# SAFE Child Specific Home Study Report

This home study was completed by Name of Public/Private Agency to consider the placement of a specific child or specific children with the applicants for the purpose of either relative or foster care placement, Legal Guardianship and/or adoption.

Name of Family:		
Address:		
City:	State:	Postal Code: 00000 - 0000
Home Phone:	Cell Phone:	

# **APPLICATION DISPOSITION**

The Applicants have applied specifically to become Select One for Name(s) of Child(ren).

Home Study Application received on: Certified for Foster Placement on: Approved for Adoptive Placement on: Home Study completed on:

### **APPLICANT INFORMATION**

Applicant's Full Name	Applicant's Full Name		
Date of Birth:	Date of Birth:		
Birthplace:	Birthplace:		
Gender:	Gender:		
Religion:	Religion:		
Occupation:	Occupation:		
Language(s):	Language(s):		
Education:	Education:		
Height:	Height:		
Weight:	Weight:		
Hair:	Hair:		
Eyes:	Eyes:		
Date of health questionnaire/report:	Date of health questionnaire/report:		
TB test results: Select One	TB test results: Select One		

#### MARITAL INFORMATION

Date of Marriage:	Marriage Verification: On File
Place of Marriage:	

#### DATES OF CONTACT

Date	Individual/Couple	Location	Location		

# CHILD OR YOUTH BEING CONSIDERED FOR PLACEMENT

Provide the Name(s), DOB, gender, reason for protective custody and legal status of the child(ren) or youth(s) being considered, e.g., reunification, reunification terminated, TPR hearing pending, freed for adoption, etc.

If the child(ren) or youth(s) is/are currently placed in the home, discuss their adjustment since placement. If not currently placed with the applicants, discuss the nature and character of the applicants' relationship(s) with the child(ren) or youth(s).

Describe the strengths, personality, interests and emotional/physical development of each child or youth being considered. Discuss the level of understanding each child/youth has about such issues as reunification, maintaining connections, adoption, etc.

Identify and take into account the special considerations noted on the SAFE Matching inventory, e.g. placement with siblings, special diet, accommodations for a physical disability, maintain connections with birth family, needs a stay-at-home parent, etc.

Describe the challenging child/youth issues identified on the SAFE Matching Inventory, e.g., difficult temperament, problematic behaviors, attachment issues,etc. Indicate whether or not therapeutic services are being used or are needed.

# MOTIVATION

Provide the Applicants' stated reasons for wanting the child(ren) placed with them and the parenting responsibilities they are willing to assume, e.g., foster parent, legal/risk parent, apdoptive parent or shelter parent.

# HOME ENVIRONMENT

Type of Residence:	House, Apt, Condo, Etc.
Square Footage:	
Bedrooms:	
Bathrooms:	
Length of Time in Current Residence:	

Describe general characteristics of the Applicants' home and neighborhood. Indicate the type of residence (house, apartment, condo, etc.) and square footage. Describe the floor plan including the number of bedrooms and bathrooms.

Describe the yard space and indicate if there is a pool or spa. Describe the sleeping arrangements and also indicate whether or not there are guns or pets in the home.

The interior and exterior of the home was inspected for health and safety hazards. The inspection was completed on

### FAMILY

Applicant #1 - Applicant's full name

Describe how the applicant presents him/her self. Also indicate any special interests, hobbies, expertise or talents the applicant possesses.

Identify parents, siblings, their location and circumstances plus type and frequency of contact.

Indicate name(s) and length of time of previous marriages and/or domestic partnerships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation.

### Applicant #2 - Applicant's full name

Describe how the applicant presents him/her self. Also indicate any special interests, hobbies, expertise or talents the applicant possesses.

Identify parents, siblings, their location and circumstances plus type and frequency of contact.

Indicate name(s) and length of time of previous marriages and/or domestic partnerships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation.

# **Applicants' Sons and Daughters**

Indicate "None" or provide name(s), DOB and gender. Describe their personality, interests, school or occupational situation, general health and living situation.

### Other Children or Youth living or frequently in the home

Indicate "None" or provide name(s), DOB, gender. Provide description of their personality, interests, school report information if any, general health. Indicate the nature of their relationship to the Applicants and living situation.

### Other adults residing or frequently in the home

Indicate name of any adult who is living in the home or who is in the home on a regular basis. Describe the amount and type of contact they would have with a child or youth being considered.

Indicate each individual's occupation, general health, TB results (if they live in the home) and the nature of their relationship to the Applicants.

### Family Lifestyle

Describe current and proposed child care arrangements and work and non-work day routines and rituals.

What are the basic household rules and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, etc.? Describe how the family deals with privacy and nudity in the home.

What kind of recreational, social and religious activities does the family engage in? Does the family celebrate holidays; which ones and how are they spent?

### Previous adoption and/or foster care experience

Indicate "None" or discuss the circumstances and the adjustment of the child(ren) or youth(s) to the family.

#### FINANCES

Combined annual gross earned income: \$ Sources of additional income: Explain, if any

# **CRIMINAL/CHILD ABUSE RECORD**

The required criminal record and Child Abuse Index checks were completed for Indicate the name(s) of any other individuals who were screened.

# Criminal History Repository: CHR Findings

CANS: CANS Findings

Other findings: Indicate FBI findings; DMV findings; local law enforcement check, or CPS service records.

# **EMERGENCY CARE PLAN**

In case of an incapacitating illness or death of the Applicants, indicate whom the designated caretaker(s) will be and the nature of their relationship to the Applicants.

Indicate if these arrangements have been discussed with the designated caretaker(s), how willing they are to assume this responsibility and whether arrangements have been formalized in a will or trust.

# CONTACT WITH FAMILY OF ORIGIN AND SIGNIFICANT OTHERS

Describe the type of relationship and contact the Applicants are willing to have with the birth parents and other significant connections such as siblings, grandparents, foster parents, etc. Describe any written post-adoption contact agreement(s).

#### REFERENCES

Indicate if all references have been received. Summarize information provided.

# FAMILY PREPARATION AND TRAINING ACTIVITIES

Identify and describe agency family preparation activities. Include Applicants' statements regarding their participation and benefits derived from these activities.

### LEGAL/FINANCIAL RIGHTS AND RESPONSIBILITIES

Applicant's full name and Applicant's full name have been provided with information concerning the different roles, responsibilities, legal and financial rights and benefits of relative/fictive kin caregivers, foster parents, legal guardians and adoptive parents. Also, should they file a petition to adopt, and understand that they will be accepting full legal and financial parental responsibility for Name(s) of Child(ren) or /Youth(s) once an adoption is finalized.

The agency's grievance review hearing procedures Select One explained to the Applicants.

### PSYCHOSOCIAL INVENTORY RESULTS

NOTE: Below is a list of the psychosocial factors found on the SAFE Psychosocial Inventory. Using the Psychosocial Inventory, each factor was considered and rated several times by the social worker during the course of this home study. The ratings below represent the final ratings. The ratings are defined as follows: 1 = an exceptional strength, 2 = a strength, 3 = an issue of concern, 4 = a major issue of concern and 5 = very serious problem. The OVERALL EVALUATION OF SECTION ratings reflect the degree to which all issues of concern identified in the section were either resolved, mitigated or the prognosis for change.

une l	p105110	sis for enange.			
#1	#2	HISTORY	#1	#2	EXTENDED FAMILY RELATIONSHIPS
2	2	Childhood Family Adaptability	2	2	Extended Family Cohesion
2	2	Childhood Family Cohesion	2	2	Extended Family Adaptability
2	2	Childhood History of Deprivation/Trauma	2	2	Relationship with own Extended Family
2	2	Childhood History of Victimization	2	2	Relationship with Spouse's/Partner's Family
2	2	Adult History of Victimization/Trauma	2	2	OVERALL EVALUATION OF SECTION
2	2	History of Child Abuse/Neglect			
2	2	History of Alcohol/Drug Use			PHYSICAL/SOCIAL ENVIRONMENT
2	2	History of Crime/Arrest/Allegations/Violence		2	Cleanliness/Orderliness/Maintenance
2	2	Psychiatric History		2	Safety
2	2	Occupational History		2	Furnishings
2	2	Marriage/Domestic Partner History		2	Play Area/Equipment/Clothing
2	2	OVERALL EVALUATION OF SECTION	1	2	Finances
				2	Support System
#1	#2	PERSONAL CHARACTERISTICS	2	2	Household Pets
2	2	Communication		2	OVERALL EVALUATION OF SECTION
2	2	Commitment and Responsibility			
2	2	Problem Solving	#1	#2	GENERAL PARENTING
2	2	Interpersonal Relations	2	2	Child Development
2	2	Health and Physical Stamina	2	2	Parenting Style
2	2	Self-esteem	2	2	Disciplinary Methods
2	2	Acceptance of Differences	2	2	Child Supervision
2	2	Coping Skills	2	2	Learning Experiences
2	2	Impulse Control	2	2	Parental Role
2	2	Mood	2	2	Child Interactions
	2		2	2	
2		Anger Management and Resolution			Communication with Child
2	2	Judgment	2	2	Basic Care
2	2	Adaptability	2	2	Child's Play
2	2	OVERALL EVALUATION OF SECTION	2	2	OVERALL EVALUATION OF SECTION
				<u>ш</u> р	
		MARITAL/DOMESTIC PARTNER	#1	#2	SPECIALIZED PARENTING
	_	RELATIONSHIP	2	2	Expectations
	2	Conflict Resolution	2	2	Effects of Abuse/Neglect
	2	Emotional Support	2	2	Effects of Sexual Abuse
	2	Attitude toward Spouse/Partner	2	2	Effects of Separation and Loss
	2	Communication between Couple	2	2	Structure
	2	Balance of Power	2	2	Therapeutic/Educational Resources
	2	Stability of the Marriage or Partnership	2	2	Birth Sibling Relationships
	2	Sexual Compatibility	2	2	Child Background Information
	2	OVERALL EVALUATION OF SECTION	2	2	Birth Parent Issues
			2	2	OVERALL EVALUATION OF SECTION
		SONS/DAUGHTERS/OTHERS RESIDING			
			#1	#2	ADOPTION ISSUES
	<u> </u>	OR FREQUENTLY IN HOME		#2	
	2	Minor Sons and Daughters	2	2	Infertility
	2	Minors Residing or Frequently in the Home	2	2	Telling Child about Adoption
	2	Adult Sons and Daughters	2	2	Openness in Adoption
	2	Adults Residing or Frequently in the Home	2	2	Adoptive Parent Status
	2	OVERALL EVALUATION OF SECTION	2	2	OVERALL EVALUATION OF SECTION

### PSYCHOSOCIAL EVALUATION REPORT

# HISTORY

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and degree of resolution.

# PERSONAL CHARACTERISTICS

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

### MARITAL/DOMESTIC PARTNER RELATIONSHIP

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

#### SONS/DAUGHTERS/OTHERS RESIDING OR FREQUENTLY IN THE HOME

For each person identified in this section, provide full narration that relates to each of the Desk Guide examples for the rating given.

#### **EXTENDED FAMILY RELATIONSHIPS**

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

### PHYSICAL/SOCIAL ENVIRONMENT

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

#### **GENERAL PARENTING**

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

#### SPECIALIZED PARENTING

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

### **ADOPTION ISSUES**

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

# PSYCHOSOCIAL EVALUATION CONCLUSIONS

Based on your Psychosocial Evaluation determinations, draw your conclusions about the Applicants' commitment, ability and readiness to parent. Cleary explain how a section with an Overall Evaluation of Section rating of 3, 4, or 5 will affect parenting.

For families who participated in PRIDE Practice training, speak to the family's ability to meet the five PRIDE competencies below based on your psychosocial evaluation conclusions.

Protecting and nurturing children:

Meeting children's developmental needs and addressing developmental delays:

Supporting relationships between children and their families:

Connecting children to safe, nurturing relationships intended to last a lifetime:

Working as a member of a professional team:

# PLACEMENT COMPATABILITY

Discuss each child's or youth's goodness of fit with this family in the context of the applicants' competency to address each of the child/youth's specific needs and special considerations.

Illuminate any special needs, considerations, characteristics, behaviors, conditions or issues of the child(ren) or youth(s) that the Applicants are uniquely qualified to address or unable to manage.

### RECOMMENDATION

It is recommended that Applicant's full name and Applicant's full name be Select One for Select One for Name(s) of Child(ren).

Caseworker	Supervisor	
Title	Title	
Date:	Date	
Waiver Required? Select One	Type: Select One	
Directors Approval: Select One		
Additional Attachments Indicate "None" or list additional attach	ments.	
<b>REVIEW OF HOME STUDY REPOR</b> By signing below I acknowledge that I h		
Applicant's Full Name	Applicant's Full Name	
Date:	Date	
	vada Couple Child Specific Home Study Report - Version 08-18-2005 2005, Consortium for Children, All Rights Reserved	Page 7 of 7