

# INITIAL FOSTER HOME/ADOPTION EVALUATION

**AGENCY NAME:**

**AGENCY LICENSE NUMBER:**

Date of Report:

**1. FOSTER HOME INFORMATION:**

Foster home name:

Foster home license number, (CF # or CG#):

Address:

Telephone number (s):

Driver's license number; verification of valid driver's license:

Members of the household (Name, Role, Date of Birth):

**2. SOCIAL WORK CONTACTS:** (Date, Location, Persons Interviewed)

**3. DIRECTIONS TO HOME:**

**4. COMMUNITY:**

Type of community (rural, urban, etc.):

Socio-economic makeup:

Racial/cultural makeup:

Availability of recreational facilities:

School system, including special education:

Hospitals and medical care:

Availability of churches, noting family's choice of church:

**5. HOME:**

Description of home and rooms, noting condition, layout, appearance:

Explanation of proposed sleeping arrangements for family members and foster children:

Description of play space:

Any safety considerations, including weapons or pets:

If there are pets, does the pet have current vaccinations?

Is the animal licensed if that is required by the municipality where the family lives?

Are there smoke detectors on each floor and between each sleeping area and the rest of the home?  Yes  No

Is there a carbon monoxide detector installed as recommended by the manufacture?  Yes  No

Any water hazards on or near premises and an explanation as to how applicant would safeguard children from them:

Water, sewer, refuse arrangements, health inspection results if applicable:

Water temperature tested, less than 120° Fahrenheit?  Yes  No

Emergency Procedures form completed:

Adequacy of the house, property, neighborhood, schools and community for the purpose of fostering as determined by an on-site visit:

Means of transportation; i.e. ages and makes of automobiles, accessibility of public transportation if needed:

**6. FINANCIAL:**

Sources of income, how this was verified, outline of expense and how expenses were verified, indebtedness, assessment of family's financial stability and ability to meet their needs using their current income. Is the family current on their bills? Can the family meet the financial expenses associated with having a foster child placed in the home prior to any payments starting?

If child support payments are ordered, are the payments being made and are they current? If there are arrears, how much are they and what is the plan to bring the payments current?

If income is based on disability, i.e. SSI, Social Security Disability, long term disability payments from a job, workmen's compensation, etc., there must be verification of the physical or mental disability and an assessment of how that impacts the ability to provide foster care or be a member of the household.

Financial statement completed to reflect debt to income ratio and worker's assessment of financial stability? Yes

**7. SOCIAL HISTORY:** (for each adult member of the household)

Descriptive information: Age, height, weight, hair color, nationality, race or ethnicity, place of birth.

Family of origin description. Includes:

Number of siblings, parents' roles, personalities, expectations, parenting involvement, styles, values.

Relationship with each parent and siblings (if any) growing up and now.

Parents'/primary caretakers' childrearing techniques, including discipline.

How family dealt with losses.

Parents' substance use and how it affected the family, lasting impact on individual if present.

How family dealt with any abuse or victimization issues, continuing impact on individual.

Role of religion in the family.

Other significant relationships, influences, e.g. grandparents, step parents, aunts, uncles.

Any history of out of home care? This should include any history in non-court-ordered out of home care.

Educational history and any special skills and interest:

Employment history – If the person does not have an employment history or there are large gaps in the employment history, explain how they were supported during that period of time:

Relationship history – Significant relationships prior to current one; how they ended; if previously married, whether divorce has been obtained or considered, any children from previous relationships. If there are previous relationships that produced children who are living with the applicant, what is the level of contact with that parent who is not living in the home? Note any history of involvement in domestic violence, including as a victim, or absence of history:

Description of personality, personal goals, hobbies, interest

Strengths and weaknesses worker's assessment in addition to what they tell you:

#### 8. HEALTH:

Physical, mental and emotional health and substance use history.

Indicate current health status:

Describe current substance use patterns, history if indicated. If there is a past substance use problem including alcohol use, give particulars, indicate how diagnosed, resolved, and when:

Does person smoke?  Yes  No If yes, do they smoke in the house?  Yes  No

Mental health treatment, if any. Include current prescriptions for psychotropic medications. Documentation from professional providing treatment/medication review:

Reference a medical statement, completed within the 12 month period before conclusion of the evaluation, for each member of the household that indicated that the member has no known condition which would affect the care of a foster child or any other determination if different. For non-caregivers, this must include the amount of time it takes for the caregiver to meet the needs of the household member:

#### 9. FAMILY LIFE:

Marital and family status and history, including current and past level of family functioning and relationships and any incidents of domestic violence:

Current relationship. Include:

Brief history, including date and place of marriage, if applicable.

Verification of claimed marriages and divorces.

Strengths of relationship, areas of work or attention.

Common/shared interests or lack thereof.

Roles, division of labor, decision-making process, handling stress or disagreements.

Assess stability of the relationship.

Family:

Activities, goals, values, role of religion, church involvement.

Arrangements for substitute childcare and ongoing supervision.

Challenges, stressors, any history of help-seeking.

Losses, including infertility, and how dealt with.

Expected impact of fostering on all members of the household.

Any individuals other than children of applicants living in the family, impact on family.

#### 10. CHILDREN:

All children must be interviewed/observed apart from the parents, even children no longer living in the home, or the agency must note all attempts to contact them. If unsuccessful, the applicant/other siblings' explanations as to why you were unable to contact them.

For each child living in the home:

Identifiers: name, birth date, race (if different from parents') school and grade, and/or employment

Parents' description of child's personality, interests, activities.

Worker's assessment of child's adjustment, development, special needs, relationships with parents and others and strengths and weaknesses.

Child's ideas and attitudes about fostering based on interview with the child.

Child's description of the discipline techniques used in the family.

For children who are grown or out of the home:

Identifiers: name, age, where living, marital status.

School and/or employment.

General adjustment: note if any problems with the law.

Their opinion of their parents' parenting skills and of their desire to foster children.

Description of the discipline techniques used when they were a child.

The willingness of the adult child to provide substitute care, if appropriate, or be involved with the foster children who may be placed into the home.

Any ongoing reliance by the adult child on the applicant for child care, monetary assistance, etc.

## **11. PARENTING:**

Parenting skills and attitudes toward children

Parenting values:

Most important things for parents to do, what they will do similarly to their parents, what they hope to improve upon.

Knowledge of child development, appropriateness of expectations of own children, foster children, if different.

Ability to provide infant care:

Equipment, safety measures in place (e.g. gates, monitor, car seat, play area, pets, substitute care givers)

Safe Sleeping requirements are reviewed

Safe play areas are available

Understanding of infant care

Substitute care arrangements – Day care arrangements if caregiver(s) work outside of the home, identify Employer(s), job title/duties, work schedule.

Capacity and disposition to give a foster child guidance, love and affection.

Handling problems:

What kinds of behavior require intervention and what type of intervention?

Methods of discipline. Flexibility and age appropriateness of approaches, willingness to follow the case plan for the child if it differs from their normal approach to discipline.

Awareness of variety of techniques, use of positive and negative methods.

Understanding of agency's discipline policy and willingness to abide by it. If the family has used spanking or other corporal punishment, or was raised with it, document their current attitudes.

## **12. MOTIVATION FOR FOSTER CARE:**

Reasons for wanting to provide care for foster children, including infertility and adoption, if indicated.

Each member's attitude towards accepting a foster child.

Previous experience in providing child foster care, child day care, or adult foster care.

Previous licenses, including applications that did not result in a license.

Level of understanding of foster care and the potential impact of their family.

Appropriateness of motivators, (if adoption/relative placement in particular) family understands the goal of the agency in providing foster care and they are willing to support this agency in working towards reuniting a foster child with this or her family.

The have agreed to encourage visits and follow health care, religious and discipline policies of this agency

**13. FAMILY'S ATTITUDES TOWARD THE CHILDREN'S PARENTS AND WORKING WITH THE AGENCY:**

Family's level of understanding of foster care, attitudes toward the parents. How will foster parents discuss birth parents with and around foster children and reasons children enter foster care?

Ability to empathize and work with the parents and children, flexibility.

Ability to work within agency policies and procedures, openness to learning.

**14. TRAINING NEEDS:**

Training hours credited and remaining to be fulfilled. Include topics covered and topics remaining

Types of training the family believes they could benefit from.

Worker's assessment of training needs and the agency's plan to provide training.

A statement of the number of hours the person/couple need to comply with the training rules is not sufficient.

**15. TYPE OF CHILDREN DESIRED:**

Sex, race, ethnic background and special characteristics of children preferred by applicants.  
Type of children most preferred.

Ability to care for special needs children, willingness and ability to handle problems of children.

**16. INTEREST IN PERMANENCY PLANNING FOR FOSTER CHILDREN:**

Level of understanding of permanency planning and interest in adoption.

Previous adoption evaluations or placements.

Types of children the family would consider.

**17. CROSS CULTURAL PLACEMENT:**

Willingness to parent cross-racially or cross culturally and to create an atmosphere that fosters facial identity and culture of a foster child.

Races or cultures requested or that the family does not believe they can effectively parent.

**18. CLEARANCES/REFERENCES:**

Previous criminal convictions and substantiated child abuse or neglect.

If there are convictions, there must be an assessment of the circumstances surrounding the event, the length of time that has passed, and evidence of rehabilitation. If there are arrests that did not result in a conviction, these events are to be discussed with the person and the information assessed.

Assess federal, state and local clearances.

The CPA must have the written approval of BCAL to recommend original licensure if there are any pending criminal charges. At least three references from persons not related to the applicants.

Summarize the information received. An agency may choose to obtain additional references from related persons.

**19. RECOMMENDATIONS:** must be consistent with the information contained in the report

Summary of strengths and areas of growth, attention.

Issues to be considered in making placements

Placement specifications to include characteristics, age, sex, number of children best served by home and of types of children who may not be placed in the home.

Family should be approved for foster care  Yes  No  
adoption  Yes  No If either is no, explain:

**20. CLOSING:**

Submitted by:

Name:

Title:

Date:

Supervisor Name:

Title:

Date:

**21. SUPERVISOR'S REVIEW:**

Application:

Clearances:

Medical Reports:

References:

Other documentation:

Is the report accurate, factually consistent, unbiased, support by adequate data/information? Yes

Further Explanation: