State of Illinois Department of Children and Family Services

INITIAL FOSTER HOME LICENSING ASSESSMENT

FAMILY NAME:	DATE:	
PROVIDER ID#:		
I. TYPE OF ASSESSMENT:		
☐ Initial ☐ Related Only	☐ Adopt Only	
☐ New Entity		
☐ 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:	
Race/Ethnicity/Nationality:	Race/Ethnicity/Nationality:	
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)

	· · ·	DATE	RESI (Check		RELATIONSHIP TO APPLICANT (Biological, step, foster, adopted child, related, or other, i.e., grandparent,
N.A	AME	OF BIRTH	Part-Time	Full-Time	friend, etc.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
III. HOME DE	SCRIPTION (Ch	eck all that app	oly):		
Arrangement:	_				
· ·					
Construction:	Single Family	One Le	evel 🔲 T	wo or More	Levels
	Apartment Bu	ilding 🔲 C	Condominium	Tow	n 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 Number of	☐ Attic	☐ Handic	capped Acce	ssible

(* 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 becoming a foster/adoptive parent? Why is this a good time for the family to bring children into their home? What adjustments will need to be made if a child is placed in the home?

V. PERSONAL HISTORY OF EACH APPLICANT (Interview each applicant separately):



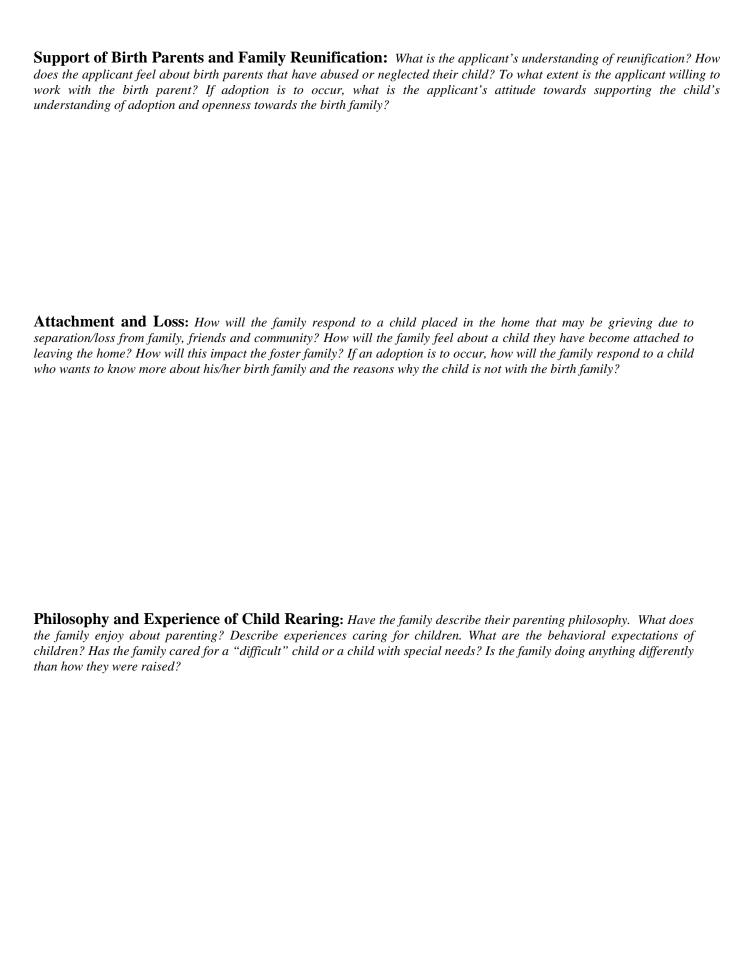


Employment History: Briefly discuss your adult work history, how long at each job and reason(s) for leaving.
Previous Significant Relationships / Marriage(s): Discuss significant relationships/ marriage(s): length of relationship, strengths and deficits. Why did the relationship(s) end? Was there a history of domestic violence? Any protective or restraining orders? What is the relationship with that person like currently? Are there any children as a result of the relationship(s) (names, ages, living arrangements)? Any custody/visitation/child support issues?
VI. CURRENT FAMILY DYNAMICS:
Current Significant Relationship/Marriage: Discuss current relationship/marriage: length of relationship and strengths. How did they meet? How are decisions made within the relationship? What causes conflict? How is it resolved? How was the decision made to become foster/adoptive parents? Is extended family supportive of the decision to foster/adopt?
Description with the state of t
Personality : Have the applicant describe his/her personality (i.e. strengths, weaknesses, sense of humor, initiative, coping skills, etc.). How does the applicant's significant other describe him/her? What personality traits does each applicant think are needed to be a good foster/adoptive parent?
coping skills, etc.). How does the applicant's significant other describe him/her? What personality traits does each
coping skills, etc.). How does the applicant's significant other describe him/her? What personality traits does each
coping skills, etc.). How does the applicant's significant other describe him/her? What personality traits does each

Current Household Composition (Interview each child and adult family member separately):
Describe the other members of the household.
*Children: (names, ages, schools attended, grade level and achievement, personalities). What do they think about being a
foster/ adoptive family? Are they willing to share a bedroom? Have the applicant describe the children's reaction to the
decision to foster/adopt.
*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/adoptive process (what is their role)? What is their
reaction to being a foster/ adoptive family?

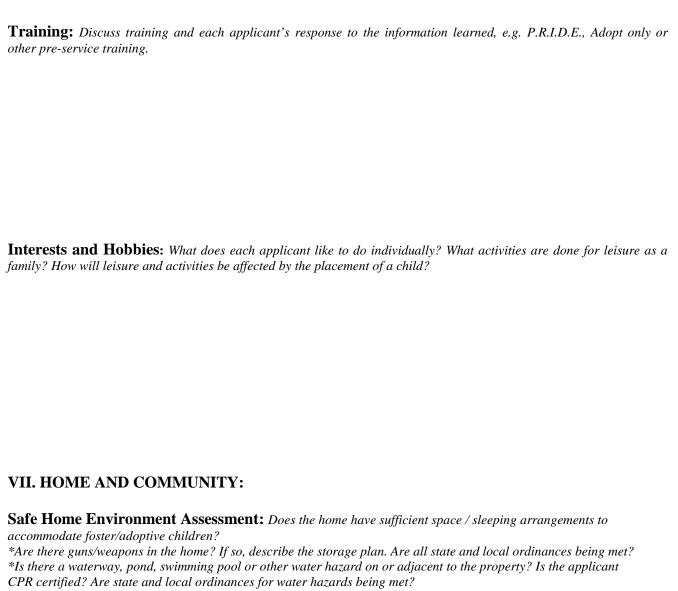
Communication: Have the applicant describe his/her communication style. How do family members express their needs?

Ability to Handle Stress and Problem Solve: What stresses you and how do you recognize you are under stress? What do you do for stress relief? How do family members handle problems and resolve crisis? How is anger expressed? How is it managed? Describe your support system.





Alcohol / Tobacco Use and Substance Use: If alcohol is consumed in the household, how do the applicants describe their use? Discuss impact of alcohol use on ability to parent, provide adequate supervision and transportation of children. 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: Has anyone in the household experienced depression, anxiety or any other mental health issues? Has anyone in the household been treated for mental health concerns? What did the treatment entail
(therapy, medication, psychiatric hospitalizations).
Background Checks: Provide a summary of the background check findings, specifically discussing any problematic findings and how they were resolved.



^{*}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 applicants are addressing them.

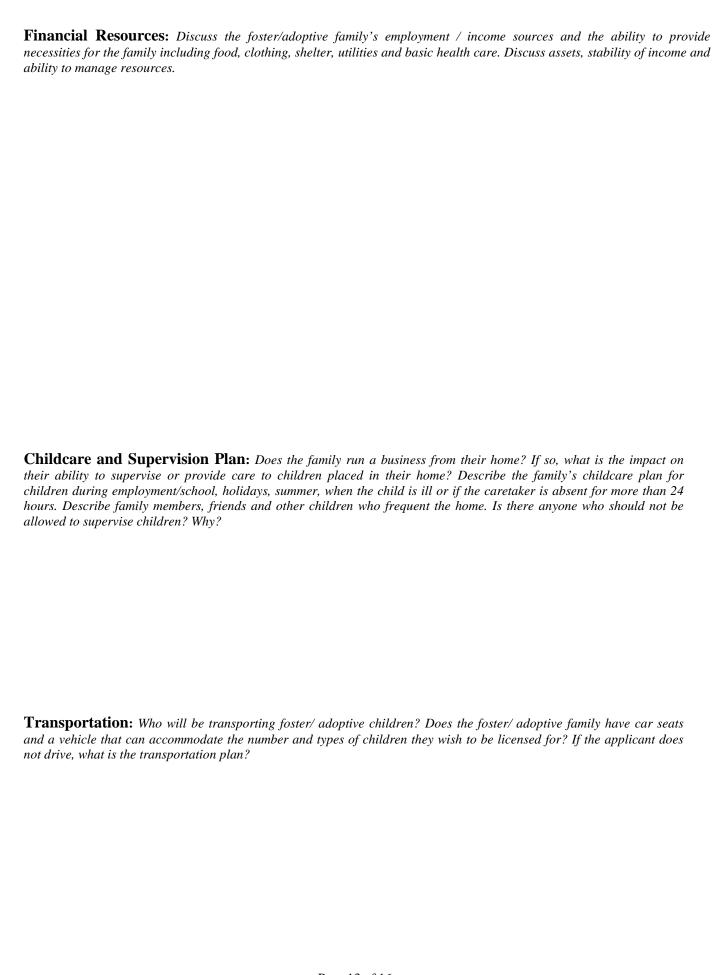
Household Pets: * All pets in the household were observed and documented as well-kept and healthy; please describe: *All household pets observed and found to be well-socialized with household members and within the family home environment; please describe: *Has any household pet shown aggression towards household members or others? Yes ☐ No If Yes, please explain:

*All household pets are up-to-date with required inoculations?

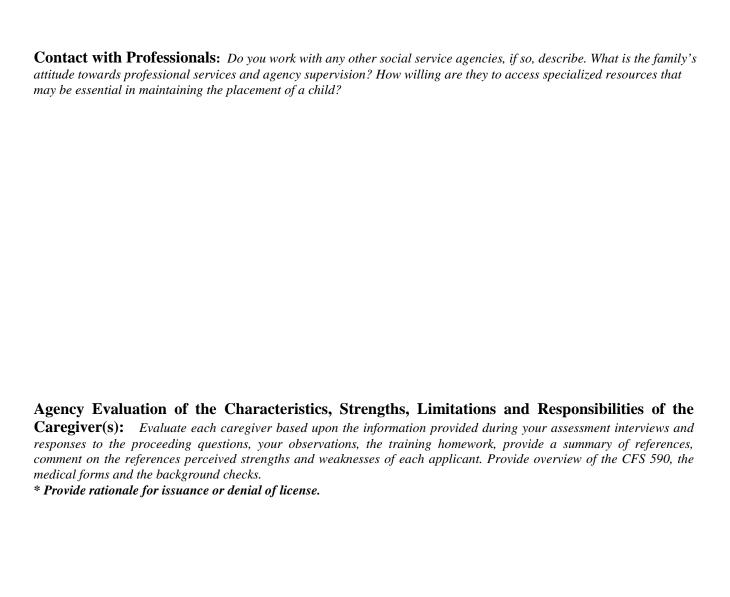
If no, please explain:

 \square No

☐ Yes







RECOMM	ENDATION:			
☐ ISSU	UE LICENSE			
☐ DEN	NY LICENSE			
Age Range	of Children		License Capacity	
Gender:	☐ Either	☐ Boys Only	☐ Girls Only	
Licensing R	epresentative Sig	nature	Date	ID#
Licensing R	epresentative Prin	nted Name		
Licensing Si	upervisor Signatu	re		ID#
Licensing 50	aper visor signatu		Date	ID#
Licensing St	upervisor Printed	Name	<u>—</u>	