

Relative Placement Assessment

SECTION I: CHILDREN

Child's Name: _____ DOB: _____ FACTS Case #: _____

Child's Name: _____ DOB: _____ FACTS #: _____

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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

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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:

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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 <input type="checkbox"/>	No <input type="checkbox"/>
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Have all necessary CANIS checks been received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have all necessary fingerprint checks been received?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If background checks reveal crimes/validations/substantiations, explain:
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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:
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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.

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:

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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 <input type="checkbox"/> No <input type="checkbox"/>
Section VII Recommendations: Update: <input type="checkbox"/> Date: _____

Section VIII: SIGNATURES

Worker Completing Form: _____ Date: _____

Supervisor: _____ Date: _____

Approved by: _____ Date: _____

Title: _____

