|  |
| --- |
| **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.       |
|       |
| **Section III: SAFETY INFORMATION**  |
|  |
| 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?  |
|       |
| **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** |
|  |  |  |  |
| Worker Completing Form:  |       | Date: |       |
| Supervisor: |       | Date: |       |
| Approved by: |       | Date: |       |
| Title: |       |  |  |

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