

REVIEW OF CHILD PROTECTIVE SERVICES (CPS) and CRIMINAL HISTORY OF HOUSEHOLD MEMBERS AGES 16 AND OLDER (please attach copies):

State police criminal checks-results and dates:

Local police criminal checks-results and dates;

CPS checks-results and dates:

BIOLOGICAL OR ADOPTED CHILDREN NOT RESIDING IN THE HOME:

List Name(s):	DOB:	School	Grade	Criminal Record?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

DATES OF HOME VISITS

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DESCRIPTION OF THE HOME:

Physical Conditions and Sleeping Arrangements: *(Will the child sleep in a separate bedroom, or will he/she be sharing a bedroom with someone else? If so, with whom? Will the child sleep in his/her own bed?):*

Are there any safety concerns noted? *(Describe in detail any safety concerns in the home and how the parent proposes to resolve these concerns):*

BACKGROUND INFORMATION

Family/Social/Educational/ and Marital History of Parent(s):

Health Status and Issues of Parent(s):

Financial and Employment Situation of Parent (s) *(Specify all sources of income, including name of employer, length of employment, work schedule, and salary and if the family's finances are sufficient to meet the household expenses):*

Major Problems *(Describe any marital, psychiatric, drug/alcohol, financial, or other problems, and how these problems are being dealt with the parent):*

FAMILY'S FUNCTIONING AS A UNIT

Child-Rearing and Discipline Practices:

Recreational Activities:

Religious Affiliation and Participation (if any):

Cultural and/or Language Differences *(If different from the child(ren) being placed):*

Extended Family Resources and Other Sources of Support:

CHILD OR CHILDREN TO BE PLACED:

How long has/have the child(ren) been placed in foster care? What were the circumstances surrounding his/her removal from the home? What are the special behavioral, medical, or developmental needs of the child(ren) to be placed with the Parent?:

What is the Parent's understanding of the child(ren)'s special needs and what is his/her ability to meet those needs? Does the Parent see a need for supportive services and is he/she willing to accept services in the home? *(Describe in detail):*

Is the Parent able to provide for the child financially and medically? *(If so, describe how):*

What are the child care arrangements if the Parent works? If using a friend or other relative as a babysitter, please provide results of criminal and child protection checks for these alternate caretakers:

Other Pertinent Information:

Evaluation And Recommendations:

Submitted by SW LAST Name:	SW FIRST Name:	SW Signature:	SW Phone	Date:
Reviewed by SWS LAST Name:	SWS FIRST Name:	SWS Signature:	SWS Phone	Date:
Approved by PS LAST Name:	PS FIRST Name:	PS Signature:	PS Phone	Date:

DCF Office: