

Placement Alternative Contract Safety Checklist

Youth's Name: _____ DCFS ID#: _____ Date of birth: _____

Caseworker: _____ R/S/F: _____ Phone: _____

Advocate: _____ Phone: _____

If the youth has children who will share or visit the placement, list their names and dates of birth (also complete the CFS 453-B):

In order to complete this checklist the worker must inspect the premises, obtain information needed to conduct a CANTS/LEADS check of all members of the household over 16 years of age or persons frequenting the household over 16 years of age, obtain a placement clearance verification code from the placement clearance desk, and obtain an acknowledgement from the leaseholder/landlord/owner of the premises. This checklist must be completed before initial approval of this placement is made and before each subsequent extension of this placement is authorized. The completed CFS 453-A shall be placed in the youth's record.

I. Name of leaseholder/landlord/owner of the premises (this may include the youth):

Premises Address: _____

City: _____ State _____ ZIP _____ Phone: _____

Length of time the youth has known the leaseholder/landlord/owner? _____

What is the nature of the relationship, past and present, between the youth and the leaseholder/landlord/owner? _____

Leaseholder/Landlord/Owner's Acknowledgement: I am the leaseholder/landlord/owner of the above named premises to be rented or occupied by the above named youth. I am aware that the Department of Children and Family Services must approve the youth's living arrangement in these premises and I am supportive of this living arrangement.

Leaseholder/Landlord/Owner Signature

Date

II. Household Members and Frequent Visitors. Unless the youth will reside alone and be the sole leaseholder, list all other individuals over 16 years of age who will reside at the premises or be frequent visitors.

Names	Ages/DOB	SSN	Relationship

Length of time the youth has known the other household members/frequent visitors of the premises: _____

What is the nature of the relationship, past and present, between the youth and the other household members/frequent visitors? _____

III. CANTS/LEADS Checks Summary of Findings

IV. Safety of Placement

Yes No Did LEADS/CANTS checks reveal any bars to placement? If "yes", the worker shall not approve the placement unless a waiver is secured.

Yes No Do the LEADS/CANTS check results pose a reasonable threat to this youth? If "yes", the worker shall not approve the placement. If "no", explain the mitigating factors: _____

Yes No Are there any observable health/sanitation risks to the youth? If "yes", explain whether the risks can be addressed and what is required to do so. If there are threats to the youth that cannot be corrected, the worker shall not approve the placement:

Yes No Are all members of the household free of communicable diseases (TB, Hepatitis, etc.)?

Yes No Are weapons and or ammunition accessible at the premises? If "yes", the worker shall not approve the placement.

Yes No Do the premises have working smoke detectors located adjacent to each sleeping area? If "no", the worker shall ensure that smoke detectors are purchased and installed prior to the date the youth moves into the premises.

Yes No Do all basic utilities operate properly? If "no", explain what is required to make the utilities operable. If one or more basic utilities cannot be made operable, the worker shall not approve the placement.

Yes No Is there any known risk of sexual exploitation or domestic violence?

Yes No Has the youth recently or previously identified any person who resides at the premises as a threat or batterer?

Yes No Has an order of protection been entered against any person who resides at the premises?

Yes No Has anyone residing at the premises been arrested for committing an act of violence against the youth or others?

Yes No Is there evidence of substance or alcohol abuse at the premises? If "yes", does the presence of the substance/alcohol pose a risk of harm to the youth?
Explain: _____

Yes No With the Standard of Need grant, does the youth have sufficient resources to provide basic necessities (shelter, food, clothing, basic health care) for him/herself?

V. List any conditions of living in this arrangement including payments, duties, curfews, etc:

VI. List any legal involvement, CANTS, or CYSBP issues, health or mental health concerns that place this youth at risk in, or pose a threat to the community?

VII. Is this placement in a foster family home or a home that is eligible for HMR or HMP? If "yes", why isn't that designation being used?

Placement approved _____ Not approved _____

Caseworker's signature

Date

Supervisor's signature

Date