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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**Foster Home Assessment** |

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| **Date:** Click or tap to enter a date. |
| **DVN:** Click or tap here to enter text. |
| **Family Name:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. |
| **Phone Number:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. |
| **Licensing Worker:** Click or tap here to enter text. |
| **Reason For Home Assessment:** |
| **(Level of Licensure being sought, why does this family want to foster/adopt? What type of child is this family is interested in-age, behaviors, etc.?)**Click or tap here to enter text. |
| **Summary of Contacts:** |
| **When:** | **Who:** | **Where/How:** |
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
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| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
| **Description of Family:** |
| **Applicant 1:** Click or tap here to enter text. |
| **Sex:** Choose an item. |
| **Identifies as:** Choose an item. |
| **DOB:** Click or tap to enter a date. |
| **Race:** Choose an item. |
| **Ethnicity:** Click or tap here to enter text. |
| **(ICWA, cultural specific identities, etc.)** |
| **Military:** Choose an item. |
| **If yes, explain:** Click or tap here to enter text. |
| **Date of retirement or discharge:** Click or tap to enter a date. |
| **Marital Status:** Choose an item. |
| **Employment Status:** Choose an item. **Begin Date:** Click or tap to enter a date. |
| **Education Status:** Choose an item. |
| **Health Exam:** Click or tap to enter a date. |
| **See form in file for more specific information. Also see below for more information.** |
| **Attitude Toward Future Children:**Click or tap here to enter text. |
| **Family Relationships/Social History:****(Social history, Extended family relationships, family background, growing-up, etc.)**Click or tap here to enter text. |
| **Traditions/Hobbies/Lifestyle:**Click or tap here to enter text. |

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| **Applicant 2:** Click or tap here to enter text. |
| **Sex:** Choose an item. |
| **Identifies as:** Choose an item. |
| **DOB:** Click or tap to enter a date. |
| **Race:** Choose an item. |
| **Ethnicity:** Click or tap here to enter text. |
| **(ICWA, cultural specific identities, etc.)** |
| **Military:** Choose an item. |
| **If yes, explain:** Click or tap here to enter text. |
| **Date of retirement or discharge:** Click or tap to enter a date. |
| **Marital Status:** Choose an item. |
| **Employment Status:** Choose an item. **Begin Date:** Click or tap to enter a date. |
| **Education Status:** Choose an item. |
| **Health Exam:** Click or tap to enter a date. |
| **See form in file for more specific information. Also see below for more information.** |
| **Attitude Toward Future Children:**Click or tap here to enter text. |
| **Family Relationships/Social History:****(Social history, Extended family relationships, family background, growing-up, etc.)**Click or tap here to enter text. |
| **Traditions/Hobbies/Lifestyle:**Click or tap here to enter text. |

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| **Household Information:** |
| **Other Household Members:** |
| **Name:** Click or tap here to enter text. |
| **Sex:** Choose an item. |
| **DOB:** Click or tap to enter a date. |
| **Health Exam:** Click or tap to enter a date. |
| **See form in file for more specific information.** |

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| **Name:** Click or tap here to enter text. |
| **Sex:** Choose an item. |
| **DOB:** Click or tap to enter a date. |
| **Health Exam:** Click or tap to enter a date. |
| **See form in file for more specific information.** |

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| **Name:** Click or tap here to enter text. |
| **Sex:** Choose an item. |
| **DOB:** Click or tap to enter a date. |
| **Health Exam:** Click or tap to enter a date. |
| **See form in file for more specific information.** |

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| **Present Relationship/s:** |
| **(Current spouse/partner, current children, etc.)**Click or tap here to enter text. |

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| **Education Practices/Beliefs:** Click or tap here to enter text. |
| **Religious Practices/Beliefs:** Click or tap here to enter text. |
| **Household Pets:** Choose an item. |
| **If yes, explain:** Click or tap here to enter text. |
| **Parenting Styles/Discipline Methods:**Click or tap here to enter text. |
| **Date the Resource Parent Discipline Form (CD-119) was discussed:** Click or tap to enter a date. |
| **Resource parents understand they are to follow Missouri 13 CSR 35-60.050 (5) (2006), Foster Home Licensing Regulations, Care of Children, Discipline and understand they shall not use corporal punishment, verbal abuse, abuse, neglect, foster youth disciplining other foster youth, and no depriving of family visits/letters/etc.** [ ] **Yes** [ ] **No** |
| **Is childcare being utilized?** [ ] **Yes** [ ] **No** |
| **If yes, where?** Click or tap here to enter text. |

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| **Financial Status:** |
| **Income per month:** Choose an item. |
| **Expenses per month:** Choose an item. |
| **Overall Money Management:**Click or tap here to enter text. |

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| **The worker has explained to the resource parent(s) how to receive monthly maintenance payments, clothing allowance/reimbursement, and mileage reimbursement. The resource parent(s) understand that the financial assistance paid to them through the Children’s Division is to reimburse expenses for the foster child’s daily living needs such as food, clothing, shelter, school supplies, and personal incidentals. Financial assistance received from the Division should not be used to reimburse the child’s out-of-the ordinary expenses or the resource parent(s)’ personal expenses. Any financial assistance received from the Division that is not needed for the child’s daily living needs should be conserved to meet the child’s future daily needs.** |

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| **Health Practices:** |
| **(History of health problems, hospitalizations, treatments?**Click or tap here to enter text. |
| **If yes, how does the family cope and compensate?**Click or tap here to enter text. |
| **If yes, which household members and what for? Overall health practices, etc)**Click or tap here to enter text. |
| **Does any household member smoke?** [ ] **Yes** [ ] **No** |
| **If yes, where will the smoking location be? What will transportation look like in regards to smoking? What guidance will be given when youth begin to ask about smoking? Etc.**Click or tap here to enter text. |
| **Secondhand Smoke Exposure Training:** Click or tap to enter a date. |
| **Notification of Hazards CD-101 Discussed:** Click or tap to enter a date. |

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| **Home and Environment:** |
| **Date of Final Walkthrough:** Click or tap to enter a date. |
| **Number of Bedrooms:** Click or tap here to enter text. |
| **Number of Bathrooms:** Click or tap here to enter text. |
| **Total Rooms:** Click or tap here to enter text. |
| **Descriptions Of Home:**Click or tap here to enter text. |

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| **Safety Of Home:** |
| **Are there surveillance cameras in the home?**[ ] **Yes** [ ] **No** |
| **If yes, are the cameras in areas that do not violate the privacy of children?**[ ] **Yes Date of confirmation:** Click or tap to enter a date. |

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| **Is there a swimming pool?**[ ] **Yes** [ ] **No** |
| **If yes, is there a barrier on all sides, safety device (lock), life saving devices, working pump/filters, cover on hot tubs, etc.**[ ] **Yes Date of confirmation:** Click or tap to enter a date. |

**Notes:** Click or tap here to enter text.

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| **Are there medications in the home?**[ ] **Yes** [ ] **No** |
| **If yes, are the medications inaccessible to children?**[ ] **Yes** [ ] **No** |
| **If yes, where?**Click or tap here to enter text. |
| **If no, what safety precautions are being taken to ensure the medications are not accessible to the child/ren?** Click or tap here to enter text. |
| **Are there firearms/ammunition in the home?**[ ] **Yes** [ ] **No** |
| **If yes, are the firearms/ammunition stored in a locked area or cabinet/device using keys or other locking mechanism so as to be inaccessible to children?**[ ] **Yes** [ ] **No** |
| **If yes, where?**Click or tap here to enter text. |
| **Are there poisonous liquids/materials in the home?**[ ] **Yes** [ ] **No** |
| **If yes, are the poisonous liquids/materials inaccessible to children?**[ ] **Yes** [ ] **No** |
| **If yes, where?**Click or tap here to enter text. |
| **If no, what safety precautions are being taken to ensure the poisonous liquids/materials are not accessible to the child/ren?** Click or tap here to enter text. |

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| **Evaluation of home (cleanliness, safety, evacuation plan, sleeping arrangements, smoke detectors, carbon monoxide detectors, fire extinguisher, heating appliances, fireplaces, etc.:**Click or tap here to enter text. |

**Transportation:**

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| **Vehicle** | **Is vehicle registered? If no, why not?** |
| **Vehicle 1** | Click or tap here to enter text. |
| **Vehicle 2** | Click or tap here to enter text. |
| **Vehicle 3** | Click or tap here to enter text. |
| **Vehicle 4** | Click or tap here to enter text. |

(Vehicles do not have to be described, can utilize vehicle 1, 2, 3… in the above table)

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| **The resource parents understand they shall provide proper insurance coverage if foster children are transported in a private vehicle?**[ ] **Yes** [ ] **No** |
| **The resource parents understand all children shall be secured in the car by car seats or seat belts as required by law?**[ ] **Yes** [ ] **No** |
| **The resource provider shall cooperate with the agency in providing transportation as indicated by the individual needs of the foster child/ren?**[ ] **Yes** [ ] **No** |
| **Does the family have car seats?**[ ] **Yes** [ ] **No** |
| **If no, what is the family’s plans to obtain car seats when needed?**Click or tap here to enter text. |
| **Will the family provide transportation for the child/ren as indicated by their needs including but not limited to, medical/dental appointments, education, extra curricular activities, visits with birth families, etc?** [ ] **Yes Date of confirmation:** Click or tap to enter a date. |

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| **Attitudes Toward Fostering:**Click or tap here to enter text. |
| **Attitudes Toward Birth Parents/Reunification/Extended Bio Family:**Click or tap here to enter text. |
| **Family understands once licensed they will be subject to quarterly home visits by licensing worker, as well as monthly home visits by child/children’s Children’s Division case worker.** [ ] **Yes** [ ] **No** |

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| **The Following Forms Were Signed:**  |
| **Handbook Acknowledgement Form** | Click or tap to enter a date. |

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| **The Following Forms/Items Were Discussed:** |
| **Safe Sleep Practices** | Click or tap to enter a date. |
| **Resource Provider HIPAA** | Click or tap to enter a date. |
| **Notification of Hazards** | Click or tap to enter a date. |
| **Foster Parent Bill of Rights and Responsibilities** | Click or tap to enter a date. |
| **Foster Care Bill of Rights** | Click or tap to enter a date. |

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| **The Following Documents Were Viewed:** |
| **Social Security Cards** | Click or tap to enter a date. |
| **Driver’s License** | Click or tap to enter a date. |
| **Marriage Certificate** | Click or tap to enter a date. |

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| **Required Competencies:****How is the family meeting the below Competencies?** |

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| **Understanding Trauma and Trauma Informed Parenting****Strengths**Click or tap here to enter text.**Needs**Click or tap here to enter text. |

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| **Supporting Families and Maintaining Children’s Connections****Strengths**Click or tap here to enter text.**Needs**Click or tap here to enter text. |
| **Understanding the Child Welfare System and the Social, Emotional, and Physical Impact it Has on Children and Families****Strengths**Click or tap here to enter text.**Needs**Click or tap here to enter text. |
| **Understanding the Importance of Cultural Identity in Foster Care and Adoption****Strengths**Click or tap here to enter text.**Needs**Click or tap here to enter text.**Understanding Children’s Mental Health Issues and How Substance Use Can Impact Children****Strengths**Click or tap here to enter text.**Needs**Click or tap here to enter text. |

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| **Training:** |
| **Required Pre-Service Training** | Click or tap to enter a date. |
| **Psychotropic Medication Management** | Click or tap to enter a date. |
| **Informed Consent** | Click or tap to enter a date. |
| **Protecting Youth From Secondhand Smoke** | Click or tap to enter a date. |
| **Reasonable Prudent Parenting** | Click or tap to enter a date. |
| **HIPAA** | Click or tap to enter a date. |
| **CPR/First Aid** | Click or tap to enter a date. |

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| **Summary of References:****Background:**  |
| **Fingerprints** |
| **Household Member** | **Date** | **Results** |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |

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| **Child Abuse/Neglect** |
| **Household Member** | **Date** | **Results** |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |

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| **CaseNet** |
| **Household Member** | **Date** | **Results** |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |

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| **Sex Offender** |
| **Household Member** | **Date** | **Results** |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| **Address** | **Date** | **Results** |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |

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| **FCSR** |
| **Household Member** | **Date** | **Results** |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |

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| **Adam Walsh (Out of State Child Abuse/Neglect)** |
| **Household Member** | **Date** | **Results** |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. |

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| **Personal References:** |

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| **Individual**Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Comments**Click or tap here to enter text. |

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| **Individual**Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Comments**Click or tap here to enter text. |

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| **Individual**Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Comments**Click or tap here to enter text. |

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| **Employment References:** |

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| **Individual**Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Comments**Click or tap here to enter text. |

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| **Individual**Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Comments**Click or tap here to enter text. |

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| **Individual**Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Comments**Click or tap here to enter text. |

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| **School References:** |

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| **Individual**Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Comments**Click or tap here to enter text. |

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| **Individual**Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Comments**Click or tap here to enter text. |

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| **Individual**Click or tap here to enter text. | **Date**Click or tap to enter a date. |
| **Comments**Click or tap here to enter text. |

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| **Evaluation:**Click or tap here to enter text. |

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| **Recommendation:**Click or tap here to enter text. |
| **This family is** [ ] **Approved** [ ] **Not Approved** |
| **The dates of licensure will be from** Click or tap to enter a date. **to** Click or tap to enter a date. |

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| **Signatures:** |
|  |  | Click or tap to enter a date. |
| **Applicant 1** |  | **Date** |
|  |  | Click or tap to enter a date. |
| **Applicant 2** |  | **Date** |
|  |  | Click or tap to enter a date. |
| **Home Assessor** |  | **Date** |
|  |  | Click or tap to enter a date. |
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This home assessment is written for the primary purpose of public foster care and/or adoption via the Missouri Department of Social Services, Children’s Division and is property of the Children’s Division.  The assessment is considered a closed record pursuant to Chapter 610 RSMo and may only be released or utilized beyond its intended purpose upon written approval from the Children’s Division and upon showing that such use or disclosure complies with the requirements set forth in section 210.498 RSMo.”