Kansas
Department for Children and Families

ICPC Home Study

Placement for:	
Completed By:	**Date Completed:**
Referring Worker from Sending State:	
Type of Placement Requested: ☐ Foster Care ☐ Relative ☐ Parent ☐ Adoption	**Type of Home Study:** ☐ Initial Home Study ☐ Updated Home Study
Date(s) resource home was observed:	

RESOURCE INFORMATION

Resource Name:	
Street Address:	
City, State, Zip Code:	**Phone:**

DEMOGRAPHICS (Identify All Household Members)

Resource #1 Name:	
Date of Birth:	**Relationship to Child/Children:**
Race:	**Ethnicity:**

Resource #2 Name:	
Date of Birth:	**Relationship to Child/Children:**
Race:	**Ethnicity:**

Additional Household Members:

Name:	
Date of Birth:	**Relationship to Child/Children:**
Race:	**Ethnicity:**

Name:	
Date of Birth:	**Relationship to Child/Children**
Race:	**Ethnicity:**

Basis for Home Study

Why does sending state want to consider this family:

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What is the relationship, if any, to the child:

What is the resources understanding of the reason the child is in the custody of the other state:

What special needs do the child(ren) have:

Are there any limitations placed on contact with parents:

Social History

Description of all family members:

Describe relationship of current household members:

Describe how each family member feels about the placement of an additional child in the family:

Impact on the family, sharing rooms, parent's time, etc:

Describe each child in the family:

Describe any special needs of household members: therapy, medical, prior relationship with DCF **(If there are medical concerns, obtain a release of information, and request medical records from physician)**

Any risk or safety concerns:

Protective factors to mitigate risk or safety concerns:

Marital Status

Describe length and stability of relationship:

If shared living (unmarried) who will have primary childcare responsibility:

Number of marriages:

Describe if there are children from another marriage:

If previous marriage, explain why there was a separation or divorce:

Parenting Ability

Describe parenting experience in general:

Describe strengths and needs in ability to parent specific child(ren):

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Describe discipline practices:

Any risk or safety concerns:

Protective factors to mitigate risk or safety concerns

Motivation to Care for Specific Child

Specific Needs of the Child/Children to be Placed

Education, Medical, Special Education, Emotional, other:

Describe resources available to meet these needs:

Any risk or safety concerns:

Protective factors to mitigate risk/safety concerns:

Support of Extended Family Members/Community

To what extent do extended family members support this placement:

Describe community resources available to assist family meet the child's needs:

Child Care Plans

Describe childcare plans:

Describe supervision before and after school, if applicable:

*Please note Kansas does not provide childcare after adoption.

Physical Characteristics of the Home

Describe the home. (number of rooms, number of bedrooms, care and maintenance of the home). Complete a walkthrough of the home and document the date the home was observed. If child to be placed will need to share a room with a child already in the home, are there any concerns by the parents or the child having to share space:

Any safety concerns:

Protective factors to mitigate any risk or safety concerns:

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Employment History

Describe employment history of each adult household member:

Describe basis for job changes if frequent in nature:

Motivation to Adopt and Attitudes/Beliefs about Adoption Issues:

Describe the parents' motivation to adopt, their experience or ability to parent children not born to them, their expectations of themselves and the adoptive child, and how they feel adoption will affect them, their marriage and the family.

Assess if they are prepared to meet the special challenges of adoption.

Explain their plans for the future of the adoptive child(ren) should something happen to them.

Identify the family's preferred method(s) for maintaining openness with members of an adopted child's birth family and/or other important connections. What are the placements' fears and concerns around openness in the adoption experience? What efforts will the family make to assist their adopted child in maintaining important connections and attachments?

Finances and Monthly Expenses

Provide monthly income and budget:

Can family (household) adequately meet their monthly expenses:

Understanding of resources available to assist them in caring for the child:

What is their understanding of the resources available from the sending state:

If a non-parent relative, are they expected to apply for TANF and Medicaid:

Foster Care Payment:

Licensure or approval is required if the sending state plans to make a foster care payment. **Does not apply to parental placements.** Does the family understand this? ☐ YES ☐ NO

Does family want to receive a foster care payment? ☐ YES ☐ NO

If sending state has not requested foster care licensure, determine if the family needs or desires to receive foster care payment from the sending state. If so, notify the ICPC specialist ASAP, as the sending state will need to submit a new 100A requesting foster care licensure.

References

Include three references: Two should be non-relatives, i.e. employer, neighbor, etc.

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Have you received all references required? ☐ YES ☐ NO

If YES, were all positive? ☐ YES ☐ NO

If NO, explain:

Risk/Safety

Background Check Results

SELECT Home Study type below and complete requirements in the row:	**Child A/N Central Registry**	**Out of State A/N Registry Check-** *If resided outside of KS within the last 5 years a check is required for each state. applies to adults only	**KBI Background**	**FBI Fingerprint**	**Name Based FBI Checks-** If fingerprints cannot be obtained per licensing policy, e.g. after fingerprints are rejected by KBI twice, results of a name-based search by the FBI will be accepted.
Parent	Required on All adults and children 10 and over	*See Above	Case by case basis if determined necessary. Required on all other adults and children 10 and over	Case by case basis if determined necessary. Required on all other adults in the home.	If fingerprints could not be obtained.
Relative	Required on all adults and children 10 and over	*See Above	Required on all adults and children 10 and over	Required on all adults and children 18 and over	If fingerprints could not be obtained
Foster Care	Required on all adults and children 10 and over (**excluding foster children)**	*See Above	Required on all adults and children over 10 and **over (excluding foster children)**	Required on all adults and children 18 and over (**excluding foster children)**	If fingerprints could not be obtained
Adoption	Required on all adults and children 10 and over	*See Above	Required on all adults and children 10 and over	Required on all adults	If fingerprints could not be obtained

Has everyone in the home, age 10 and over, signed the Declaration of No Prohibitive Offenses?

☐ YES ☐ NO

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Please complete the following for each applicable household member:

Name of Resource:		**Date of Birth:**	
	Background Checks Completed?	Date Completed:	Results:
Child Abuse/Neglect Registry	☐ YES ☐ NO		☐ Meets ☐ Does not meet
Out of State Abuse/Neglect Registry	☐ YES ☐ NO		☐ Meets ☐ Does not meet
KBI Background	☐ YES ☐ NO		☐ Meets ☐ Does not meet
FBI Fingerprints	☐ YES ☐ NO		☐ Meets ☐ Does not meet
Name Based FBI Check	☐ YES ☐ NO		☐ Meets ☐ Does not meet

Name of Resource:		**Date of Birth:**	
	Background Checks Completed?	Date Completed:	Results:
Child Abuse/Neglect Registry	☐ YES ☐ NO		☐ Meets ☐ Does not meet
Out of State Abuse/Neglect Registry	☐ YES ☐ NO		☐ Meets ☐ Does not meet
KBI Background	☐ YES ☐ NO		☐ Meets ☐ Does not meet
FBI Fingerprints	☐ YES ☐ NO		☐ Meets ☐ Does not meet
Name Based FBI Check	☐ YES ☐ NO		☐ Meets ☐ Does not meet

***Results-** "Meets" means it meets Kansas criteria for approval which is when there were no prohibitive offenses, or an exception was granted. The FBI prohibits sharing background check results across state lines. If detailed information regarding criminal history is needed, it is recommended the sending state consider conducting a name-based FBI check.

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Note: Prohibitive Offenses Exceptions: If there are any prohibitive offenses for which the CWCMP has given an exception, a letter from the CWCMP program director, or position equivalent to DCF program administrator level must be sent as a separate attachment, documenting the rationale for the exception.

Summary and Recommendations
Provide a strengths/needs summary of the resource family and their ability to parent the referred child/children. Concerns should be addressed. If you feel the resource can parent the child/children with specific services, list those services so the referring state can decide if they want to purchase, if required. A specific recommendation and decision for placement for this child/these children, with this resource, at this time, shall be made.

Social Worker Signature **Date**

Supervisor Signature **Date**

The depth *of any one of these sections will be determined by the basis for referral and the specific needs of the child and resource family.*

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