

Kinship Home Assessment Tool – Overview and Part 2 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 the document with the Child Welfare Referral Services Form 470-5150 to refer the caregiver 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.

Instructions: Please check the response next to each item that most accurately answers each of the questions below. This information may be obtained via Kinship Caregiver interviews, review of Home Assessment Part 1 provided by the HHS Placement Worker, and any pertinent information provided by HHS at the time of referral to Kinship Navigator Services.

Kinship Caregiver Home Assessment Tool

Part 2: To be completed by the Kinship Navigator Specialist within 30 days of the Kinship Caregiver accepting services.

Date Completed: _____ Kinship Specialist: _____

Kinship Caregiver Name: _____

Child's Name: _____ State ID: _____

No.	Caregiver Assessment Questions	Yes	No	N/A	Comments
1.	Have the caregiver(s) helped these family members in the past? How?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do the caregivers have a relationship with the child(ren) placed in their care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have the caregiver(s) cared for these child(ren) over an extended period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Do the caregiver(s) have a good relationship with the parents/other custodian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Do the caregiver(s) know why the child(ren) may be/have been removed from the care of parents/custodian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6.	Can the caregiver(s) meet the basic, supervision, educational, and emotional needs of the child(ren) placed in their care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Will the health of the caregiver(s) impact on their ability to care for the child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Do any of the caregiver(s) have an interest/capacity to become a licensed or approved foster parent/approved adoptive parent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Are the caregiver(s) willing and able to provide long-term care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Are the caregiver(s) willing and able to assist with family interactions/other reunification efforts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Are any caregiver(s) willing and able to provide a permanent legal home for the child or children as adoptive parents or legal guardians if this should become necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Will the caregiver have ongoing support from extended family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13.	Does the caregiver understand their role in supporting the family case plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Are the financial resources of the caregiver(s) sufficient to meet or exceed current/anticipated expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Do the caregiver(s) have space for the child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Will the child(ren) stay in the same school district?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	