, date of birth, age, date of death, relationship, frequency of contact, and indicate if the extended family member is a source of a supportive relationship.
- Click Modify to add an extended family member. This link will direct you to the Home Provider Members tab where you can enter the extended family member's information. Once you click save and return to the Home Study, the information will fill in the Extended Family Members group box of the Home Study's Family tab.

**Note:** If a DOD is entered the Location and the Frequency of Contact fields are cleared out and not required.

[Applicant\(s\) Information](#)
[Family](#)
[Medical/School Reports](#)
[Background Information](#)
[Home/Community/Family Lifestyle](#)
[Results](#)

**Extended Family Members: Art J. Abby**

Include Applicant's birth parents, adoptive parents, step parents, siblings, and other prominent extended family members (living or deceased).

Name and Location	DOB	Age	DOD	Relationship	Frequency of Contact	Source of Supportive Relationship
Urban Meyer Location: Columbus, OH	00/00/0000	60	00/00/0000	Non-Relative	Occasionally	Yes

[Modify](#)

**Extended Family Members: Parenttwo Abby**

Include Applicant's birth parents, adoptive parents, step parents, siblings, and other prominent extended family members (living or deceased).

Name and Location	DOB	Age	DOD	Relationship	Frequency of Contact	Source of Supportive Relationship

[Modify](#)

**Extended Family Members: Sally Licensee**

Include Applicant's birth parents, adoptive parents, step parents, siblings, and other prominent extended family members (living or deceased).

Name and Location	DOB	Age	DOD	Relationship	Frequency of Contact	Source of Supportive Relationship

[Modify](#)

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

- The Medical/School 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.

- The School Reports group box will display 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 Received On fields. Next to each line, there is a N/A checkbox. If the school report is not applicable, select the N/A checkbox.

Applicant(s) Information	Family	Medical/School Reports	Background Information	Home/Community/Family Lifestyle	Results
Name	Completed By	Completion Date	N/A		
Art J. Abby	<input type="text"/>	00/00/0000	<input type="checkbox"/>		
Parenttwo Abby	<input type="text"/>	00/00/0000	<input type="checkbox"/>		
Child Abby	<input type="text"/>	00/00/0000	<input type="checkbox"/>		
Sister Abby	<input type="text"/>	00/00/0000	<input type="checkbox"/>		
Emily Watson	<input type="text"/>	00/00/0000	<input type="checkbox"/>		

School Reports				
Name	Completed By	Received On	N/A	
Child Abby	<input type="text"/>	00/00/0000	<input type="checkbox"/>	
Emily Watson	<input type="text"/>	00/00/0000	<input type="checkbox"/>	
Nana Abby	<input type="text"/>	00/00/0000	<input type="checkbox"/>	
Sister Abby	<input type="text"/>	00/00/0000	<input type="checkbox"/>	

Options:

- The Background Information tab contains the face-to-face contacts, references, and criminal/CPS background checks. The Face-to-Face Contacts group box is used to record the date of the contact, length of the interview, person(s) interviewed, and location. Click the Insert button to add additional contacts.
- 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.
- A background check must be completed for all applicants as well as for anyone residing in the home or frequently in the home. The Criminal/CPS Background Checks (see program guidelines) group box allows you to document the background check type and findings. Document the date and findings for the sex offender address check. If findings are identified for an individual in the home, address them in the History portion of the Psychosocial Evaluation Report for that individual. Document the type, date, and findings of all other background checks for each individual. If County/Sheriff, Local, or Out of State is chosen, enter a brief description for the location (indicate the county, city, or state). If the background checks are not applicable for an individual, select the N/A checkbox next to the person’s name.

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

**Face-to-Face Contacts**

Date	Length	Person(s) Interviewed	Location	
00/00/0000	00:00			Delete

Insert

**References (see program guidelines)**

Name	Relationship to Applicant(s)	Received On	

Insert

**Criminal/CPS Background Checks (see program guidelines)**

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 Art J. Abby, Parenttwo Abby, Sally Licensee along 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.

Type	Date	Findings

**Note:** The Adam Walsh/FBI type of background check contains “Completed” or “Not Completed” values in the Findings drop-down. All other types of background checks contain either a “Findings – see below” or “No Findings” values.

**Criminal/CPS Background Checks (see program guidelines)**

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 Art J. Abby, Parenttwo Abby, Sally Licensee along 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.

Type	Date	Findings
Sex Offender Address Check	00/00/0000	

Art J. Abby  N/A

Type	Date	Findings	Description	
Adam Walsh/FBI	00/00/0000	Completed		Delete
Adam Walsh/FBI	00/00/0000	Findings-see below		Delete

Discuss those results or findings under the history section of the Psychosocial Evaluation Report. Be sure to discuss the results or findings that are 3, 4, or 5 and all mitigation that reduces the Final Desk Guide Rating.

Background checks completed. If there were no results or findings, provide that indication.

Provide a determination of whether the offense(s) or finding(s) substantially relate to caring for children as required under Ch. DHS 12.06. Remember to include information about the offense, and the person (see Ch. DHS 12.06 for an explanation of the required information).

Options:  Go Save Close

16. If “Findings – see below” was selected for any individual, enter data in the individual’s additional narrative fields.

17. 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 type of residence, square footage, number of bedrooms, number of bathrooms, and length of stay at current residence, as well as the general narrative description questions.

18. 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. Finally, select a value from the drop-down in the Legal group box.

Applicant(s) Information	Family	Medical/School Reports	Background Information	Home/Community/Family Lifestyle	Results
<b>Home and Community</b>					
Type of Residence:	<input type="text"/>	Square Footage:	<input type="text"/>		
Number of Bedrooms:	<input type="text"/>	Number of Bathrooms:	<input type="text"/>		
Length of time in current residence:	<input type="text"/>				
Describe the home and community so that a reader can picture the home and surrounding community. This should be a strength-based description pointing out what makes the home unique to the Applicant(s) (special decorations, color schemes, projects, etc.).					
<input type="text"/>					
Describe the neighborhood as well as the community surrounding the residence and focus on resources in the area: hospitals/specialized medical providers, schools, special education programs, places of worship, mental health services, etc.					
<input type="text"/>					
<b>Art J. Abby Profile</b>					
Describe how the Applicant presents himself/herself - assured, hesitant, physically active, sedate, thoughtful, etc. Briefly describe any special interests, hobbies, expertise, or talents the Applicant possesses. Also, describe what the Applicant shared regarding his/her aspirations and goals in life. You may also include something his/her spouse/partner has said about him/her that describes his/her personality.					
<input type="text"/>					

19. 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 \(9228663\)](#) Provider: [Abby, Art \(922426\)](#)  
[Licensee, Sally \(9227779\)](#)

Lcns. Type: **Not Licensed** Lcns. Agency: Certification: **Child Specific Placement**

Home Study Type: Home Study Date: **06/16/2020** Placement Type: **Child Specific Placement**

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

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

**Adoption/Foster Care Issues**

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

Options: **Psychosocial Evaluation Report** [Go](#) [Save](#) [Close](#)

- Actions
- Approval
- Psychosocial Evaluation Report**
- Text
- Home Study Report

- 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.
- On the Psychosocial Evaluation Report page, there are 8 tabs: History, Personal Characteristics, Marital/Domestic Partner/Civil Union, Sons/Daughters/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.

**Basic**

Applicant(s): [Abby, Art J. \(20998\)](#)    [Abby, Parenttwo \(9228663\)](#)    [Licensee, Sally \(9227779\)](#)

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

- History**
- Personal Characteristics
- Marital/Domestic Partner/Civil Union
- Sons/Daughters/Others
- Extended Family
- Physical/Social Environment
- Parenting
- Adoption/Foster Care

**History - Art J. Abby**

Provide a one paragraph narrative describing the Applicant's history: where and when he/she was born, who he/she was 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.

Receiving Care field is read only and prefills from the selection documented on the corresponding "Receiving Care" field for the same person on the Members tab of the Home Provider page for Home Study created after February 2019 6.5 release. If no selection is made on the Home Provider page display the static text 'n/a'. Receiving Care field is read only and prefills from the selection documented on the corresponding "Receiving Care" field for the same person on the Members tab of the Home Provider page for Home Study created after February 2019 6.5 release. If no selection is made on the Home Provider page display the static text 'n/a'.

[Follow Evaluation Instructions](#)

**History - Parenttwo Abby**

Provide a one paragraph narrative describing the Applicant's history: where and when he/she was born, who he/she was 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.

22. 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.

**Basic**

Applicant(s): [Abby, Art J. \(20998\)](#)    [Abby, Parenttwo \(9228663\)](#)    [Licensee, Sally \(9227779\)](#)

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

- History
- Personal Characteristics**
- Marital/Domestic Partner/Civil Union
- Sons/Daughters/Others
- Extended Family
- Physical/Social Environment
- Parenting
- Adoption/Foster Care

**Personal Characteristics - Art J. Abby**

[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.

**Personal Characteristics - Parenttwo Abby**

[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.

23. On the Marital/Domestic Partner/Civil Union tab, enter text in each of the narrative fields. Click on the [Follow Evaluation Instructions](#) link to open the associated Psychosocial Narration Instructions.

The screenshot displays the 'Psychosocial Evaluation Report' interface. At the top, there are 'Print' and 'Help' icons. Below this is a 'Basic' section containing fields for 'Applicant(s):' with links for 'Abby, Art J. (20998)', 'Abby, Parenttwo (9228663)', and 'Licensee, Sally (9227779)'. The 'Provider:' field shows 'Abby, Art (9222426)' and a 'Completed' checkbox. A navigation bar includes tabs for 'History', 'Personal Characteristics', 'Marital/Domestic Partner/Civil Union' (which is selected and highlighted in blue), 'Sons/Daughters/Others', 'Extended Family', 'Physical/Social Environment', 'Parenting', and 'Adoption/Foster Care'. Below the navigation bar is the 'Marital/Domestic Partner/Civil Union Relationship' section. It features a 'Follow Evaluation Instructions' link, a large blue text input area, and a prompt: 'Provide a brief description of the Applicant(s)'s Marriage/Domestic Partnership/Civil Union highlighting their roles in the relationship, division of duties, strengths, and skills.' Below the prompt is another large blue text input area.

24. On the Sons/Daughters/Others tab, there are four sections: Minor Son(s) or Daughter(s), Other Minors Residing or Frequently in the Home, Adult Son(s) or Daughter(s), 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 son(s) or daughter(s), other minors residing or frequently in the home, adult son(s) or daughter(s), 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 son(s) or daughter(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.

History   Personal Characteristics   Marital/Domestic Partner/Civil Union   **Sons/Daughters/Others**   Extended Family   Physical/Social Environment   Parenting   Adoption/Foster Care

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**Minor Son(s) or Daughter(s) - Emily Watson**

Provide a description of the minor's personality, interests, school, and living situation.

[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 his/her 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 his/her 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.

---

**Adult Son(s) or Daughter(s) - Marty Abby**

Provide the marital/domestic partner/civil union status, occupation, circumstances and place of residence of any adult son or daughter. Also indicate if he/she has children and the type of contact he/she would have with a child placed in the Applicant(s)'s home.

[Follow Evaluation Instructions](#)

How positive and supportive is he/she about having a new child come into the family? How much and how frequently does he/she consume alcohol? Does he/she use illegal drugs or abuse prescriptive/over-the-counter drugs? How well does he/she accept differences? Does he/she exhibit responsible behavior and emotional stability? Does he/she exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Does he/she 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 - Nana Abby**

Provide the marital/domestic partner/civil union status of each adult identified. Indicate each individual's occupation, circumstances, the nature of his/her relationship with the Applicant(s) and the amount and type of contact he/she would have with a child placed in the Applicant(s)'s home.

25. 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.

History   Personal Characteristics   Marital/Domestic Partner/Civil Union   Sons/Daughters/Others   **Extended Family**   Physical/Social Environment   Parenting   Adoption/Foster Care

**Extended Family - Art J. Abby**

[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?

**Extended Family - Parenttwo Abby**

[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?

26. 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.

History   Personal Characteristics   Marital/Domestic Partner/Civil Union   Sons/Daughters/Others   Extended Family   **Physical/Social Environment**   Parenting   Adoption/Foster Care

**Physical/Social Environment**

[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 his/her/their budget? Does/Do the Applicant(s) manage his/her/their debts responsibly and does/do he/she/they live within his/her/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 children and if required their vaccinations. Indicate if anyone in the household smokes and if so indicate the designated smoking areas.

27. 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.

History   Personal Characteristics   **Marital/Domestic Partner/Civil Union**   Sons/Daughters/Others   Extended Family   Physical/Social Environment   **Parenting**   Adoption/Foster Care

**General Parenting**

[Follow Evaluation Instructions](#)

How was/were the Applicant(s) disciplined as a child and how does that impact the way he/she/they discipline(s) his/her/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.

**Specialized Parenting**

Family Preparation and Training Activities: Identify and describe all adoption and/or foster care education activities including pre-service training the Applicant(s) has/have

28. 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   Print   Help

**Basic**

Applicant(s): [Abby, Art J. \(20998\)](#)   [Abby, Parenttwo \(9228663\)](#)   [Licensee, Sally \(9227779\)](#)

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

History   Personal Characteristics   **Marital/Domestic Partner/Civil Union**   Sons/Daughters/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? Is/Are he/she/they secure in his/her/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?

[Follow Evaluation Instructions](#)

29. 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 (son, daughter, 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.

30. 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.

31. 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.

The screenshot shows the 'Results' tab of a Home Study page. The 'Basic' information section includes: Applicant(s) with links for Abby, Art J. (20998), Abby, Parenttwo (9228663), and Licensee, Sally (9227779); Provider: Abby, Art (9222426); Lcons. Type: Not Licensed; Lcons. Agency: [Redacted]; Certification: [Redacted]; Home Study Type: [Redacted]; Home Study Date: 06/16/2020; Placement Type: Child Specific Placement; Home Study Status: Pending. Below this are tabs for Applicant(s) Information, Family, Medical/School Reports, Background Information, Home/Community/Family Lifestyle, and Results. The 'Psychosocial Evaluation Conclusions' section contains a text area for discussing strengths and concerns. The 'Placement Considerations' section contains a text area for discussing fit with the family. At the bottom, there are 'Options' (Psychosocial Evaluation Report) and 'Go', 'Save', and 'Close' buttons.

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

The screenshot shows the 'Psychosocial Evaluation Report' page with the 'Applicants' section. It features a table with columns for Name, Role, and DOB. Each row has a checkbox in the 'Select All' column.

<input type="checkbox"/> Select All	Name	Role	DOB
<input type="checkbox"/>	Abby, Art J. (20998)	Parent 1	11/11/1961
<input type="checkbox"/>	Abby, Parenttwo (9228663)	Parent 2	03/04/1961
<input type="checkbox"/>	Licensee, Sally (9227779)	Licensee	03/04/1961

33. 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.

34. Select the worker recommendation.

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

36. Update the supervisor’s recommendation.

The screenshot shows the 'Recommendation' section of a form. At the top, there are navigation tabs: 'Applicant(s) Information', 'Family', 'Medical/School Reports', 'Background Information', 'Home/Community/Family Lifestyle', and 'Results'. The 'Recommendation' section contains the following fields and options:

- 'It is recommended that' followed by a 'Select Applicant(s)' link, 'be', a dropdown menu set to 'Approved', 'for', and another dropdown menu.
- An 'Insert' button.
- 'Based on my review of this home study report and the recommendation cited above, the Applicant(s) is/are:' followed by two dropdown menus.
- 'Home Study was completed by:' section with fields for:
  - Name of Worker: Caitlin C. Cake
  - Title: (empty)
  - Name of Agency: (empty)
  - Agency Address: 1555 N. River Center Drive Suite 220 Milwaukee, WI 53212
- 'Supervisor:' section with fields for:
  - Name of Supervisor: Caitlin C. Cake
  - Title: (empty)
- A text area containing: 'This Home study was prepared in accordance with the requirements that apply to foster care and adoption in the State of Wisconsin, I [dropdown] this home study and certify that this is a true and accurate copy.'

37. 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.

The screenshot shows the 'Basic' information section of a form. It contains the following fields and options:

- 'Applicant(s):' with two links: 'Aardvark, Andrew, Sr. (9226919)' and 'Aardvark, Marie (9226920)'. Below the links are two small yellow warning icons.
- 'Lcns. Type:' dropdown menu set to 'Not Licensed'.
- 'Lcns. Agency:' dropdown menu (empty).
- 'Home Study Type:' dropdown menu set to 'Adoption and Foster Care'.
- 'Home Study Date:' text box containing '02/13/2019'.
- 'Home Study Status:' dropdown menu set to 'Pending'.
- A link: 'View/Update Hold History'.

At the bottom, there are navigation tabs: 'Applicant(s) Information', 'Family', and 'Medical/School Reports'.

38. 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.

**Basic**

Applicant(s): [Abby, Art J. \(20998\)](#) [Abby, Parenttwo \(9228663\)](#) Provider: [Abby, Art \(9222426\)](#)  
[Licensee, Sally \(9227779\)](#)

Lcns. Type:  Lcns. Agency:  Certification:

Home Study Type:  Home Study Date:  Placement Type:

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

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

Name of Worker:  Supervisor:

Title:  Name of Supervisor:

Name of Agency:  Title:

Agency Address:

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.

Options:

100%

39. 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.

**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](#)

- 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	<a href="#">Reason(s)</a>	Caitlin C. Cake
Description:	<input type="text"/>		

**Insert**

Options:  **Go**

**Save Close**

- 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: [Redacted]

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: [Text Area]			
<input checked="" type="radio"/> Remove from Hold	06/16/2020	<a href="#">Reason(s)</a> Application complete	Caitlin C. Cake
Description: [Text Area]			

**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	<a href="#">Reason(s)</a> Application complete	Caitlin C. Cake
Description:	<input type="text"/>		

Insert

Options: Actions  
Approval

Save