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| **SECTION I: CHILDREN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name: | | | |  | | | | | | | | | | | DOB: | | | | |  | | | | | | | | | FACTS Case #: | | | | |  | |
| Child’s Name: | | | | |  | | | | | | | | | | | | | | DOB: | | |  | | | | | | FACTS #: | | | | |  | | |
| Child’s Name: | | | | |  | | | | | | | | | | | | | | DOB: | | |  | | | | | | FACTS #: | | | | |  | | |
| Child’s Name: | | | | |  | | | | | | | | | | | | | | DOB: | | |  | | | | | | FACTS #: | | | | |  | | |
| **Initial:  Date: \_\_\_\_\_\_\_\_ Update:  Date: \_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION II: CAREGIVERS/FAMILY MEMBERS** | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | | | |
| Name of Proposed Caregiver: | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |
|  | | | | | | | | | | | Last | | | | | | | | | | | | | First | | | | | | | Middle Initial | | | | |
| Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | | | | | | | Home  Work | | | | | Phone: | | |  | | | | | | | | | | | Home  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: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | | | | | | | Home  Work | | | | | Phone: | | |  | | | | | | | | | | | Home  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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Adults in the Household:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | DOB: | | | | | | | SSN: | | | | | | | | | | | | | | Relationship to Caregiver: | | | | | | | |
| Name: | | | | | | | DOB: | | | | | | | SSN: | | | | | | | | | | | | | | Relationship to Caregiver: | | | | | | | |
| Name: | | | | | | | DOB: | | | | | | | SSN: | | | | | | | | | | | | | | Relationship to Caregiver: | | | | | | | |
| **Other Children in the Household:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | DOB: | | | | | | | | | SSN: | | | | | | | | | Relationship to Caregiver: | | | | | | | | | | |
| Name: | | | | | | | DOB: | | | | | | | | | SSN: | | | | | | | | | Relationship to Caregiver: | | | | | | | | | | |
| Name: | | | | | | | DOB: | | | | | | | | | SSN: | | | | | | | | | Relationship to 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section III: SAFETY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have all necessary KBI checks been received? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have all necessary CANIS checks been received? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have all necessary fingerprint checks been received? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If background checks reveal crimes/validations/substantiations, explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does DCF and/or the family report having prior contact? If so, what is the explanation/description of this? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section IV:** **HOME ENVIRONMENT** (Based on Walk-Through by CWCMP) **Update:  Date: \_\_\_\_\_\_\_\_**   |  |  |  |  | | --- | --- | --- | --- | | 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: | | | | | 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. | | | | |  | | | | | **SECTION V: Employment/Income: Update:  Date: \_\_\_\_\_\_\_\_** | | | | | Relative’s Current Employment (Caregiver 1): List name of employer, occupation, length of employment, work schedule and monthly pay: | | | | |  | | | | | Relative’s Current Employment (Caregiver 2): List name of employer, occupation, length of employment, work schedule and monthly pay: | | | | |  | | | | | Other sources of income (complete and attach budget for household): | | | | |  | | | | |  | | | | | **SECTION VI: Description of Family Update:  Date: \_\_\_\_\_\_\_\_** | | | | | Description of all Household Members (Include any special needs.): | | | | |  | | | | | Relationships Among Members: | | | | |  | | | | | Parenting Styles and Strengths/Ability to Care for Child: | | | | |  | | | | | Plans for School and Childcare: | | | | |  | | | | | Support of Extended Family/Community: | | | | |  | | | | | Level of Understanding Regarding Reasons for Placement: | | | | |  | | | | | Assess the family providing placement of their level of understanding of how the triumphs and adversities experienced have influenced their present life (see PPM 5234 for more information): | | | | |  | | | | | Level of Commitment to Working with Parents and CWCMP: | | | | |  | | | | | Relative has: 1) a plan for emergencies; 2) information regarding payments; 3) information about childcare; 4) signed the DCF discipline policy:  Yes  No | | | | |  | | | | | **Section VII Recommendations: Update:  Date: \_\_\_\_\_\_\_\_** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section VIII: SIGNATURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Worker Completing Form: | | | | | | | | |  | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | |
| Supervisor: | | | | | | | | |  | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | |
| Approved by: | | | | | | | | |  | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | |
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