

FOSTER HOME CHANGE OF ADDRESS LICENSING ASSESSMENT

FAMILY NAME: _____ **DATE:** _____

PROVIDER ID#: _____

I. TYPE OF ASSESSMENT:

Unrelated **Related Only** **Adopt Only**

Interstate Compact ID#: _____ **Requesting State:** _____

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) |
| Date of Birth: | Date of Birth: |
| Place of Birth: | Place of Birth: |
| 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"/> | |

III. HOME DESCRIPTION (Check all that apply):

Arrangement: Rent Own Other _____

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. REASON FOR MOVE:

V. CHANGE IN HOUSEHOLD COMPOSITION: *Discuss any changes in household composition from the previous address and how this may impact the ability to provide foster/ adoptive care?*
**Ensure that CFS 718 with clearances, CFS 604, and CFS 688 (as applicable) for adult household members and medical forms for child household members are on file.*

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 foster/adoptive 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 during employment/school, holidays, summer, when the child is ill or if the caretaker is absent for more than 24 hours. Describe family members, friends and other children 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:

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 interview and responses to the proceeding questions, your observations, the CFS 590, the medical forms, the background checks, and the walk through of the new foster home.* Provide rationale for issuance of license or refusal to issue.*

RECOMMENDATION:

ISSUE LICENSE

DENY LICENSE

Age Range of Children _____

License Capacity _____

Gender: **Either**

Boys Only

Girls Only

Licensing Representative Signature

Date

ID#

Licensing Representative Printed Name

Licensing Supervisor Signature

Date

ID#

Licensing Supervisor Printed Name