

Kinship Home Assessment Tool - Overview and Part 1 Instructions

The Kinship Home Assessment Tool has been developed to ensure that Caseworkers and/or Kinship Specialists have thoroughly assessed the Kinship Caregiver's ability and willingness to ensure safety, permanency, and well-being for the child(ren) placed in their care.

Part 1 of this Tool is meant to cover the minimum information needed to determine whether a placement is appropriate. The HHS Placement Worker will complete Home Assessment Part 1 to provide with the referral to Kinship Navigator Services within 3 days of placement with the Kinship Caregiver.

Part 2 of this Tool is a kinship-specific tool to be utilized for discussion in greater depth during the needs assessment process through initiation of Kinship Navigator Services and in the development of the Kinship Support Plan. The Kinship Specialist will complete Home Assessment Part 2 within 30 days of the Kinship Caregiver accepting services.

Part 1 Instructions: Please check the response that most accurately answers each of the questions below. This information may be obtained via Kinship Caregiver interviews, case records review, background checks, a walk-through of the caregiver's home, etc.

Provide the completed Home Assessment Part 1 document with the **Child Welfare Referral Services Form 470-5150** to refer the caregiver to Kinship Navigator Services within 3 days of placement.

Kinship Caregiver Home Assessment Tool

Part 1: To be completed by the placement worker within three (3) days of initial placement with the Kinship Caregiver.

Date Completed: _____ HHS Worker: _____

Kinship Caregiver Name: _____

Child's Name: _____ State ID: _____

No.	Caregiver Assessment Questions	Yes	No	Comments
1.	Do the caregiver(s) or any member of household have history as an alleged perpetrator of any abuse or maltreatment?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do the caregiver(s) or any member of the household have history as an alleged victim of any abuse or maltreatment?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Do the caregiver(s) or any member of household have a criminal history? If so, what does it include?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Are the caregiver(s) willing to work with the agency to protect the children and provide for their developmental well-being?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Will the caregiver(s) be able to protect child or children from further abuse and/ or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	

6.	Will the caregiver(s) have appropriate supervision for the child(ren) at all times?	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Is the caregiver(s) willing and able to help transport the child(ren) to any needed appointments? (Review Meetings, Court, Family Interactions, School, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Will the caregiver need services, such as transportation, help locating/financing child care, financial assistance to meet basic needs of the child in order to maintain the child(ren) safely?	<input type="checkbox"/>	<input type="checkbox"/>	