

Iowa Department of Human Services
 Association of Administrators of the Interstate Compact on the Placement of Children

RECEIVING STATE'S PRIORITY HOME STUDY

(Each section must be completed.)

Name of child ¹ to be placed	Age	Sending State
Ethnic group	DOB	
Dates of telephone contact	Dates of home visits	
PROPOSED CARETAKER/SPOUSE		
Name	Social Security number	
Address		
Telephone number (home)	Telephone number (work)	
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Living with (name)	
Caretaker/spouse		
Employer's name	Employer's telephone number	
Employer's address		
YOU MUST SUBMIT INCOME VERIFICATION		
Income: \$ <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly		
Head of household (name on rent receipts, utility bills, etc.)	Number of members in household	
Relationship to proposed caretaker	Length of relationship (if not marital)	
Relationship of proposed caretaker to child		
Reason for wanting to care for children		

¹ If there is more than one child to be placed with the proposed caretaker, list the names of the children and all requested information on a separate page and attach to this form.

How did you hear about child's situation?
Do you understand the situation that caused this request?
Ability to protect child from offender
Willingness to provide care (time-limited, open-ended)
Appropriateness of child care plans
Forms of discipline

Is present income adequate?

Willingness (ability) to care for child without financial help

Willingness to accept/apply for FIP? Yes No
 Requests foster care benefits? Yes No
 Willingness to undergo licensure? Yes No

SPECIAL NEEDS

Ability of caretaker, community, schools to meet children's special needs

OTHER ADULTS IN HOUSEHOLD (List separately. Use additional sheet to list household members if needed.)

Name	Age	Name	Age
Relationship to proposed caretaker		Relationship to proposed caretaker	
Relationship to child to be placed		Relationship to child to be placed	
Attitude towards placement		Attitude towards placement	

OTHER CHILDREN IN HOUSEHOLD (List separately.)

Name	Age	Name	Age
Relationship to proposed caretaker		Relationship to proposed caretaker	
Relationship to child to be placed		Relationship to child to be placed	
Attitude towards placement		Attitude towards placement	
School progress/problems		School progress/problems	

Previous contacts with public/social service agencies

CLEARANCES (In accordance with receiving state law.)

Law enforcement/child abuse and neglect clearances for all household members who have reached the age of majority.

Police

Child abuse and neglect

Family known to public/social services agencies (If yes, please explain.)

HEALTH

Proposed caretaker and other family members state that they are in basic, good health and free of communicable diseases: Yes No

HOME AND COMMUNITY

Adequacy of space

Will the child have his/her own bed? Yes No Closet space? Yes No
Will the child share a bedroom? Yes No (If yes, list names below.)
With whom?

Housekeeping standards

Viewed potential hazards, safety problems (please specify)

Appropriateness of neighborhood

Proximity to schools, medical services, etc.

AREA OF CONCERN

Did you visualize or anticipate any potential problem areas with this case (explain)?

CASE PLAN FROM SENDING STATE

Is the submitted case plan suitable/adequate for this proposed placement? Yes No (If no, explain below.)

Do you have any recommended changes in the case plan or goal?

Are there any restrictions, limitations you would place on the proposed family, the court, the placing agency?

Financial/medical plan from sending state. Is it adequate for this child? Yes No (If no, explain below.)

STUDY NARRATIVE

Discuss any areas which cannot be addressed by this abbreviated study. Please expand or expound on any area which needs clarification.

Worker's recommendations: For placement Against placement (explain below)

Comments (if appropriate)

Please list conditions, if any, for placement to occur

Name of worker (please print)	Name of supervisor (please print)
Title	Title
Signature	Signature
Date	Date
Telephone number	Telephone number

REFERENCES					
Name			Made Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Positive <input type="checkbox"/>	Negative (please explain below) <input type="checkbox"/>
Street address					
City	State	Zip			
Telephone (home)					
Telephone (work)					
Name			Made Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Positive <input type="checkbox"/>	Negative (please explain below) <input type="checkbox"/>
Street address					
City	State	Zip			
Telephone (home)					
Telephone (work)					
Name			Made Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Positive <input type="checkbox"/>	Negative (please explain below) <input type="checkbox"/>
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