

**ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
INTERSTATE HOME STUDY OUTLINE**

NOTE: The order and contents outlined below shall be used when completing interstate home study requests. All home studies must be submitted on letterhead. This format is not required for specific foster home licensing studies that may have separate requirements.

1. TYPE OF STUDY ☐ Relative Home ☐ Adoptive Home ☐ Foster Home ☐ Parent Home	2. RECOMMENDATION: ☐ Placement recommended ☐ Placement recommended, with conditions ☐ Placement not recommended	3. IL ICPC ID # _____ 4. SENDING STATE ICPC ID # _____ 5. DATE REQUEST RECEIVED _____ 6. DATE COMPLETED _____
7. CHILDREN IDENTIFIED BY HOME STUDY REQUEST Name, Date of Birth, Gender, & Ethnicity 8. FAMILY IDENTIFIED TO BE STUDIED Last name, Street Address, City, State, ZIP, Telephone		9. LIST OF ALL PERSONS RESIDING IN THE HOME, INCLUDING OTHER CHILDREN Name, Date of Birth, Gender, Ethnicity, Relationship to Identified Child(ren)
10. CHRONOLOGICAL LISTING OF CONTACTS BEGINNING WITH THE MOST RECENT. • Date of Contact • Type of Contact (in person, phone, other) • Location of contact (in home, office, other)		
11. FAMILY ASSESSMENT (INTERVIEWS WITH ALL MEMBER OF THE HOUSEHOLD) A. <u>Family History</u>: Parents, how raised, disciplined, etc.; Role models B. <u>Marriage/Relationships</u>: Stability, disruptions, type of relationship, supportive, etc. C. <u>Education, including any military experience</u>: Impact on ability to care for identified child(ren) D. <u>Physical/Mental Health including Substance Abuse</u>: Medical history; Smoking, alcohol, prescription drug use and history; need for a doctor's statement; concerns due to age, physical condition, mental health E. <u>Religion/Social/Cultural</u>: Strengths; Concerns; ability of identified child(ren) to continue past religious/social/cultural affiliations with this family F. <u>Inquiry of caregivers about any history of substance abuse, sexual or child abuse, or domestic violence</u> G. <u>History of interaction with the identified child(ren)</u>: Caregiver current contact with identified child(ren); attitude toward child(ren) and his/her parents; ability of parent's to contact caregiver H. <u>Other children in home</u>: School status; previous contacts with public/social service agencies; receptivity to other child(ren) joining family		
12. ECONOMIC ASSESSMENT A. <u>Employment Status</u> B. <u>Employment History</u> C. <u>Evidence of lease, rental agreement, mortgage and utilities</u> D. <u>Income, excluding child support income: Employment (paycheck verification); investments; other significant income</u> E. <u>Expenses: Housing(lease, rent, mortgage verification); Utilities (payment current verification); Food; Clothing; Health Care/Insurance; Recreation; Other Expenses or significant debts</u> F. <u>Ability of family to care for the identified child(ren) financially</u> G. <u>Willingness to apply for TANF, if necessary</u> H. <u>Willingness to undergo foster care licensure, if necessary</u> I. <u>Additional economic support family may need</u>		

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13. ENVIRONMENTAL ASSESSMENT (INCLUDE PHOTOS WHEN POSSIBLE)

- A. Description of home: Include all living areas, basement, etc.; housekeeping standards
- B. Description of proposed sleeping arrangements: Will identified child(ren) have his/her own bedroom
- C. Description of outside of home, including yard, etc.
- D. Description of immediate neighborhood
- E. Working condition of utilities
- F. Housekeeping standards
- G. Safety and security concerns and how addressed: Firearms; CO/smoke detectors, etc.
- H. Length of time at present location, previous location
- I. Potential to meet licensing standards
- J. Suitability of home and neighborhood for identified child(ren)
- K. Proximity of home to schools, services, etc.

14. DATA ASSESSMENT (INCLUDE REFERENCES)

- A. Date the CANTS 48 background check on people 13 years and older living in home was conducted
- B. LEADS check on all people 13 years and older living in the home: Date LEADS check was completed; LEADS confirmation number; Description and dates for any convictions identified in LEADS check; Family explanation of any convictions; Evidence of rehabilitation from any convictions
- C. State Police and FBI fingerprint check on each adult in the home (Mandated for Adoptive Home and Foster Home Studies)
- D. Abuse/Neglect check in other states for any adult in home who resided in that other state within the past 5 years (Required for Adoptive Home and Foster Home Studies)
- E. Listing of any household member reported in IL Sex Offender Registry
- F. References: Strengths noted; Concerns noted
- G. Drivers License(s): License #, state, date issued, date expires; Liability insurance; Car seat available for identified child(ren); Description of available vehicles

15. ASSESSMENT OF FAMILY ABILITY TO MEET IDENTIFIED CHILD(REN) NEEDS

- A. Confirmation the referral information has been reviewed
- B. Parenting Experience with own children: Strengths; Identified concerns, if any
- C. Family ability to adequately care for the identified child(ren)
- D. Communication style, decision making patterns, family rules, etc.
- E. Discipline techniques, use of corporal punishment, etc.
- F. Physical or mental health diagnosis or conditions that would impact the caregiver's ability to care for the identified child(ren)
- G. Extended Family supports, if available
- H. Additional help family may need with the identified child(ren)
- I. Potential impacts on current child(ren) in the home
- J. Alternative caregiver plans for work, respite, etc.
- K. Willingness and ability to work with community resources
- L. Willingness to cooperate with possible services, including visitation

16. SUMMARY

- A. Significant strengths
- B. Significant weaknesses
- C. Resources, both available and needed
- D. Ability to parent identified child(ren)
- E. Issues needing resolution prior to placement
- F. Concerns to be monitored following placement
- G. Concerns with service plan for identified child(ren)

17. RECOMMENDATION

- A. Placement recommended
- B. Placement recommended, with conditions identified
- C. Placement not recommended

18. SIGNATURES AND DATE

- A. Person completing the report
- B. Supervisor