

FOSTER HOME RENEWAL LICENSING ASSESSMENT

FAMILY NAME: _____ **DATE:** _____

PROVIDER ID#: _____

I. TYPE OF ASSESSMENT:

Contact Dates: _____

Supervising Agency: _____

Agency Address: _____

Licensing Worker: _____

Licensing Worker's Phone: _____ **Fax:** _____

Licensing Supervisor: _____

APPLICANT A	APPLICANT B
Name (Last, First)	Name (Last, First)
Home address:	Home phone (including area code):
Cellular Phone (including area code):	Cellular Phone (including area code):
Email Address (optional):	Email Address (optional):

II. INDIVIDUALS RESIDING IN THE HOME:

(Add additional Information on another sheet as needed)

NAME	DATE OF BIRTH	RESIDES (Check Box)		RELATIONSHIP TO APPLICANT (Biological, step, foster, adopted child, related, or other, i.e., grandparent, friend, etc.)
		Part-Time	Full-Time	
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	

Arrangement: Rent Own Other _____

How long has the applicant resided in their current residence? _____

Construction: Single Family One Level Two or More Levels
 Apartment Building Condominium Town Home
 Duplex Mobile Home Other _____

Outdoor Space: Porch Deck Patio Balcony
 Fenced Yard Play Equipment Shed/Barn
 Pool / Hot tub Pond / Lake / Waterway
 Handicapped Accessible

Indoor Space: Basement Attic
 _____ Number of Bedrooms Handicapped Accessible

(*Indicate where foster child or children will sleep)

BEDROOM MEASUREMENTS	FLOOR/LEVEL	NAMES OF OCCUPANTS (If occupied)	TYPES OF BEDS FOR CHILDREN (Crib, Single, Double, Bunk , Trundle, Toddler)
1.			
2.			
3.			
4.			
5.			
6.			

If basement or attic space is approved for sleeping, please describe.

IV. MOTIVATION: *What is the motivation for renewing the foster care license?*

V. CURRENT FAMILY DYNAMICS:

Current Household Composition: *Describe the other members of the household.*

** Have there been any changes in the household composition since the previous licensure?*

**Children: (names, ages, schools attended, grade level and achievement, personalities). What do they think about being a foster/adoptive family now?*

**Adults: (names, ages, relationship to applicant, school /employment, circumstances for being in the home, contributions to the household). How do they fit into the fostering/adoption process (what is their role)? What is their reaction to being a foster/adoptive family now?*

Health of Family Members: *Summarize findings of the updated CFS 604 Medical Evaluation of an Adult, the medical reports of the minors (as applicable) and discussion with the foster/adoptive parent(s).*

**Has anything changed? Are there any medical conditions that would impact the foster/adoptive parent's ability to provide care to a child?*

Alcohol / Tobacco Use and Substance Use: *If alcohol is consumed in the household, how do the foster/adoptive parents describe their use? How is alcohol stored? Does anyone in the household smoke? What is the plan for tobacco use when there are foster/adoptive children residing in the home [review Part 402.8(e)]?*

**Has anyone in the household had substance abuse treatment? What did it consist of?*

Mental Health of Family Members: *Since the previous licensure, has anyone in the household experienced depression, anxiety or any other mental health issues? If so, have they sought treatment and what did the treatment entail (therapy, medication, psychiatric hospitalizations)?*

Background Checks and Licensing Enforcement Action: *Provide a summary of the updated background check notices and summary of findings. Include summary of past complaints in the last four year period and the outcome of the complaints. Were there any protective or corrective action plans? If so, describe compliance with the plan(s). Has there been any licensing enforcement action within this last licensing cycle? If so, describe outcome.*

Training: *Describe the types of training completed by the foster/adoptive parents. What have they learned and do they feel it has enhanced their ability to care for the child(ren) in their home?*

VI. HOME AND COMMUNITY:

Safe Home Environment Assessment: **Describe any changes since the previous licensing cycle. Does the home have sufficient space / sleeping arrangements to accommodate foster/adoptive children?*

**Are there guns/weapons in the home? If so, describe the storage plan. Are all state and local ordinances being met?*

**Is there a waterway, pond, swimming pool or other water hazard on or adjacent to the property? Is the applicant CPR certified? Are state and local ordinances for water hazards being met?*

**Discuss drinking water source / water temperature compliance.*

**Discuss smoke detector and carbon monoxide compliance.*

**Describe any apparent safety hazards in the home or on the property and how the foster/adoptive parents are addressing them.*

Current Pets In The Home (Licensing Worker Interview): Interview the applicants on the next eight (8) bullet points.

**Do you have pets in the home? Please describe.*

**May I see them, or can you bring them out?*

**What can you tell me about your pets?*

**Who takes care of them?*

**What are their names?*

**What happens when one of them misbehaves?*

**Who Disciplines them? How do they do that?*

**Have you had other pets? What happened to them?*

Current Pets In The Home (Licensing Worker Observations): Your observations are the basis on the next four (4) bullet points. Observe interactions between the family members and their pet(s).

**Are there any family pets that might be classified as a breed that is associated with animal fighting or other crimes? If so, licensing staff shall explain to the prospective foster parent that the presence of a high-risk pet could place children and other family members in danger.*

**Do the animals seem relaxed around all family members, or do they seem to avoid or appear anxious around one or two particular family members? How much time does the pet spend interacting with family members?*

**How do the pets interact with children? If the child is near the pet, how is s/he supervised?*

**How does the presence of the animals affect the family interactions?*

Financial Resources: *Discuss the foster/adoptive family's employment / income sources and the ability to provide necessities for the family including food, clothing, shelter, utilities and basic health care. Discuss assets, stability of income and ability to manage resources.*

Childcare and Supervision Plan: *Does the family run a business from their home? If so, what is the impact on their ability to supervise or provide care to children placed in their home? Describe the family's childcare plan for children in the home during employment/school, holidays, summer, when the child is ill or if the caretaker is absent for more than 24 hours. Describe family members, children and friends who frequent the home. Is there anyone who should not be allowed to supervise children? Why?*

Transportation: *Who will be transporting foster/adoptive children? Does the foster/adoptive family have car seats and a vehicle that can accommodate the number and types of children they wish to be licensed for? If the foster/adoptive parent does not drive, what is the transportation plan?*

Neighborhood and Availability of Community Resources: *Describe the medical, educational, religious and recreational resources available in the community. Which resources have been or are currently being used?*

VII. EVALUATION OF FOSTER /ADOPTIVE PARENT(S) AND RECOMMENDATION:

Utilization History and Current Understanding: *Describe the foster/adoptive family's placement history since the previous licensing cycle. What is the foster/adoptive family's current perception of foster/adoptive care? How is it different than their initial expectations?*

Foster/Adoptive Parent Preferences and Expectations: *Summarize how the foster/adoptive family would like to be utilized and what age range, gender and needs of a child they feel they are equipped to manage.*

Contact with Professionals: *Do you work with any other social service agencies, if so, describe. Has the foster/adoptive family needed to access specialized resources for a child placed in the home? What has their experience been like with helping professionals? What has their experience been like with the agency as part of the professional team?*

Agency Evaluation of the Characteristics, Strengths, Limitations and Responsibilities of the Caregiver(s): *Re-evaluate each foster/adoptive parent based upon the information provided during your renewal interview and responses to the proceeding questions, your observations, training, the CFS 590, the medical forms and the background checks.* Provide rationale for issuance of license or refusal to renew.*

