

Family Name:		Worker's Name:	
Approval Date (for private agency use)		DCF Office:	
Resource Family for: <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Care		LINK#	

APPLICANTS FAMILY SUMMARY INFORMATION

Applicant 1					Applicant 2				
Last Name:		First Name:		M.	Last Name:		First Name:		M.
DOB:		Gender/Identity/Expression:			DOB:		Gender/Identity/Expression:		
Home Phone	Work Phone:		Cell Phone:		Home Phone	Work Phone:		Cell Phone:	
E-mail:					E-Mail:				
Race:		Ethnicity:			Race:		Ethnicity:		
Language(s):		Religion, if any:			Language(s):		Religion, if any:		
Address: (No. and Street):					City:		State:	Zip:	
Mailing Address (If different from above):					City:		State:	Zip:	
Protective Services History Checks	Check completed	Attached	Pending	Date completed	Protective Services History Checks	Check completed	Attached	Pending	Date completed
LINK Case Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK Case Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LINK CMS Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK CMS Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LINK Perpetrator Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK Perpetrator Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LINK Person Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK Person Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LINK Provider Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK Provider Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal Checks:					Criminal Checks:				
COLLECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		COLLECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Local Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		State Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER ADULTS IN THE HOUSEHOLD										
Adult 1					Adult 2					
Last Name:		First Name:		M.	Last Name:		First Name:		M.	
DOB:		Gender/Identity/Expression:			DOB:		Gender/Identity/Expression:			
Home Phone	Work Phone:		Cell Phone:		Home Phone	Work Phone:		Cell Phone:		
E-mail:					E-Mail:					
Race:		Ethnicity:			Race:		Ethnicity:			
Language(s):		Religion, if any			Language(s):		Religion, if any			
Relationship to Applicant:					Relationship to Applicant:					
Address: (No. and Street):					City		State		Zip	
Mailing Address (If different from above):					City		State		Zip	
Protective Services History Checks	Check completed	Attached	Pending	Date completed	Protective Services History Checks	Check completed	Attached	Pending	Date completed	
LINK Case Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK Case Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LINK CMS Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK CMS Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LINK Perpetrator Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK Perpetrator Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LINK Person Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK Person Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LINK Provider Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		LINK Provider Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Criminal Checks:					Criminal Checks:					
COLLECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		COLLECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Local Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Local Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
State Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		State Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CHILDREN IN HOME										
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange.		Race:		Ethnicity:	
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange		Race:		Ethnicity:	
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange		Race:		Ethnicity:	
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange		Race:		Ethnicity:	
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange		Race:		Ethnicity:	
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange		Race:		Ethnicity:	
Please attach a separate page(s) for additional children										

ADDITIONAL REQUIRED HOME STUDY ASSESSMENT INFORMATION:

List of Contact Dates during Assessment: *(Include dates of group study sessions, individual and joint interviews, home visits and collateral contacts.)*

Dates:	Person(s) contacted:

REFERENCES CONTACTED:

Name	:Relationship / Status

MOTIVATION Give the stated and assessed motivation to provide foster care or to adopt.

Study Worker's Assessment: Include observations, review of group participation, interviews and attach written materials as needed:

HISTORY – APPLICANT 1

Childhood: Applicant relationships, sibling relationships, impression of his or her childhood. Any history of sexual abuse, domestic violence, substance use in family members? How he or she dealt with any prior domestic violence or substance use? What, if any, effect has domestic violence or substance use had on his or her familial relationships?

Applicant #1 History of Serious Relationships:

Applicant #1 History of any Significant Losses: Include strengths and any significant issues. Identify personal losses and how they were dealt with.

Applicant #1 Type of Loss	Age Occurred	Expected or Not

HISTORY – APPLICANT 2

Childhood: Applicant relationships, sibling relationships, impression of his or her childhood. Any history of sexual abuse, domestic violence, substance use in family members? How he or she dealt with any prior domestic violence or substance use? What, if any, effect has domestic violence or substance use had on his or her familial relationships?

Applicant #2 History of Serious Relationships:

Applicant #2 History of any Significant Losses: Include strengths and any significant issues. Identify personal losses and how they were dealt with.

Applicant #2 Type of Loss	Age Occurred	Expected or Not

EDUCATIONAL BACKGROUND					
Applicant 1			Applicant 2		
Highest Grade Completed (including college):			Highest Grade Completed (including college):		
Name of High School or Trade School:			Name of High School or Trade School:		
Name of College or University (if applicable):			Name of College or University (if applicable):		
Degree Received (if applicable):		Year Graduated	Degree Received (if applicable):		Year Graduated
EMPLOYMENT INFORMATION					
Applicant 1			Applicant 2		
Name of Employer:			Name of Employer:		
Date of Hire:	# of hours worked each week:		Date of Hire:	# of hours worked each week:	
Position	Work Phone:		Position	Work Phone:	
Salary (Monthly):	Other Sources of Income:		Salary (Monthly):	Other Sources of Income:	
Name of Second Employer:			Name of Second Employer:		
Date of Hire:	# of hours worked each week:		Date of Hire:	# of hours worked each week:	
Position	Work Phone:		Position	Work Phone:	
Salary (Monthly):	Other Sources of Income:		Salary (Monthly):	Other Sources of Income:	
MILITARY SERVICE (if applicable):					
Applicant 1			Applicant 2		
Branch			Branch		
Duty Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive		Type of Discharge:	Duty Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive		Years of Service

HEALTH HISTORY

Childhood health, chronic illnesses, diagnoses, prognoses, medications, psychiatric history, historical alcohol or drug use and treatment. Any pregnancy history or history of infertility. What is his or her current health? Any physical or medical problems or conditions? What is the impact of these conditions on the applicant's daily living skills? Current medications? Any experience with counseling? Is there a physician's statement on file?

Applicant 1

Applicant 2

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PAST CRIMINAL AND CHILD PROTECTIVE SERVICE HISTORY

Has either applicant or anyone regularly residing in the home ever been arrested? Yes No

Has either applicant or anyone regularly residing in the home ever been convicted of a crime? Yes No

If "yes" to either of the above two questions, please provide specific details:

Name of Household Member	Charge	City	State	Date of Arrest	Status of Case

HAS APPLICANT OR ANYONE REGULARLY RESIDING IN THE HOME EVER BEEN:

Charged or convicted of injury or risk of injury to a minor or other similar offense against a minor? Yes No

Charged or convicted of impairing the morals of a minor or other similar offense against a minor? Yes No

Charged or convicted of a violent crime against a person or other similar offense?: Yes No

Charged or convicted of the possession, use or sale of controlled substances within the past five years?: Yes No

Charged or convicted of possessing and/or distributing child pornography or other similar offense?: Yes No

Charged or convicted of illegal use of a firearm or other similar offense?: Yes No

If "Yes" to any of the questions listed above, please explained what happened and when:

Are you / they currently awaiting trial for any charges?: Yes No

Have you/they ever had a minor removed from your/their care or custody for reason related to child abuse or neglect?: Yes No

Have you/they ever had an allegation of child abuse or neglect substantiated; or have a current child abuse or neglect allegation pending for any reason, through any agency or court in any city, county, state, country? Yes No

Have you/they ever had an allegation of abuse or neglect made against you regarding a child or an elderly or disabled person in any state city, county, state, country? Yes No

Have you/they ever requested voluntary services from a child protection services agency in any city, county, state, country? Yes No

Have you/they ever been involved with proceedings in a probate court with regards to a child's custody or guardianship? Yes No

If you answered "Yes" to any of the above questions, please explain what happened and when:

Have you/they ever had any motor vehicle violations (including but not limited to speeding or driving while impaired)? Yes No. If "Yes", please explain:

Have you, your Applicants, your children or other household members experienced domestic violence including but not limited to acts of aggression; hearing or seeing violence in the home; threats of coercive control or controlling behaviors from a significant other, spouse or family member; or hitting, slapping, shoving, pushing, hair pulling, eye gouging, kicking, sexually assaulting, spitting or being threatened with a weapon?: Yes No. If "Yes", please explain the incident, type of violence and the parties involved:

Type of Violence /Incident	City where incident occurred	State Where incident occurred	Date of incident	Were Police Involved?:
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ADULT FUNCTIONING

How does applicant present, what is his or her general temperament and how does he or she describe him- or herself? What is his or her style of communication? What coping mechanisms does he or she use to handle stressors? What are his or her activities in and out of the home such as hobbies, church, volunteer commitments or civic responsibilities? (Use examples.)

Applicant 1

Applicant 2

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APPLICANT(S) EXPERIENCE

Describe the relationship and expectations that the applicant has had with any children (either your own children or the children of others). Describe the level of involvement in these children's lives. Does the applicant have any previous experience with DCF children or children with special needs?

Applicant 1	Applicant 2

DISCIPLINE

What are the Applicant's definitions of abuse and neglect? What is the Applicants own history of being disciplined? How has the Applicant disciplined children in the past? What is his or her ability to comply with DCF's discipline requirements? Has the Disciplinary Agreement been discussed and signed?

Applicant 1

Applicant 2

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OTHER ADULT MEMBERS OF HOUSEHOLD (Over the age of 18, if applicable)						
Identify each person, <i>e.g.</i> , adult child of family, grandparent, significant other, who lives in the home or who has regular access to the home:						
LAST Name:	FIRST Name:	Psychiatric History?	Substance Use?	Financial Contribution	DOB:	Relationship to Foster Applicants
		<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		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Discuss each person's experience with his or her own children and other child caring experiences, beliefs about discipline. Include general biographical information including substance use history, psychiatric history, financial contribution to the household, role in the household, daily interaction with members of the household, feelings about foster care and adoption and to what extent he or she will relate to the new child. What will the new child call each person? (Attach additional sheets if needed)

CHILDREN LIVING IN THE HOUSEHOLD (Under the age of 18, if applicable)								
LAST Name:	FIRST Name:	DOB:	Age	Behavioral Issues	M.H. Issues	Develop. Issues	Name of School:	Grade:
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Include age and general description of the personality and level of development of each child currently living in the household. Discuss the child's vulnerability with foster children being placed in the home. Include school and intellectual functioning and review a school reference. Does the child have behavioral, mental health, developmental or medical issues that must be considered when placing another child in the home? What is the child's understanding or feeling about having a foster child in the home? What are the Applicants' relationships and attitudes toward this child? What is the child's relationship with his or her siblings: What activities does the child participate in outside of the home?

FAMILY FUNCTIONING

Include: family structure, clarity of roles and boundaries, communication, how family decisions are made. How does the family display affection? What are their recreational activities? What is their religious involvement? What cultural activities have they incorporated into their family routines? Describe the family's daily routine. Provide Study Worker's assessment of the impact of placement on this family's functioning.

COMMUNITY RESOURCES

What are the family's resources in the community, include faith-based organizations, clubs, etc.? What services and resources are available in the community? What resources has the family accessed in the past? What is their family's willingness to engage in recommended services such as therapies, FAST programs, support groups, etc.? What are the local schools?

FAMILY RESOURCES

What are the family's resources within their extended family and friend network? If there were an emergency, who would the family identify for respite care or long-term planning? Note the family's ability to take emergency placements and take leave from employment or time off. Discuss the planned child care arrangements.

DEMOGRAPHICS

Include: description and assessment of home, including sleeping arrangements; the neighborhood and yard; any pets or other animals in the home; any specific conditions of the home or applicants as described in Regulations Section §§17a-145-130 through 160. Include assessment of the family's income and expenses and their ability to meet the financial obligations of the household without DCF's financial assistance. Confirm that the DCF-0043, "Verification of Requirements for Licensure," been completed.

ON BEING A FAMILY RESOURCE

I. **PROTECT AND NURTURE CHILDREN:** Understand the factors that contribute to abuse and neglect, behavioral indicators, hazards that jeopardize child safety.

II. **MEET CHILDREN'S DEVELOPMENTAL NEEDS AND ADDRESS DEVELOPMENTAL DELAYS:** Understand child development and the impact of neglect, abuse and loss; understand the need to create a supportive and accepting environment and the importance of promoting a positive sense of identity.

III. **SUPPORT RELATIONSHIPS BETWEEN CHILDREN AND FAMILIES OF ORIGIN:** Understand the importance of connections to families of origin, siblings and other significant persons; understand the need for visitation, the potential effects of visits and how to help manage those feelings; accept legal risk adoptions, open adoptions; and understand the child's ongoing connection with important persons in his or her history

IV. **CONNECT CHILDREN TO SAFE, NURTURING RELATIONSHIPS INTENDED TO LAST A LIFETIME:** Understand permanence, that reunification is the primary goal and the process of transition; incorporate the reunification plan for all including their own family

V. **WORK AS A MEMBER OF A PROFESSIONAL TEAM:** Understand how to be part of a professional team; understand the relationship between child welfare law and agency mandates and how they are carried out; understand the roles, rights and responsibility of all members of the team; understand the purpose of child welfare and the concepts of shared responsibility and non-judgment; understand the core partnership principles; understand the impact of disruption and the importance of advocating.

FINAL ASSESSMENT

Using the information gathered during the interview process and trainings and the written materials gathered, assess the applicant's strengths and describe any knowledge or skills that need development, any limitations, any reluctance to comply with DCF policies and regulations, the ability to meet the needs of children placed in his or her care and cooperate with the child's case plan. Describe what type of child would be appropriate for the applicant.

APPLICANTS TO BE LICENSED FOR:		
Type of Placement: <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Independent <input type="checkbox"/> Relative Foster Care <input type="checkbox"/> Respite Caregiver		
LBC: For no more than Children		<input type="checkbox"/> Birth-to-5 years <input type="checkbox"/> 6 to 12 <input type="checkbox"/> 13 to 18
Preferred Racial/Ethnic Background suggested for this home:		
<input type="checkbox"/> African American <input type="checkbox"/> African American / Caucasian <input type="checkbox"/> African American/ Latino <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian		
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Caucasian / Latino <input type="checkbox"/> Latino <input type="checkbox"/> Other		
Gender Preference: <input type="checkbox"/> Male(s) <input type="checkbox"/> Female(s) <input type="checkbox"/> Any gender, Identity/expression-it doesn't matter		
Will applicant(s) consider a Sibling Group?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", number of siblings that the family will consider:		
Gender Make-up of Sibling group?: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Any gender, Identity/expression-it doesn't matter		
Will applicant(s) consider a "Legal Risk" adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No.		
If "Yes", what level(s) of legal risk? (Check box below):		
<input type="checkbox"/> Termination has been granted, but termination order has been appealed.		
<input type="checkbox"/> Case is filed in court, but hearing is contested, and a series of continuances is expected		
<input type="checkbox"/> You would provide foster care to a child for whom the department plans to file a termination petition with the expectation you would adopt a child if the child becomes legally free.		
Will applicant(s) consider an "Open" adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No.		
If "Yes", what type of open adoption would you consider? (Check all that apply)::		
<input type="checkbox"/> Letters/Gifts <input type="checkbox"/> Visit with Bio/Sibling/Relative <input type="checkbox"/> Visit with Bio Applicants <input type="checkbox"/> Other:		

Reviewed and Approved by:		
Name of Social Worker	Signature of Social Worker	Date:
Name of Social Work Supervisor	Signature of Social Work Supervisor	Date:
Name of Program Supervisor or Desig	Signature of Program Supervicor or Designee:	Date: