**ICPC RELATIVE / PARENT HOME STUDY**

Use of form: This form is required for parent or relative home studies of proposed resources in Wisconsin when an ICPC placement is requested of a child(ren). If the child is already placed into the home due to a Regulation 1 request, provisional approval, or unapproved placement, this home study and placement approval is still required for the child(ren) to remain in the home. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

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| **HOME STUDY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Home Study | | | | | Sending Entity | | | | | | | | | | | | | | | | Date – Referral Sent to WI Local Agency | | | | | | | | | | | | | | | | eWiSACWIS Case ID | |
| Name – Worker Completing Study | | | | | | | | | | | | | | | | | | Name – Worker Agency | | | | | | | | | | | | | | | | | | | | |
| Address – Worker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number – Worker | | | | | | | | | | | | | | | | | | Email Address – Worker | | | | | | | | | | | | | | | | | | | | |
| Local Agency Placement Recommendation: | | | | | | | | | | | | | | | | | | Date – Local Agency Placement Recommendation | | | | | | | | | | | | | | | | | | | | |
| **CHILD(REN) INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide the following information for all children to be placed in the parent or relative home as a result of this request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | | | | **Birthdate (mm/dd/yyyy)** | | | | | | | | | | | | | | **Relationship to Caregiver(s)** | | | | | | | |
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| **PROPOSED CAREGIVER(S) INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document the following information for each parent or relative being studied for placement of the child(ren). The identity of the proposed caregiver(s) must be verified during the home study process. The method of verification (form of identification such as a driver’s license, birth certificate, state ID, etc.) and the date the identity was verified must be documented below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name – Proposed Caregiver 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Former Name (if applicable) | | | | | | | | | Alias / Nickname(s) | | | | | | | | | | | Race | | | | | | | | | | | | | | | | | Gender | |
| Birthdate | | | | | | | | | Birthplace | | | | | | | | | | | Form of Identification | | | | | | | | | | | | | | | | | Date Identity Verified | |
| Indian Ancestry | | | | | | | | | Tribe | | | | | | | | | | | Religion | | | | | | | | | | | | | | | | | | |
| Language(s) | | | | | | | | | Education | | | | | | | | | | | Occupation | | | | | | | | | | | | | | | | | | |
| Telephone – Work | | | | | | | | | Telephone – Primary | | | | | | | | | | | Email Address | | | | | | | | | | | | | | | | | | |
| Employer | | | | | | | | | Gross Annual Income | | | | | | | | | | | Sources of Additional Income | | | | | | | | | | | | | | | | | | |
| **Name – Proposed Caregiver 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Former Name (if applicable) | | | | | | | | | Alias / Nickname(s) | | | | | | | | | | | Race | | | | | | | | | | | | | | | | | Gender | |
| Birthdate | | | | | | | | | Birthplace | | | | | | | | | | | Form of Identification | | | | | | | | | | | | | | | | | Date Identity Verified | |
| Indian Ancestry | | | | | | | | | Tribe | | | | | | | | | | | Religion | | | | | | | | | | | | | | | | | | |
| Language(s) | | | | | | | | | Education | | | | | | | | | | | Occupation | | | | | | | | | | | | | | | | | | |
| Telephone – Work | | | | | | | | | Telephone – Primary | | | | | | | | | | | Email Address | | | | | | | | | | | | | | | | | | |
| Employer | | | | | | | | | Gross Annual Income | | | | | | | | | | | Sources of Additional Income | | | | | | | | | | | | | | | | | | |
| **MARITAL / RELATIONSHIP INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document the current relationship status and any previous significant relationships of the proposed resource(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status—Proposed Caregiver 1 (Check one)  Single  Single, in long-term relationship  Divorced  Married  Widowed  Separated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name Present Spouse / Partner—Caregiver 1  In a relationship with Caregiver 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date current relationship started  N/A | | | | | | | | | | |
| Name – Past Spouse / Partner Caregiver 1 | | | | | | | | | | | | | | | | | | | | | | | | Date Started (mm/dd/yyyy) | | | | | | | | | Date Ended (mm/dd/yyyy) | | | | | |
| Name – Past Spouse / Partner Caregiver 1 | | | | | | | | | | | | | | | | | | | | | | | | Date Started (mm/dd/yyyy) | | | | | | | | | Date Ended (mm/dd/yyyy) | | | | | |
| Marital Status—Proposed Caregiver 2 (Check one):  Single  Single, in long-term relationship  Divorced  Married  Widowed  Separated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name Present Spouse / Partner—Caregiver 2  In a relationship with Caregiver 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date current relationship started  N/A | | | | | | | | | | |
| Name – Past Spouse / Partner Caregiver 2 | | | | | | | | | | | | | | | | | | | | | | | | Date Started (mm/dd/yyyy) | | | | | | | | | Date Ended (mm/dd/yyyy) | | | | | |
| Name – Past Spouse / Partner Caregiver 2 | | | | | | | | | | | | | | | | | | | | | | | | Date Started (mm/dd/yyyy) | | | | | | | | | Date Ended (mm/dd/yyyy) | | | | | |
| **OTHER HOUSEHOLD MEMBERS AND OTHERS FREQUENTLY IN THE HOME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document all other household members below, as well as any other adults frequently in the home. 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** | | | | | | | | | | **Birthdate**  **(mm/dd/yyyy)** | | | | **Relationship to Caregiver(s)** | | | | | | | | | | | **Household Member** | | | | | | | **Will Provide Care for the Child(ren)** | | | | | | **Receiving Care** |
|  | | | | | | | | | |  | | | |  | | | | | | | | | | | Yes  No (freq.in home) | | | | | | | Yes  No | | | | | | Yes  No |
|  | | | | | | | | | |  | | | |  | | | | | | | | | | | Yes  No (freq. in home) | | | | | | | Yes  No | | | | | | Yes  No |
|  | | | | | | | | | |  | | | |  | | | | | | | | | | | Yes  No (freq. in home) | | | | | | | Yes  No | | | | | | Yes  No |
|  | | | | | | | | | |  | | | |  | | | | | | | | | | | Yes  No (freq. in home) | | | | | | | Yes  No | | | | | | Yes  No |
|  | | | | | | | | | |  | | | |  | | | | | | | | | | | Yes  No (freq. in home) | | | | | | | Yes  No | | | | | | Yes  No |
|  | | | | | | | | | |  | | | |  | | | | | | | | | | | Yes  No (freq. in home) | | | | | | | Yes  No | | | | | | Yes  No |
|  | | | | | | | | | |  | | | |  | | | | | | | | | | | Yes  No (freq. in home) | | | | | | | Yes  No | | | | | | Yes  No |
|  | | | | | | | | | |  | | | |  | | | | | | | | | | | Yes  No (freq. in home) | | | | | | | Yes  No | | | | | | Yes  No |
|  | | | | | | | | | |  | | | |  | | | | | | | | | | | Yes  No (freq. in home) | | | | | | | Yes  No | | | | | | Yes  No |
| **CRIMINAL BACKGROUND CHECK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The required criminal record and child abuse / neglect checks for household members 17 years of age and older (including all the states and counties the proposed caregiver or other adults living in the home have resided for the past 5 years) were completed. A description of any findings are included below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home | | | | | | | | | | | | | Sex offender address check | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Name – Caregiver 1 | | | | | | | | | | | | | CCAP | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Local law enforcement | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| CPS records | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Other (if applicable): | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Name – Caregiver 2 | | | | | | | | | | | | | CCAP | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Local law enforcement | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| CPS records | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Other (if applicable): | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Name – Other adult in the home | | | | | | | | | | | | | CCAP | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Local law enforcement | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| CPS records | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Other (if applicable): | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Name – Other adult in the home | | | | | | | | | | | | | CCAP | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Local law enforcement | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| CPS records | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Other (if applicable): | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Name – Other adult in the home | | | | | | | | | | | | | CCAP | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Local law enforcement | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| CPS records | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| Other (if applicable): | | | | | | | | | | | | | | Date completed (mm/dd/yyyy): | | | | | | | | | | | |
| **EXPLANATION OF BACKGROUND CHECKS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List any results from all of the background checks completed. If there were no results or findings, provide that indication for each caregiver or other adults residing or frequently in the home. For any results with findings, discuss those findings below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATES OF CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document contacts and/or attempted contacts made for the purpose of assessing this parent(s) or relative(s) for the placement of the child(ren), including any collateral contacts, contacts with the sending agency caseworker, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date**  **(mm/dd/yyyy)** | | | **Person(s) Contacted/Interviewed** | | | | | | | | | **Type of Contact** | | | | **Location** | | | | | | | | | | | | | | **Contact Successful?** | | | | | | | **Length of Interview/Contact**  **(Hours and Minutes)** | |
|  | | |  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | Yes  No | | | | | | |  | |
|  | | |  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | Yes  No | | | | | | |  | |
|  | | |  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | Yes  No | | | | | | |  | |
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|  | | |  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | Yes  No | | | | | | |  | |
|  | | |  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | Yes  No | | | | | | |  | |
|  | | |  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | Yes  No | | | | | | |  | |
| **CASE HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide a brief summary and description of the history of the case that lead to this referral (this information is obtained from the ICPC Referral and any conversations with the sending state caseworker): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HOME AND NEIGHBORHOOD INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document the following information regarding the proposed caregiver’s home below. Proof of residence (such as a lease, mortgage, mail from the past 30 days, etc.) must be verified and documented below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Residence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apartment | | | | | | | Condominium | | | | | | | | | | | | Mobile home | | | | | | | | | | | | | | | Other: | | | | |
| Single Family Home (check all that apply): | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |
|  | One story | | | Bi-level | | | | Two or more stories | | | | | | | Basement | | | | | | | | | | | | | | | | | | | | | | | |
| Length of time in current residence | | | | | | | | | | | | | | | | | | | Number of Bedrooms | | | | | | | | | | | | | | | | | | | |
| Name(s) on Lease/Mortgage | | | | | | | | | | | | | | | | | | | Type of Proof of Residence Verified | | | | | | | | | | | | | | | | Date Residence Verified | | | |
| Smoke detectors on all floors  Yes  No | | | | | | Carbon monoxide detectors on all floors  Yes  No | | | | | | | | | | | | | | | | All smoke/carbon monoxide detectors tested and work correctly  Yes  No | | | | | | | | | | | | | | | | |
| Pets in the home  Yes  No  If yes, pet(s) current on vaccinations?  Yes  No | | | | | | | | | | | Firearms in home  Yes  No  If yes, where are they stored? | | | | | | | | | | | | | | | | | | Medications in home  Yes  No  If yes, where are they stored? | | | | | | | | | |
| Home free of observable hazards  Yes  No If no, explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the home and home environment, maintenance of the home including cleanliness, lighting and ventilation, any pest control issues, and whether any home modifications will be required based on the child(ren)’s individual needs:    Describe the neighborhood as well as the community surrounding the residence and focus on resources in the area that are relevant to the child(ren)’s needs: hospitals / specialized medical providers, schools, special education programs, places of worship, mental health services, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HOME STUDY PROCESS AND RELATIONSHIP WITH THE CHILD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summarize and describe the interview process with the parent(s)/relative(s) and all household members. Include the family’s preparedness for the visits or lack thereof, level of cooperation with the interview process, demeanor, any unusual behavior, etc. Describe the parent(s)/relative(s) understanding and willingness to allow workers in the home once the child(ren) is placed. If a household resident was not present or did not participate in the interview, note why and any attempts to reschedule and contact that household member. If visitors were in the home, describe the relationship to the proposed caregiver, the purpose of the visit, frequency of visits and any notable behavior. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For a parent home study, assess and describe the parent’s readiness for reunification. For a relative home study, assess and describe the relative’s motivation for placement. Discuss how positive and supportive the parent(s)/relative(s) is about having the child(ren) in their home. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discuss the parent or relative’s past relationship history and current relationship with the child(ren). If the child(ren) are already placed in the home, discuss the child(ren)’s adjustment to the placement in the home as well as the caregiver’s adjustment to the placement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discuss the parent(s) or relative(s) understanding of the child(ren)’s needs/special needs and their ability to meet those needs or considerations and level of competency to manage the characteristics, behaviors, conditions and issues of the child(ren). Discuss the parent(s)/relative(s) ability to accept differences a child may have. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FAMILY FUNCTIONING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discuss the parent(s) or relative(s) marriage / relationship. Provide a brief description of their roles in the relationship, ~~division of duties~~, strengths, and areas needing growth. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the parent(s) or relative(s) have other children in the home, is their behavior age-appropriate? Do they present any health, developmental, educational or mental health issues? How secure, well-adjusted, and adaptable is the minor? Are their needs being well met? Do they exhibit any behaviors or use of alcohol or drugs that pose a threat to the health, safety, and well-being of self or others? How prepared are they for the arrival of a new child into the family? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the sleeping arrangements and how the family deals with privacy and nudity in the home. Describe how he / she / they has / have or will modify this behavior with / since the placement of the child(ren) in the home. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DAILY LIFE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe typical work and non-work day routines and rituals. Describe how the parent(s) or relative(s) feel(s) his / her / their routines and rituals will or have changed with the placement of the child(ren). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe what recreational, cultural, social, and religious activities the parent(s) or relative(s) participate(s) in, as well as what adjustments to those activities may need to be made for the child(ren). Discuss their understanding and willingness to make those adjustments. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the basic household rules, roles, and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, pet care, etc.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHYSICAL AND EMOTIONAL HEALTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the parent(s) or relative(s) physical, emotional, and mental health. If they are taking any medications, list below and indicate the medical reasons for taking the medications. Do the parent(s) or relative(s) have any physical, emotional, or mental health needs or behaviors that could pose a threat to the health, safety, and well-being of self, the child(ren), or others? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBSTANCE USE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How much and how frequently does the parent(s) or relative(s) consume alcohol? Does the parent(s) or relative(s) use illegal drugs or abuse prescriptive / over-the-counter drugs? Does the parent(s) or relative(s) smoke? If so, where do they smoke and what impact may that have on the child(ren)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION AND EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the parent(s) or relative(s) education and employment history. Have the parent(s) or relative(s) maintained steady employment or utilization of other resources to ensure stability? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 the parent(s) or relative(s) able to budget, organize, and spend money within their budget? Does the parent(s) or relative(s) manage their debts responsibly and do they live within their available finances? Are there adequate resources available for emergencies? Does the parent(s) or relative(s) understand that they may or may not receive financial support from the sending state, including for child care? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHILD CARE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe current and proposed childcare arrangements. If needed, what are the parent(s) or relative(s) short and long-term emergency childcare plans? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DISCIPLINE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What kind of discipline does / do the parent(s) or relative(s) intend to use? Does / Do the parent(s) or relative(s) have good knowledge of appropriate and effective forms of discipline? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe how the parent(s) or relative(s) would parent the child(ren) given their specific needs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ASSESSMENT AND PLACEMENT RECOMMENDATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discuss the assessment of the parent(s) or relative(s) and their readiness to accept or continue placement of the child(ren) based on the completed home study. Following the assessment, document the agency’s decision to Recommend, Recommend with Conditions, or Recommend Denial of the parent(s) or relative(s) for placement of the child(ren). If the decision is to Recommend with Conditions, document those conditions below. The following recommendation must match the recommendation documented at the beginning of this home study. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Agency Placement Recommendation: | | | | | | | | | | | | | | | | | | Date – Local Agency Placement Recommendation | | | | | | | | | | | | | | | | | | | | |
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|  | | Name – Worker | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |
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|  | | **SIGNATURE** – Worker | | | | | | | | | | | | | | | | | | | | |  | | | Date Signed | | | | | | | | | |  | | |
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|  | | Name – Supervisor | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |
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|  | | **SIGNATURE** – Supervisor | | | | | | | | | | | | | | | | | | | | |  | | | Date Signed | | | | | | | | | |  | | |