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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**Renewal 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. |
| **Summary of Contacts:** |
| **When:** | **Who:** | **Where/How:** |
| 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. |
| **Summary of Stable Placements:** (Placements longer than 30 days) |
| **Child Initials:** Click or tap here to enter text. |
| **Date of Placement:** | **Date of Departure:** | **Type of Placement:** |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| **Strengths and Weaknesses with this Child and Child’s Family:**Click or tap here to enter text. |

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| **Summary of Emergency Placements:** (Brief description of placements less than 30 days)Click or tap here to enter text. |
| **Changes of Family Since Last License Issuance:** |
| **Applicant 1:** Click or tap here to enter text. |
| **Military:** Choose an item. |
| **If this is a change, explain:** Click or tap here to enter text. |
| **Marital Status:** Choose an item. |
| **If this is a change, explain:** Click or tap here to enter text. |
| **Employment Status:** Choose an item. |
| **If this is a change, explain:** Click or tap here to enter text. |
| **Education Status:** Choose an item. |
| **If this is a change, explain:** Click or tap here to enter text. |
| **Health Exam:** Click or tap to enter a date.**See form in file for more specific information.**  |
| **Any major changes in health?**  |
| **If yes, explain:** Click or tap here to enter text. |

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| **Applicant 2:** Click or tap here to enter text. |
| **Military:** Choose an item. |
| **If this is a change, explain:** Click or tap here to enter text. |
| **Marital Status:** Choose an item. |
| **If this is a change, explain:** Click or tap here to enter text. |
| **Employment Status:** Choose an item. |
| **If this is a change, explain:** Click or tap here to enter text. |
| **Education Status:** Choose an item. |
| **If this is a change, explain:** Click or tap here to enter text. |
| **Health Exam:** Click or tap to enter a date.**See form in file for more specific information.**  |
| **Any major changes in health?**  |
| **If yes, explain:** Click or tap here to enter text. |

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| **Health of Biological Children in the Home****Health Exam:** Click or tap to enter a date.**See form in file for more specific information.** **Health Exam:** Click or tap to enter a date.**See form in file for more specific information.** **Health Exam:** Click or tap to enter a date.**See form in file for more specific information.** **Changes of Family Composition:**Click or tap here to enter text. |

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| **Changes in Household Children’s Behavior:**Click or tap here to enter text. |

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| **Changes in Home Address/Home Structure:**Click or tap here to enter text. |

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| **Date of Most Recent Walkthrough:** Click or tap to enter a date. |

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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. |

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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. |

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| **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. |

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| **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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| **The Following Forms/Items Were Discussed:** | **Date** |
| **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. |
| **Resource Parent Discipline Form** | 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:** | **Date** |
| **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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| **Training:** | **Date** |
| **Reasonable Prudent Parenting** | Click or tap to enter a date. |
| **CPR/First Aid** | Click or tap to enter a date. |
| **Psych Med Training Annual 2020 (V170)** | Click or tap to enter a date. |
| **Psych Med Training Annual 2021 (A170)** | Click or tap to enter a date. |
| **Psych Med Training Annual 2022 (B170)** | Click or tap to enter a date. |
| **Psych Med Training Annual 2023 (C170)** | Click or tap to enter a date. |
| **Psych Med Training Annual 2024 (D170)** | Click or tap to enter a date. |
| **Psych Med Training Annual 2025 (E170)** | Click or tap to enter a date. |
| **Other Training Hours:** |
| **Name of Training:** | **Date:** |
| Click or tap here to enter text. | Click or tap to enter a date. |
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| Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. |
| **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. |
| **School References:** |
| **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 of 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. |

**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. |
| **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. |
| **Supervisor** |  | **Date** |

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.”