

Guardianship Screening

Type of Guardianship (check one)

- Kinship Guardianship
- Subsidized Guardianship (licensed foster parent with dismissal of CHIPS order)
 Please attach the following forms: Subsidized Guardianship Agreement
 Letter from CSSW or other supervising licensing agency
- Licensed Foster Parent Guardianship with Designed Permanent Placement to Age 18

Name(s) of Child(ren) Subject to This Guardianship	Birthdate	CCAP Check	Indian Child Welfare Act
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Information about Proposed Guardian and Household

Name – Proposed Guardian		Address (Street, City, State, Zip Code)		
Proposed Guardian Age	Birthdate	Relationship to Child		
<input type="checkbox"/> Yes <input type="checkbox"/> No Has guardian ever married?		If “Yes”, when?	Where?	
Date placement with this guardian began				

Name(s) and Date(s) of Birth of all Adults and Children in the Home

Name	Birthdate

1. Name of spouse or partner / significant other of proposed guardian.

2. Yes No Does the spouse or partner / significant other of proposed guardian live in the home?

3. Yes No Is the proposed guardian receiving SSI for a disability? If “Yes”, what is the disability?

4. Yes No Does the guardian and / or spouse / partner have any significant medical conditions? If “Yes”, specify those conditions.

5. Yes No Has proposed guardian and / or spouse / partner ever been convicted of a crime? If "Yes", specify when, what crime and where (city / state). (Attach CCAP.)

6. Yes No Is anyone living in the home, or who regularly visits the home, a registered sex offender in any state?

7. What is the household's source of income?

8. Yes No Does proposed guardian / spouse have a history of eviction / civil judgments? If "Yes" attach CCAP.

9. Yes No Does proposed guardian have other children in or out of the home? If "Yes", provide name and age of children.

Yes No Do children have criminal or juvenile records? If "Yes", which child, when and what crimes? (Attach CCAP.)

Yes No Are these children currently, or expected to again be in the home?

10. Yes No Has guardian ever adopted or become a permanent legal guardian before? If "Yes", when?

11. Yes No Has guardian ever lost or relinquished rights to their biological or adoptive children? If "Yes", when and how?

12. If guardian has other foster children in their home, provide the name of each child, name of OCM and telephone number.

13. Yes No Is guardian the proposed guardian or adoptive guardian for any other children? If "Yes" provide name(s) and date(s) of birth.

14. Yes No Does the guardian have a history of becoming a guardian for children, then allowing the children to be returned to the home of the birth parent? If "Yes", please explain.

Licensing Information

1. Yes No Is proposed guardian a licensed foster parent? If "Yes", when were they licensed?

Yes No Did proposed guardian become licensed expressly to allow placement of this child?

2. Yes No Has proposed guardian ever been denied a foster care license? If "Yes", attach the denial letter from the licensing agency.

3. Yes No Has proposed guardian ever started the licensing process, but been told they are not licensable? If "Yes", explain why.

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4. Yes No If this is a kinship placement, explain why kinship is preferable to a licensed foster parent guardianship.
- Child receives SSI. (If child receives SSI, child is NOT eligible for Kinship Care.)
 - Guardian does not wish to be licensed because:

Other – Explain.

Guardianship vs. TPR and Adoption

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1. Yes No Has the OCM filling out this form discussed adoption with the proposed guardian?
 Yes No If “No”, to above, has any OTHER OCM discussed adoption with the proposed guardian? If “Yes”, when?

If the answer to both of the above questions is “No”, stop filling out this form. The OCM must discuss TPR and Adoption with the proposed guardian.

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2. Yes No Based on these discussions, has the proposed guardian expressed a desire to adopt the child(ren) versus becoming a permanent legal guardian?

If “No”, explain why not.

If “Yes”, explain why this case has not been referred to the DA’s office for TPR proceedings.

Name – OCM Completing Form

Date Completed

Name – Supervisor

Date Completed