Iowa Department of Human Services

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			
Gender	Gender			
Race	Race			

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

Name	DOB	Gender	Race	Relationship		
Section 3. Relative Family Environment (List other environmental factors in Section 7.)						
Child care needed: Yes No Smoking habits: Yes No						
Allergy concerns:	es 🗌 No		-			
Section 4. Relative Fam	ily Preferences					
Willing to maintain sibling co ☐ Yes ☐ No	ntact?		ng to work with concurre	ent planning?		
Section 5. Relative Fam	ily Self-Disclos	ure				
Family is willing to work with	hirth parents		☐ Yes ☐ N	<u> </u>		
Family is willing to support child's visitation arrangements						
Family is willing to cooperate with DHS around ongoing supervision and monitoring Yes No						
Family is willing to support si	bling visitation ar	rangements	☐ Yes ☐ N	0		
Section 6. Commitment to Safety (Summary of background checks)						
Section 6. Commitment	to Safety (Sum	mary of backg	irouna cnecks)			
Section 6. Commitment Name	lowa	mary of backg Child Abuse ord Check	lowa Criminal History Record Check	lowa Sex Offender Record Check		
	lowa	Child Abuse	Iowa Criminal History			
	lowa	Child Abuse cord Check	Iowa Criminal History Record Check	Record Check		
	lowa	Child Abuse cord Check	Iowa Criminal History Record Check	Record Check		

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Caatian	7	Additional	Comments
Section	1.	Additional	Lomments

Section 8. Completion and Signatures				
Home Study Worker Signature	Date			
Agency				
Address	Worker Phone Number			
Supervisor Signature	Date			

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