

Proposed Placement with Relative

Initial placement <input type="checkbox"/>	Planned placement <input type="checkbox"/>	Expedited placement <input type="checkbox"/>	Exception for CAN/criminal charges <input type="checkbox"/>
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SECTION I: CHILD

Child's Name: _____ Child's DOB: _____ FACTS Case #: _____
CWCMP Case
Manager: _____ Phone: _____ Email: _____
Monitoring/Liaison
worker: _____ Phone: _____ Email: _____

SECTION II: CAREGIVERS

Name of Proposed Caregiver: _____
Last First Middle Initial

Address: _____
 Home Home
Phone: _____ Work Phone: _____ Work

Date of Birth: _____ Social Security No.: _____

Relationship to Child: _____
Race: American Indian Asian African American Caucasian Native Hawaiian/Pacific Islander
 Declined
Ethnicity: Central or South American Cuban Mexican Other Spanish Cultural Origin Puerto Rican
 Not Hispanic/Latino Declined

Name of Proposed Caregiver : _____
Last First Middle Initial

Address: _____
 Home Home
Phone: _____ Work Phone : _____ Work

Date of Birth: _____ Social Security No.:

Relationship to Child: _____
Race: American Indian Asian African American Caucasian Native Hawaiian/Pacific Islander
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Ethnicity: Central or South American Cuban Mexican Other Spanish Cultural Origin Puerto Rican
 Not Hispanic/Latino Declined

Other Adults in the Household: _____

Other Children in the Household: _____

Section III: SAFETY INFORMATION

Have all adults in the household signed the Declaration of No Prohibited Offenses Form? Yes No

Have KBI checks been submitted? Yes No

Have cleared KBI checks been received? Yes No

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Have CANIS checks been submitted and cleared checks received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have fingerprint checks been submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have cleared fingerprint checks been received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No is indicated on any of the above questions, explain:		
SECTION IV: EXCEPTION REQUESTS (if needed)		
For prohibited crimes provide: month/year of conviction; how crime was discovered; type of sentence, fine, probation, etc.; treatment results, summary of circumstances; steps taken toward expungement.		
For child abuse/neglect confirmation/validation/substantiation (See Appendix XX, DCF Case Finding History): month/year of confirmation/validation/substantiation; how abuse was discovered; type of abuse; services/treatment; summary of circumstances; steps taken toward expungement.		
Reason why it is in the child's best interest to be placed with this family:		

Section V: Home Environment

Question	Yes	No	NA
1. Is home clean, free of safety hazard and in good repair?			
2. Is plumbing in working order?			
3. Is there sanitary garbage storage and disposal?			
4. Are porches, rails and steps safe?			
5. Are windows and doors screened as needed?			
6. If there is a child under 3, are electrical outlets covered?			
7. Do closets and bathroom doors open from both sides, locked or unlocked?			
8. Are heating appliances vented, guarded, and the surrounding area free of obstructions?			
9. Do mobile homes have 2 exits remote from each other?			
10. Is the mobile home skirted and anchored?			
11. Are there smoke detectors on each level?			
12. Is there a carbon monoxide detector present in the home?			
13. Are appliances in working order?			
14. Is there safe storage for medications, poisons, sharp instruments, guns and ammunition?			
15. Is the outdoor play space free of hazards and fenced if necessary?			

16. Are swimming pools or other bodies of water safe?			
17. Are sleeping arrangements appropriate and adequate to meet the needs of all household members?			
For any questions marked no, provide an explanation about how the safety of the child will be assured:			

**Section VI:
SIGNATURES**

Case Manager: _____ Date: _____

Supervisor: _____ Date: _____

Approved by: _____ Date: _____

Title: _____

Attachments (NA for initial placement/disruption from relative)

- Release of Information*
- PPS 4145 Relative Home Study*
- Results of Background Checks*

