

Kansas ICPC Home Study Guideline

Placement For: Child(ren's) Names

Placement Resource: Name/Address

Completed by:

Name of Worker/Agency
Address & Telephone

Referring Worker From Other State:

(Name of Agency)

Date Completed:

Type of Placement Requested:

Basis for Home Study:

Why does Sending State want to consider this family:

What is the relationship, if any, to the child:

What is their understanding of the reason the child is in the custody of the other state:

What special needs do the child(ren) have:

If relative, are there any limitations placed on contact with parents:

Motivation to care for Specific Child:

Specific Needs of the child:

Education, Medical, Special Education, Emotional, other:

Describe resources available to meet these needs:

Social History

Description of All Household Members:

List all members of the household, age, sex, relationship to placement resource:

Describe relationship of current household members:

Describe how each family member feels about the placement of an additional child in the family:

Impact on the family, sharing rooms, parent's time, etc:

Describe each child in the family:

Describe any special needs of household members: therapy, medical, prior relationship with DCF

(If there are medical concerns, obtain a release of information, and request medical records from physician)

Marital Status:

Describe length and stability of relationship:

If shared living (unmarried) who will have primary child care responsibility:

Number of marriages:

Parenting Ability:

Describe parenting experience in general:

Describe strengths and needs in ability to parent specific child(ren):

Describe discipline practices:

Support of Extended Family Member/Community:

To what extent do extended family members support this placement:

Describe community resources available to assist family meet the child's needs:

Educational Needs of Child:

Describe specific needs of child to be placed and available resources:

Child Care Plans:

Describe child care plans for pre-school children:

Describe supervision before and after school, if applicable:

Physical Characteristics of the Home:

Describe the home. (number of rooms, number of bedrooms, care and maintenance of the home). If child to be placed will need to share a room with a child already in the home, are there any concerns by the parents or the child having to share space:

Employment History:

Describe employment history of each adult household member:

Describe basis for job changes if frequent in nature:

Finances and Monthly Expenses:

Provide monthly income and budget:

Can family (household) adequately meet their monthly expenses:

Foster Care Payment:

If sending state has not requested foster care licensure, determine if family needs or desires to receive foster care payments from the sending state. If so, notify your ICPC Specialist ASAP in order that the sending state can be advised to submit new 100A for foster care. **Does family want FC payment?** _____ **YES***

NO

*If yes, you must provide current foster care rate plus any provider costs equaling the total dollar amount expected from the sending state should child/ren be placed. →	\$ _____ per _____ (current foster care rate) Plus \$ _____ per _____ (all costs / administrative fees) TOTAL \$ _____
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Understanding of resources available to assist them in caring for the child:

What is their understanding of assistance available from the sending state:

If a non-parent relative, are they expected to apply for TANF and Medicaid:

Licensure or approval is required if the sending state plans to make a foster care payment. **Does not apply to parental placements.** Does the family understand this: _____ YES _____ NO

References: Include three references: Two should be non-relatives, i.e. employer, neighbor, etc.

Have you received all references required? _____ YES _____ NO

If YES, were all positive? _____ YES _____ NO

If NO, explain:

Required Background Checks: Please complete the Background Checks Section for each applicable household member.

Has everyone in the home, age 10 and over, signed the Declaration of No Prohibitive Offenses?

_____ YES _____ NO

BACKGROUND CHECKS:

(Complete this Section for each applicable household member, adding additional page for each person.)

Name of household member:		DOB:	
Type of home study (referral):	<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption		

SELECT Home Study type below and complete requirements in the row:	1. Child A/N Central Registry	2. Out of State A/N Registry Check- If resided outside of Ks. within the last 5 years a check is required for each state.	3. KBI Background	4. FBI Fingerprint	5. Name Based FBI Checks- If fingerprints could not be obtained per licensing policy, e.g. after fingerprints are rejected by the KBI twice, the results of a name-based search by the FBI will be accepted.
<input type="checkbox"/> A. Parent(s):	Required	Required	*Case-by-case basis if determined necessary	*Case-by-case basis if determined necessary	If fingerprints could not be obtained.
<input type="checkbox"/> B. Other Adults living in parent home:	Required	Required	Required	Required	If fingerprints could not be obtained.
<input type="checkbox"/> C. Relative-unlicensed all adults living in the home	Required	Required	Required	Required	If fingerprints could not be obtained.
<input type="checkbox"/> D. Foster Family all adults living in the home	Required	Required	Required	Required	If fingerprints could not be obtained.
<input type="checkbox"/> E. Children age 10 and over excluding foster children	Required	Not required	Required	Not required	Not required
<input type="checkbox"/> F. Public or Private/Independent Adoptive Parent(s) only	Required	Required	Required	Required	If fingerprints could not be obtained.
Date Completed:					
*Results:	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet

***Results-** “Meets” means it meets Kansas Criteria for Approval which is when there were no prohibitive offenses, or an exception was granted. The FBI prohibits sharing background check results across state lines. If detailed information regarding criminal history is needed, it is recommended the Sending State consider conducting a name-based FBI check.

Note: Prohibitive Offenses Exceptions: If there are any prohibitive offenses for which DCF has given an exception, a letter from the DCF Regional Program Administrator must be sent as a separate attachment, documenting the rationale for the exception.

Summary and Recommendation: Provide a strengths/needs summary of the resource family and their ability to parent the referred child/children. Concerns should be addressed. If you feel the resource can parent the child/children with specific services, list those services so the referring state can decide if they want to purchase, if required. A specific recommendation and decision for placement for this child/these children, with this resource, at this time, shall be made.

For Home Studies Not Completed by a DCF Social Worker: If a non-DCF employee completed this home study, the DCF social worker and supervisor shall provide a written placement recommendation.

Social Worker Signature

Date

Supervisor Signature

Date

***The depth** of any one of these sections will be determined by the basis for referral and the specific needs of the child and resource family.*

