



Name \_\_\_\_\_

License # \_\_\_\_\_

**CONTINUED RECOMMENDATION FOR USE BY CPA**  
(Complete at Annual Reassessment)

FOSTER PARENT(S) NAME(S)  
\_\_\_\_\_

**INSTRUCTIONS:** The CPA social worker is to complete a written narrative social study of the foster home, including a walkthrough and complete this survey form to be in compliance with K.A.R. 28-4-175(c).

The foster parent(s) are willing to consider children with the following conditions or behaviors and agree with the licensing social worker's recommendation for use:

**I. Conditions Requiring Special Care which the licensees are willing to consider have changed since the last assessment:**

YES  NO

If the answer is 'Yes', please specify the changes  
\_\_\_\_\_  
\_\_\_\_\_

**III. Special Considerations which the licensees have willing to consider are changed since the last assessment:**

YES  NO

If the answer is 'Yes', please specify the changes  
\_\_\_\_\_  
\_\_\_\_\_

**II. Behavior Patterns which the licensees are willing to consider have changed since the last assessment:**

YES  NO

If the answer is 'Yes', please specify the changes  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Information previously reported about the household have changed since the last assessment:**  YES  NO

If the answer is 'Yes', please specify the changes\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Recommendations for use:**

A. Number of Children \_\_\_\_\_

B. Age Range \_\_\_\_\_ to \_\_\_\_\_

C. Sex:  M  F

**D. Type of Placements (check all that apply)**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Pre-adoption   | <input type="checkbox"/> Specific Child(ren) Only | <input type="checkbox"/> Emergency/temporary care | <input type="checkbox"/> Respite care      |
| <input type="checkbox"/> Maternity care | <input type="checkbox"/> Mother and child         | <input type="checkbox"/> Therapeutic              | <input type="checkbox"/> Sibling group     |
| <input type="checkbox"/> ICPC           | <input type="checkbox"/> Child in Need of Care    | <input type="checkbox"/> Juvenile Offender        | <input type="checkbox"/> Private placement |

**VI.**

A. List changes in the family since last assessment and how this has impacted the family members and foster children\*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have there been concerns or complaints regarding either care of children in this home or regulatory violations? (If yes, please explain how they are resolved. Attach separate page if 1 needed.)  
\_\_\_\_\_  
\_\_\_\_\_

\*If a child was born to or adopted by a licensee, insure capacity of home is still in compliance with K.A.R. 28-4-801 (a) (i)

Name \_\_\_\_\_

License # \_\_\_\_\_

C. We recommend renewal of this Family Foster Home License and intend to continue sponsorship.  YES  NO

D. Complete placement data below:

| LIST ALL CHILDREN IN PLACEMENT SINCE LAST APPLICATION INCLUDING RELATED CHILDREN: | SEX | DATE OF BIRTH | AGE | DATE PLACED | DATE LEFT | REASON FOR LEAVING | CHILD PLACING AGENCY |
|---|-----|---------------|-----|-------------|-----------|--------------------|----------------------|
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |
|   |     |               |     |             |           |                    |                      |

VII. I completed a written family reassessment of this foster home on \_\_\_\_\_ (date). A copy of the reassessment narrative is on file at the child placing agency office. The Recommendations for Use contained in this form are based on this written assessment and have been reviewed with foster parents. The report of the annual walkthrough survey accompanies this recommendation.

\_\_\_\_\_  
Applicant/Licensee Signature                      Date

\_\_\_\_\_  
Applicant/Licensee Signature                      Date

\_\_\_\_\_  
Signature of Child Placing Agency Social Worker                      Date