|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
|  | Licensing Division (LD)**Kinship Home Study Update** |

 |
| **Written by:** **[ ]  DCYF [ ]  CPA:**  |
| Family Name:  |
| Provider #:  |
| Family Address:  |
| Home Study Type: **Choose an item.** |
| Home Study Outcome: **Choose an item.** |
| Interstate Compact on the Placement of Children (ICPC) requested home study **Choose an item.**. |
| **Applicant(s) Name, Contact, and Background** |
| Applicant A Name:  | Applicant B Name:  |
| Preferred Name (if applicable):  | Preferred Name (if applicable):  |
| Pronouns:  | Pronouns:  |
| Date of Birth:  | Date of Birth:  |
| Cell Phone Number:  | Cell Phone Number:  |
| E-mail:  | E-mail:  |
| Gender:  | Gender:  |
| Identified Race:  | Identified Race:  |
| Hispanic/Latino:  | Hispanic/Latino:  |
| Member of or eligible for membership in a Federally Recognized Tribe: Tribe(s):  | Member of or eligible for membership in a Federally Recognized Tribe: Tribe(s):  |
| Primary Language:  | Primary Language:  |
| Secondary Language:  | Secondary Language:  |
| Occupation:  | Occupation:  |
| Work Schedule:  | Work Schedule:  |
| Date of Final Interview:  | Date of Final Interview:  |

|  |
| --- |
| **Prior Home Studies** |
| Date of Prior Home Study: |
| Type of Prior Home Study: **Choose an item.** |
| Outcome of Prior Home Study: |

Copy and paste table above this line as needed and then delete this text

|  |
| --- |
| **Household Composition** |
| Adult Household/Property Member(s): |
| Name | Date of Birth | Relationship to Applicant | Lives in the Home or on the Property | Date Interviewed | Involved in Caregiving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| Child Household/Property Member(s): |
| Name | Date of Birth | Relationship to Applicant | Lives in the Home or on the Property | Date Interviewed | Involved in Caregiving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 |
|       |
| **Child Specific Information** |
| Child-Specific Information: |
| Name | Date of Birth | Prior Relationship | Placed in the Home |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Children and Youth Served** |

Child-specific assessment:

Ability to parent:

Trauma informed care:

Services:

|  |
| --- |
| **Background and Family of Origin Applicant A** |

Background:

|  |
| --- |
| **Trauma Applicant A** |

Trauma:

Domestic violence:

|  |
| --- |
| **Caregiver Health and Wellbeing Applicant A** |

Current health conditions (physical/mental):

Counseling/therapy:

Current alcohol/drug use:

|  |
| --- |
| **Historical Intimate Partner and Supportive Relationships Applicant A** |

Historical legal and significant intimate relationships:

Supportive relationships:

|  |
| --- |
| **Background and Family of Origin Applicant B** |

Background

|  |
| --- |
| **Trauma Applicant B** |

Trauma:

Domestic violence:

|  |
| --- |
| **Caregiver Health and Wellbeing Applicant B** |

Current health conditions (physical/mental):

Counseling/therapy:

Current alcohol/drug use:

|  |
| --- |
| **Historical Intimate Partner and Supportive Relationships Applicant B** |

Historical legal and significant intimate relationships:

Supportive relationships:

|  |
| --- |
| **Current Relationships (Shared by Applicant A & B if applicable)** |

Relationships:

Family violence and/or conflict:

|  |
| --- |
|  |
| Name of Child | Date of Birth | Applicant’s Relationship to Child |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Description of child(ren) & interview/observation:

Other adults:

|  |
| --- |
| **Caregiving / Parenting Experience (Shared by Applicant A & B if applicable)** |

Parenting experience:

Parenting responsibilities:

Parenting challenges:

Training:

Prudent parenting:

|  |
| --- |
| **Behavior Management (Shared by Applicant A & B if applicable)** |

Discipline:

|  |
| --- |
| **Resources (Shared by Applicant A & B if applicable)** |

Resources:

|  |
| --- |
| **Home Environment (Shared by Applicant A & B if applicable)** |

Description of the home:

Sleeping arrangements:

Infant safe sleep:

Weapons:

Toxic materials:

Alcohol/nicotine/marijuana:

Medication storage:

Pets/animals:

Outbuildings:

Potential hazards:

|  |
| --- |
| **Occupation and Finances (Shared by Applicant A & B if applicable)** |

Occupation and finances:

Income/resources:

|  |
| --- |
| **References (Shared by Applicant A & B if applicable)** |

References:

|  |
| --- |
| **Clearances** |
|  |
| DCYF completes background checks for all household members age 16 or older, including individuals living on any part of the applicant’s(s’) property. DCYF may also complete background checks on individuals younger than 16 in situations where it may be warranted to ensure the safety of children. Background checks for adults age 18 and older include fingerprints through the Federal Bureau of Investigation and child abuse and neglect history checks of each state the adult individual has lived in the five years preceding their background application. Individuals age 16 or 17 who have lived outside of Washington State in the three years preceding their background application must complete fingerprints. The background check decision is based on a review of the individual’s background information compared to the [DCYF Secretary's List of Crimes and Negative Actions](https://www.dcyf.wa.gov/sites/default/files/pdf/secretaryslist.pdf). It may include a suitability assessment for crimes that are not federally disqualifying.Every individual in the home or on the property, as defined above, must pass a background check. These individuals include: |

|  |  |  |
| --- | --- | --- |
| Name | Results | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Legal Permanency (Shared by Applicant A and B if applicable)** |

Legal permanency:

Contingency plan:

|  |
| --- |
| **Sources of Information / Core Concepts of Adoption** |

The following sources of information were used in this home study assessment:

|  |
| --- |
| The following Core Concepts of Adoption were discussed with the applicant(s):  |
| [ ]  Concept of adoption/guardianship/long term foster care as a lifelong developmental process and commitment. |
|  |
| [ ]  The potential for the child to have feelings of identity confusion and loss regarding separation from the birth parents. |
|  |
| [ ]  The relevance of the child’s relationship with siblings and the potential benefit to the child of providing for a continuing relationship and contact between the child and known siblings. |
|  |
| [ ]  Disclosure of the fact of adoption/guardianship/foster care to the child. |
|  |
| [ ]  The child’s possible questions about birth parents and relatives. |
|  |
| [ ]  The relevance of the child’s racial, ethnic, and cultural heritage. Race cannot be used in determining the fitness, character or suitability of an applicant. |
|  |
| [ ]  Reviewed Permanency Planning Benefits and Limitations (DCYF 16-231) |
|  |
| [ ]  Not applicable for this assessment. |
|  |

|  |
| --- |
| **Evaluation (Shared by Applicant A and B if applicable)** |

Evaluation:

Recommendation:

|  |
| --- |
| **Licensor Qualifications Statement** |
| I am an employee of the Department of Children, Youth, and Families (DCYF) or an employee of an agency licensed by DCYF as a child-placing agency (CPA). I am assigned to provide home study services, including the completion of pre-placement reports. I meet the required qualifications as defined in RCW 26.33.I am the author of this report, know the contents, and believe the statements included to be true. The recommendation is made based on the information available to me at the time of the home study. Additional information may change my recommendation. |
| Name of Worker:  | Title:  |
| Signature of Worker: | Date:  |
|  |
| **Supervisor Statement** |
| I have reviewed the contents, believe the statements included to be true and agree with the recommendations made based on the information available to me at the time of the home study. Additional information may change my recommendation. |
| Name of Supervisor:  | Title:  |
| Signature of Supervisor: | Date:  |