

Relative Home Study

Check one the following:

Date completed: _____

- Relative Placement With Foster Care Payment
- Relative Placement Without Foster Care Payment
- Age 16 Or Older With Foster Care Payment
- Age 16 Or Older Without Foster Care Payment

Child(ren) for whom homestudy is being completed:

Child _____	DOB: _____
Child: _____	DOB: _____
Child: _____	DOB: _____
Child: _____	DOB: _____

Conducted By:

CWCMP Licensed Professional: _____
CWCMP Office: _____
Telephone and Extension: _____
Supervisor: _____

Home Information:

Address: _____

Phone Number: _____

Name(s) of Relatives/Caregivers:

1. Name: _____ D.O.B.: _____ SS#: _____
Relationship to the Child: _____
2. Name: _____ D.O.B.: _____ SS#: _____
Relationship to the Child: _____

Children Living in the Home (under 18):

1. Name: _____ D.O.B.: _____ SS#: _____
Relationship to the Caregiver: _____
2. Name: _____ D.O.B.: _____ SS#: _____
Relationship to the Caregiver: _____
3. Name: _____ D.O.B.: _____ SS#: _____
Relationship to the Caregiver: _____
4. Name: _____ D.O.B.: _____ SS#: _____
Relationship to the Caregiver: _____

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Other Adult(s), 18 and Older in Home:

1. Name: _____	D.O.B.: _____	SS#: _____
Relationship to the Caregiver: _____		
2. Name: _____	D.O.B.: _____	SS#: _____
Relationship to the Caregiver: _____		
3. Name: _____	D.O.B.: _____	SS#: _____
Relationship to the Caregiver: _____		
4. Name: _____	D.O.B.: _____	SS#: _____
Relationship to the Caregiver: _____		

If there are others who spend extended periods of time in the home, explain who they are, and the frequency, duration and reason they are there.

Description of all household members and relationships:

Description of how each family member feels about the placement of the child with the family:

What is the family's understanding of the reason the child is in the custody of the Secretary:

Explain the family's level of motivation to work with the mother/maternal family, father/paternal family, DCF/CWCMP to meet the needs of the child:

Describe the family's ability to meet the child's everyday needs, including safety, food, housing, transportation, education, and medical care:

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Describe the relatives' employment history in the past 5 years:

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Relative's Current Employment (Caregiver 1):

Name of Employer:		Occupation:			
Address:					
City:		State:		Zip:	
Phone Number:		Length of Employment:			
Work Schedule:					

Relative's Current Employment (Caregiver 2):

Name of Employer:		Occupation:			
Address:					
City:		State:		Zip:	
Phone Number:		Length of Employment:			
Work Schedule:					

Other sources of income (Complete and attach budget for the household).

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Describe any special needs of household members such as mental health, physical health, and medications prescribed. (If there are concerns, obtain a release of information and request records for further assessment):

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

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Describe the family's plans for school, before and after school care, or childcare:

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Marriage/Relationship History and Status of Relatives/Caregivers:

Support of Extended Family/Community:

Parenting Ability and Methods of Discipline:

Check here if caregiver(s) have signed the KDHE Discipline Policy.

Describe the family's emergency preparedness:

Was the relative given the choice of receiving TAF payment or becoming approved to receive a foster care payment? Yes No

What is the family's understanding of the assistance available from the CWCMP?

Have KBI checks been received?

Yes No

If there are offenses/convictions, what explanation has been provided and how will issues be addressed?

Have FBI checks been received?

Yes No

If there are offenses/convictions, what explanation has been provided and how will issues be addressed?

Have CANIS checks been received?

Yes No

If there are substantiations, confirmations or validations, what explanation has been provided and how will issues be addressed?

Does the family have a prior relationship with DCF? If so, what is their explanation/description of this?

Have cleared out-of-state child abuse checks been received? (If applicable)

Yes No NA

If there are substantiations, what explanation has been provided and how will issues be addressed? ?

Other Information (if applicable):

Summary and Recommendations:

Relative Home Study

If caregiver requests foster care payment, the licensing packet must be completed by the CWCMP and sent to DCF Foster Care and Residential Facility Licensing to complete the licensing process.

Licensed Professional Signature

Date

Supervisor Professional Signature

Date:

The depth of any one of the sections is to be determined by the basis for referral and the specific needs of the child and relative.

