



Rick Scott, Governor
David Wilkins, Secretary



Unified Home Study Training:

The Interim Process

What's Coming in FSFN Release 2

Policy Unit Staff
Office of Child Welfare
April 18, 2013

**Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families,
and Advance Personal and Family Recovery and Resiliency.**

Introduction

The Unified Home Study (UHS):

- Is in alignment with the Secretary's strategic vision for an improved child protection system of care, "Best Placement, First Placement, Only Placement"
- Will be used for most types of home studies.
- Is progressive - can expand and change based on the home and the child's situation.
- Can become an adoptive home study if the foster family/caregiver applies to adopt.
- In paper form, is also for conducting ICPC studies.

Steps to Implementation

- Regions, CBCs, and Sheriffs Offices view webinar and train all staff
- CPIs begin using new paper tool May 1
- Optional for all other child welfare staff; decision to be made by Region/CBC
- New tool will be mandatory for all with FSFN Release 2, which is scheduled for July 1
- There will be system training with Release 2

Training Objectives

- Recognize the need for a complete family/home assessment
- Understand your role as the assessor
- Understand when to ask more questions
- Evaluate the training process



Authority

Remember:

- The content and protocol for the Unified Home study **must follow requirements in Florida Statutes and Florida Administrative Code.**
- The UHS simply provides a **consistent way to create and document all home studies, and this new process will be a page in DCF's official system of record – FSFN – as of Release 2.**

General Guidance

The intent of a home study is to fully assess a potential caregiver, foster, or adoptive family to ensure they meet all the requirements for a child to be placed with them.

The home study process assesses a caregiver's/family's strengths and needs, and identifies potential barriers to licensing or placement. Provided a family meets all of the requirements in statute and administrative code, it also can be used to identify how the Department or contracted provider can support the family to help them successfully parent any child placed in their care.

Caveats

- When using the new UHS paper tool, you still need to enter the home study information on the FSFN page up to the point when you would enter the old home study page in the system. Document “New UHS process” in the comments section in the Provider Record (UHS Page).
- Reunification home studies are not included on the new UHS. With Release 2, they will be conducted using the Family Functioning Assessment (FFA), a forthcoming tool.

Caveats (cont.)

- Until the FFA is available in FSFN(July), reunification home studies should still be conducted using the Parental Reunification Readiness Assessment Homestudy found under the Systems Documentation, Forms and Template section on the FSFN home page.
- Parents can not be providers. A modified home study process is required for releasing a child to the other non-household parent. This process is called the “Other Parent Home Assessment” (OPHA), and will be outlined later in the training. A detailed procedure for the OPHA will be completed by 4/30/13.

Current Reunification Home Study Location

System Documentation	Agendas, Minutes & Reports	
<ul style="list-style-type: none">• Topic Papers• Forms and Templates• User Guides• How Do I Guides• Change Requests• Desktop Guidebook for the Florida Safe Families Network• Search Analysis Results - Findings and Recommendations	<ul style="list-style-type: none">• Release R2c34• Release R2C33 Enhancements Overview• Release R2C32 Enhancements Overview• Release R2C27 Enhancements Overview• Release R2C27 Memo• Release R2C27 Webinar Presentation• RDC Webinar• Release R2c25 Overview Statewide Webinars - June 14, 2012• Release R2C25 Summary Memo• Release R2C24 Summary Memo• R2C23 Webinar Q & A• FSFN BOE Upgrade Summary Memo• FSFN BOE Upgrade Webinar Presentation• FSFN BOE Upgrade Webinar Q&A• FSFN BOE Upgrade Webinar Video• ESC Meeting Minutes• Weekly FSFN Conference Calls• Weekly Executive Leadership Reports	

Current Reunification Home Study Location

The screenshot shows an Internet Explorer browser window with the address bar displaying `...asp?path=Forms_and_Templates`. The page content is a list of PDF files, each with a red Adobe PDF icon to its left. A large red arrow points to the file [Parental Reunification Readiness Assessment Homestudy.pdf](#). The list includes the following files:

- [Maintenance Adoption Subsidy TANF Worksheet Application.pdf](#)
- [MCR Missing Child Report.pdf](#)
- [Memorandum of Agreement.pdf](#)
- [Milestone Events List.pdf](#)
- [Out of Home Plan.pdf](#)
- [Parental Reunification Readiness Assessment Homestudy.pdf](#)
- [Predisposition Study.pdf](#)
- [Prior Intakes and Service Records.pdf](#)
- [Provider Notes Report.pdf](#)
- [Referral For CBHA.pdf](#)
- [Refrigerator Case Plan Summary - Father.pdf](#)
- [Refrigerator Case Plan Summary - Mother.pdf](#)
- [Release of Information Foster Adoption.pdf](#)

The browser's taskbar at the bottom shows the system tray with the text "Local intranet" and a zoom level of "100%".

Other Parent Home Assessment

1. Complete a modified home study of the other parent's household to include:
 - Verification of legal parental relationship
 - Household composition
 - Demographics of all household members
 - Home visit
 - Background screenings
2. Assess to determine the parent's and other household caregiver's adult functioning, general parenting, and discipline/behavior management.

Adult Functioning

This information element has strictly to do with how adults (the caregivers) in a family household are functioning. This is how the adults (parents/legal guardians or caregivers) in the family household typically feel, think, and act on a daily basis. The question here focuses on adult functioning separate of parenting. We are concerned with how the adults behave regardless of the fact that they are parents or caregivers.

Adult Functioning

Information that answers this question includes:

- Communication and social skills
- Coping and stress management
- Self-control
- Problem solving
- Judgment and decision making
- Independence
- Home and financial management
- Income/Employment
- Citizenship and community involvement
- Rationality
- Self-care and self-preservation
- Substance use
- Mental health
- Family and/or domestic violence
- Physical health and capacity
- Functioning within cultural norms

General Parenting

Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences.

Information that answers this question includes:

- Reasons for being a caregiver;
- Satisfaction in being a caregiver;
- Parent/legal guardian or caregiver knowledge and skill in parenting and child development;
- Parent/legal guardian or caregiver expectations and empathy for a child;
- Decision making in parenting practices;
- Parenting style;
- History of parenting behavior;
- Cultural practices; and
- Protectiveness.

Discipline/Behavior Management

Usually, staff focuses on discipline only within a punishment context, so emphasis on the importance of viewing discipline as providing direction, managing behavior, teaching, and directing a child are considered in answering this question.

Information that answers this question includes;

- Disciplinary methods;
- Approaches to managing child behavior
- Perception of effectiveness of utilized approaches;
- Concepts and purpose of discipline;
- Context in which discipline occurs; and
- Cultural practices.

Other Parent Home Assessment

3. Assess to determine other parent's willingness and ability to provide supervision and protection in alignment with the Department.
4. Ensure that the release of the child to the other parent does not present a "presumption of detriment" as defined in s. 39.0139, F.S., and thus pose a threat of danger to the child.

Unified Home Study

The Unified Home Study has six different types:

1. Emergency Placement (Exigent – CPIs and Sheriffs)
2. Initial License for Foster Home
3. Re-License
4. Adoption
5. Relative (Planned - CM)
6. Non-Relative (Planned - CM)



Home Study

Counselor Name:	Child(ren)'s Name:	Investigation Number:
Date Home Study Conducted:	Child(ren)'s relationship to caregiver (if any):	Court Case No.:

(Please note: If any of above fields are not applicable, please leave blank)

Purpose of Home Study:

- | | |
|---|--|
| <input type="checkbox"/> Emergency Placement (exigent circumstances)
<input type="checkbox"/> Initial License for Foster Home, including ICPC
<input type="checkbox"/> Relative Placement (planned) | <input type="checkbox"/> Re-License
<input type="checkbox"/> Non-Relative Placement (planned) |
| | <input type="checkbox"/> Adoption |

Section I: DEMOGRAPHICS

Do NOT record Social Security Numbers on this form. All Social Security Numbers are documented in FSFN on the Person Management tab.

A.

Contact/Identifying Information	
Caregiver 1:	Caregiver 2:
DOB:	DOB:
Viewed Social Security Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Viewed Social Security Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Address:
City:	City:
County, State & Zip Code	County, State & Zip Code
Home Phone: () -	Home Phone: () -
Work Phone: () -	Work Phone: () -
Work Schedule:	Work Schedule:
Leave home: Return home:	Leave home: Return home:
Cell: () -	Cell: () -
Home E-mail Address:	Home E-mail Address:
Fax: () -	Fax: () -
Language Spoken:	Language Spoken:
Race:	Race:



Home Study

Ethnicity/Culture:	Ethnicity/Culture:
FL Residence Length:	FL Residence Length:
Other states of residence and approximate dates lived there:	
State: Dates:	State: Dates:
State: Dates:	State: Dates:

B. Contact Information

	Date
Date of Initial Inquiry into Becoming a Foster/Adoptive Parent:	
Preservice Training Completion Date:	
Description of participation: _____	

Initial Home Interview:	
Additional Home Interview (if Applicable):	
Additional Home Interview (if Applicable):	
Additional Home Interview (if Applicable):	

C. Other Household Members

This includes biological children.						
Name of Member	Relationship to Caregiver	Date of Birth/Age	Social Security # Verified	Race/Ethnicity	Gender	Primary Language Spoken
			<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			

D. Placements

Other Children Placed in the Home (by the Department or Other Agency)								
First Name/Last Initial Only	Date of Birth/Age	Date Placed in Home	Date Exited Home	Race/Ethnicity	Gender	Primary Language	Special Needs or Concerns	Type of Placement



Home Study

						Spoken		

E. Non-resident Children (of Caregivers)

All Minor and Adult children of Primary Caregiver(s) Who Do Not Currently Reside in Home

Name												
Date of Birth												
Relationship to Caregiver												
Address												
Telephone												
Repeat visitor? Check appropriate box; if visitor may have unsupervised contact with foster child(ren); if Yes, that person must be background screened.	Yes <input type="checkbox"/>	No <input type="checkbox"/>										

F. Persons identified to provide temporary back-up care for the family. Include names and contact information, at a minimum.

Temporary Backup Caregivers							
Name	Relationship to Caregiver	Phone #1	Phone #2	Address	Race/Ethnicity	Gender	Marital Status



Home Study

Section II. BACKGROUND/QUALIFICATIONS

A. Background checks:

Criminal records and Child Abuse records have been checked for the caregiver(s), all adults and other persons living in the home, as required.

Name	Relationship to Caregiver	SSN Verified	Local Background	FSFN	NCIC and FCIC	Fingerprints Received	Other States Checks (5 years)	Cleared	Disqualifying Offenses
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				

Additional background checks not listed above [include name of check, (e.g. driving record, civil court) name of individuals screened and date of results]: _____

Background checks for other individuals (Frequent or repeat visitors, other individuals who may have unsupervised contact with child(ren):



Name	Relationship to Caregiver	SSN Verified	Local Background	FSFN	NCIC and FCIC	Fingerprints Received	Other States Checks (5 years)	Cleared	Disqualifying Offenses
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N				

B. Clearance Concerns: _____

C. Needs Further Review: _____

Section III: Assessment and Home Study

The questions for the Assessment and Home Study were developed in conjunction with the Florida Quality Parenting Initiative (QPI).

These questions were designed to align with the Partnership Plan for Children in Out-of-Home Care, which communicates a common understanding of the values, principles, and relationships necessary to provide normal childhoods and loving and skillful parenting that maintains connections to children's biological families.

For training purposes, assessment prompts are included for each question.



Unified Home Study Assessment Prompts

Section III. ASSESSMENT and HOME STUDY

The purpose of this section is to assess the caregiver's ability to provide a safe and nurturing environment. For children placed in Out-of-Home care, also in accordance with licensing requirements and the "Partnership Plan."

+	<p>1. Explain how any current or past experiences with child abuse or neglect, alcohol and/or substance abuse, alcohol and/or substance abuse treatment or domestic violence may impede the caregiver(s) ability to meet the expectations set out in the "Partnership Plan" in caring for a child</p>	<p>Document the factors and explain <u>for each individual</u>.</p> <p>Have you ever had treatment for substance abuse? Has anyone close to you ever questioned your use of alcohol or other substances? Have you been the victim of child abuse or neglect or domestic violence? Have you ever had counseling or other interventions for domestic violence, child abuse or neglect?</p>
	<p>2. Explain how any health or mental health conditions, including medication(s), <u>that may interfere with the caregiver(s) ability to meet the expectations set out in the "Partnership Plan."</u></p>	<p>Document <u>for each individual</u>, including the medication.</p> <p>Have you ever had treatment for health, mental health, or substance abuse issues? Has your health, mental health, or substance abuse ever affected your personal relationships? Are you currently on medications for any of these conditions?</p>
	<p>3. How is the caregiver(s) will participate in a professional team supporting the child by: a) sharing necessary information with other professionals on the team and maintaining the confidentiality of the child and caregiver as required by law, regulation and professional ethics; and b) participating in planning activities, court hearings, <u>staffings</u> and other key meetings.</p>	<p>Document details and examples <u>foreach individual</u>.</p> <p>Are you aware of confidentiality requirements? The foster care team sometimes involves a lot of people and steps. Are you dedicated to the best outcome for the child, no matter how many people become involved in the process? What are your strengths/weaknesses in communicating with others?</p>



Unified Home Study Assessment Prompts



<p>4. Explain how the caregiver(s) are willing and able to make a loving commitment to the child(ren)'s safety and well-being by: a) providing appropriate supervision and positive methods of discipline; b) encouraging the child in his/her strengths and respecting the child's individuality and likes and dislikes; c) maintaining awareness of the impact of trauma on behavior; d) maintaining awareness of the impact of trauma on behavior; e) involving the child in family and community activities by providing transportation to school, child care, extracurricular activities, etc.; g) ensuring the child's safety by employing appropriate physical safety measures, including in the household, for transportation, and with pets.</p>	<p>Document details and examples <u>foreach individual</u>.</p> <p>Do you know what trauma-informed care means? (Explain) Do you know what "normalcy" means when talking about children in out-of-home care? How can you help maintain "normalcy" for this child? Do you have any pet issues in the house? What are some activities you plan to do with your child(ren)?</p>
<p>5. Explain how the caregiver(s) are willing and able to:</p> <ul style="list-style-type: none"> a) <u>respect</u> and honor any child's culture, religion and ethnicity. b) <u>meet</u> any child's special, physical or psychological needs. c) <u>adapt</u> to and support any child's individual situation, including sexual orientation and family relationships. <p>If the caregiving family's religion, culture, or other factors will impair their ability to meet the needs of certain children, please explain what the family's limitations are, and how limitations could impact children placed in their home.</p>	<p>Document details and examples <u>for each individual</u>.</p> <p>Have you ever been treated differently because of your cultural or religious beliefs? How will you help a child preserve connections to cultural and ethnic ties? How would you treat a child of a different sexual orientation than you?</p>
<p>6. Explain how the caregiver(s) are willing and able to commit to maintaining any child they accept in their home until such time as it is in the child's best interest to leave the home. Explain any problems a long-term commitment may present for the caregiver.</p>	<p>Document details and examples <u>for each individual</u>.</p> <p>How will you feel if a child is placed for a very short time? Are you prepared to parent any child indefinitely? Are you willing to help with reunification if it is in the child's best interest, even if you have personal concerns about the parents?</p>



Unified Home Study Assessment Prompts

<p>7. Explain how the caregiver(s) will address challenges in caring for a child, including available supports and resources. These challenges may include fire setting, sexual reactive behaviors, mental health, substance abuse, reactive attachment behaviors, etc and may potentially require a safety plan.</p>	<p>Document details and examples <u>for each individual</u>.</p> <p>What if a child tries to run away? Have you ever dealt with a child who has behavioral challenges?</p>
<p>8. Explain how the caregiver(s) are willing and able, in appropriate circumstances, to participate in transition planning for any child and to maintaining a relationship with any child after he or she leaves the home.</p>	<p>Document details and examples <u>for each individual</u>.</p> <p>Do you have any children who are grown and have left home? What will your response be if the child is reunified with parents who do not want you to have any contact? Will you feel comfortable advocating for the child even after he/she has left your home?</p>
<p>9. Explain how the caregiver(s) are willing and able to assist the biological caregiver(s) in improving their ability to care for and protect their children and to provide continuity for the child after reunification.</p>	<p>Document details and examples <u>for each individual</u>.</p> <p>What do you think would be most important in working with/mentoring biological parents? What is something you feel you do really well (parenting)? Do you think you could teach that skill to someone else?</p>
<p>10. Explain how the caregiver(s) are willing and able to assist any child in family time/visitation and other forms of communication with family members, when appropriate.</p>	<p>Document details and examples <u>for each individual</u>.</p> <p>Can you maintain an accepting attitude, even when you know family members may have mistreated the child in your care? What will you do if a child in your care does not want to visit or communicate with family members?</p>



Unified Home Study Assessment Prompts

<p>11. Explain how the caregiver(s) will:</p> <p>a) <u>maintain</u> records that are important to any child's well-being including child resource records, medical records, school records, photographs, and records of special events and achievements.</p> <p>b) <u>ensure</u> that these records are made available to other partners in the child welfare system and to the child and family, as appropriate.</p>	<p>Document details and examples <u>for each individual</u>.</p> <p>Do you think you are organized? If you have your own children, how do/have you kept track of their vital records? Do you have any questions about confidentiality requirements?</p>
<p>12. Explain how the caregiver(s) are willing and able to advocate for children in their care, as needed, with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. Describe previous parenting experience, if applicable.</p>	<p>Document details and examples <u>for each individual</u>.</p> <p>Have you ever had to advocate on your child's behalf with a teacher, doctor, or other professional in charge? Describe the situation and how you worked to help resolve it. How would you respond if a case manager made a decision for the child in your care, and you did not agree?</p>
<p>13. Explain how the caregiver(s) are willing and able to participate fully in any child's medical, psychological and dental care, including providing transportation to/from, attending appointments and communicating with professionals.</p>	<p>Document details and examples <u>for each individual</u>.</p> <p>What if a child you care for has extensive medical needs? Are you willing to train to become a medical foster parent? (Give details.) Have you had any problems with transportation in the past six months?</p>



Unified Home Study Assessment Prompts



<p>14. Explain how the caregiver(s) are willing and able to support any child's school success by:</p> <ol style="list-style-type: none">participating in school activities and meetings, including disciplinary and/or IEP (Individualized Education Plan) meetings.assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an Educational Surrogate, if one has been appointed, and encouraging any child's participation in extra-curricular activities.for any child who has a disability, or is suspected of having a disability, to attend Educational Surrogate Parent training, if needed or recommended by the court, and thereafter advocate for the child(ren) in the school system.maintaining any child(ren) in the school of origin, if it is in the child(ren)'s best interest to do so.maintaining any child(ren) in the school of origin until an appropriate grading break in the academic year, if not possible or not in the child(ren)'s best interest to remain in the school of origin for the remainder of the school year.	<p>Document details and examples <u>for each individual</u>.</p> <p>If a child in your care is struggling with reading, how would you partner with the teacher and school to help him/her?</p> <p>What do you think an appropriate homework routine would be:</p> <ul style="list-style-type: none">For an elementary student?For a middle school student?For a high school student?
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Home Study

Section IV. NARRATIVE FAMILY ASSESSMENT

This section is intended to be a descriptive narrative assessment to further describe the overall functioning of the family and their capacity to provide (or to continue to provide) a safe and appropriate placement for any child(ren).

MOTIVATION - Describe the motivation to foster, adopt or be approved as a relative/non-relative caregiver. Give details of participation in pre-service training. If this is for placement of a specific child(ren): Describe any prior knowledge/relationship that exists between the child(ren) and caregiver(s). If a two-parent/partner household, address both caregivers' mutual desire to care for the child.



Record ICPC information here.
Include child study here for adoption.

EDUCATION AND EMPLOYMENT - Describe / discuss the education and employment history as it relates to placement and stability. Including literacy, employment history and job skills.

FAMILY LIFE - Describe / discuss relationships between household members and extended family and friends. Identify the family's formal and informal support systems, including current and anticipated child care arrangements. Describe the family's cultural and religious beliefs and their willingness to accommodate children of different faiths, beliefs, ethnicities, cultures and sexual orientations. Describe attitudes towards children and parents involved in the child welfare system. If this is for placement of a specific child(ren): Discuss each child separately, including developmental history/issues, personality, health, education level, special needs and behavioral challenges. In addition, describe / discuss the adjustment and integration of children previously adopted by or placed with the family. Discuss with all family members any failed placements in terms of the cause, resolution, and any differences or changes that will be made as a result of lessons learned.

PHYSICAL ENVIRONMENT - Discuss the physical environment, including a description of the home, address the interior, exterior, number of rooms, bathrooms, etc., sleeping arrangements, and accommodations for child(ren)'s personal belongings. What, if any, changes needed in order to accommodate child(ren)?



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Home Study

Section V. FINANCIAL SECURITY, RESOURCES AND CHILD CARE ARRANGEMENTS



	Caregiver 1 Name:	Caregiver 2 Name:	Household
1. Current Employer			7. Combined Monthly Income
2. Employer's Address			\$
			8. Expenses
3. Length of Current Employment			• Housing
4. Hours and Shifts Worked			• Utilities
5. Net Monthly Salary	\$	\$	• Transportation
(if paid weekly or bi-weekly, calculate into monthly amount)			• Food/Supplies
6. Additional Support or Income			• Medical
• Social Security Benefits	\$	\$	• Child Care
• Retirement Benefits	\$	\$	• Car Payment
• Temporary Cash Assistance	\$	\$	• Car Insurance
• Disability Benefits	\$	\$	• Other Bills (list)
• Adoption Subsidy	\$	\$	
• Other	\$	\$	
Total	\$	\$	Total Monthly Expenses
			\$
1. Does the family have sufficient funds to support their current expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Will child care or after-school care be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, how will it be provided?)			
3. What new expenses are anticipated for the <u>child(ren)</u> to be placed in the home?			
4. Will the family be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
5. Does the family want to be referred for determining eligibility for assistance programs? (e.g. TANF, relative caregiver, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
6. What services will the family need in order to help ensure placement stability? (List all)			
7. Are you willing to adopt this / any <u>child(ren)</u> without subsidy?? <input type="checkbox"/> Yes <input type="checkbox"/> No			



Home Study

VI. ATTESTATION AND ACKNOWLEDGEMENT – PROSPECTIVE CAREGIVER(S)

To the best of my knowledge, I have given (_____) truthful information on all questions asked of me.
Agency Name

In addition, I acknowledge receipt of the following (check all that apply):

- Water Safety Advisory Firearms Safety Sudden Infant Death Syndrome and Ways to Help Prevent It

Printed Name
Prospective Caregiver #1

Date

Printed Name
Prospective Caregiver #2

Date

Signature

Date

Signature

Date



Home Study

VII. APPROVAL/DENIAL AND RECOMMENDATIONS

A. Family Name: _____

Based upon all materials submitted, interviews held, observations made during training, review of all references and background clearances, it is the recommendation of (_____) that the following course of action be taken on this placement/license:

- | | | | |
|------------------------------------|-----------------------------------|---------------------------------|-------------------------------|
| 1. Emergency Placement | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | |
| 2. Initial License for Foster Home | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | ICPC <input type="checkbox"/> |
| 3. Re-license | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | |
| 1-Year <input type="checkbox"/> | | | |
| 3-Year <input type="checkbox"/> | | | |
| 4. Adoption | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | |
| 5. Relative Placement | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | |
| 6. Non-Relative Placement | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | |

Approval/Denial is DEFERRED pending the family's decision whether to proceed with an improvement plan to overcome the conditions and utilize the identified services, as provided in attached supporting documentation.

APPROVAL: Licensed for _____ children. Conditions/Provisions: _____

DENIAL: State reasons for denial or non-approval. The reasons must be documented in the home study (address concerns.) Be specific as to the conditions needing improvement and the services directed at each of these conditions. Include a date and a process for evaluation of the improvement plan.



Home Study

B. SIGNATURE PAGE

SIGNATURES ARE REQUIRED OF THE PERSONS COMPLETING AND APPROVING THE HOMESTUDY

Signature (Required)
Child Protective Investigator

Date

Signature (Required)
Child Protective Investigator Supervisor

Date

Signature (Required)
Case Manager

Date

Signature (Required)
Case Manager Supervisor

Date

AGENCY SIGNATURES (Each agency will determine which of the following signatures are required for each type of placement):

Signature
Licensing Specialist

Date

Signature
Licensing Specialist

Date

Signature
Program Director

Date

Signature
Executive Director

Date



Home Study

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VIII. ATTACHMENTS

Attach caregiver(s) references or verifications from:	
a) employer(s)?	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___
b) school and/or daycare?	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___
c) a personal contact?	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___
d) a professional contact?	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___
e) any other source?	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___
Photos of Home - Interior	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___
Photos of Home - Exterior	<input type="checkbox"/> Y <input type="checkbox"/> N Date: ___/___/___
Other Attachments – Explain	
<input type="checkbox"/> Y	<input type="checkbox"/> N Date: ___/___/___
<input type="checkbox"/> Y	<input type="checkbox"/> N Date: ___/___/___
<input type="checkbox"/> Y	<input type="checkbox"/> N Date: ___/___/___

Notes and Reminders

- The UHS paper tool will be posted as a protected Word document with text fields on the Center and DCF websites by 4/19/13. The Assessment Prompts and User Guide will be posted as well.
- Save completed UHS documents chronologically on a shared drive.
- Place original completed paper UHS in physical file.
- Hardcopy UHS documents should NOT be scanned into the FSFN File Cabinet
- Paper documents will NOT have to be “back” entered into FSFN when the new UHS is available.
- Document in provider notes that the new UHS has been done, and where it is located.

Expectations

- Identify strengths of the family, and where they need assistance
- Obtain a quality evaluation of the family/home by including details for each assessment question.
- Go beyond the yes/no answer – seek to truly assess and know the family!

Discussion/Questions

Questions?

CBC/Sheriffs Offices/Agencies:
contact your Regional DCF program staff.

Regional program staff:
contact Kristi Gilmore
Statewide Licensing Specialist
Kristi_Gilmore@dcf.state.fl.us
850/717-4659