

Relative Home Study Face Sheet
☐ Relative Home Study ☐ ICPC Relative Home Study

| | |
|------------------------|------------------------|
| Name of Referred Child | Name of Referred Child |
| Name of Referred Child | Name of Referred Child |
| Name of Referred Child | Name of Referred Child |

Section 1. Information

| | |
|------------------------|-------|
| Home Study Worker Name | Phone |
| Address | |

Section 2. Relative Family Information

| | | | |
|---------------------------|-----------------|---------------------------|-----------------|
| Adult Name (F,M,L) | | Adult Name (F,M,L) | |
| Address | | City | |
| Zip Code | | Phone Number | |
| Email | | Email | |
| Work Phone | | Work Phone | |
| Employer | | Employer | |
| Marital Status | | Marital Status | |
| If previously married: | | If previously married: | |
| Date of Previous Marriage | Date of Divorce | Date of Previous Marriage | Date of Divorce |
| DOB | | DOB | |
| SSN | | SSN | |
| Sex | | Sex | |
| Race | | Race | |

Children and any other adults in the home. (Include the relationship to the adults who are the subject of the home study.)

| Name | DOB | Sex | Race | Relationship |
|------|-----|-----|------|--------------|
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Section 3. Relative Family Environment *(List other environmental factors in Section 7.)*

Child care needed: ☐ Yes ☐ No

Smoking habits: ☐ Yes ☐ No

Allergy concerns: ☐ Yes ☐ No

Section 4. Relative Family Preferences

Willing to maintain sibling contact?

☐ Yes ☐ No

Willing to work with concurrent planning?

☐ Yes ☐ No

Section 5. Relative Family Self-Disclosure

Family is willing to work with birth parents

☐ Yes ☐ No

Family is willing to support child's visitation arrangements

☐ Yes ☐ No

Family is willing to cooperate with DHS around ongoing supervision and monitoring

☐ Yes ☐ No

Family is willing to support sibling visitation arrangements

☐ Yes ☐ No

Section 6. Commitment to Safety *(Summary of background checks)*

| Name | Iowa Child Abuse Record Check | Iowa Criminal History Record Check | Iowa Sex Offender Record Check |
|------|-------------------------------|------------------------------------|--------------------------------|
| | Date | Date | Date |
| | | | |
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| Section 7. Additional Comments |
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| Section 8. Completion and Signatures |
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|-----------------------------|---------------------|
| Home Study Worker Signature | Date |
| Agency | |
| Address | Worker Phone Number |
| Supervisor Signature | Date |