IOWA Health and Human Services

Resource Parent Initial Home Study

Date of day 1 – date of waiver or 1st in person contact
☐ Affinity group (check if yes)

General Information

Licensing agency	Licensing worker
Recommended approval: ☐ Respite approval ☐ Foster home license ☐ Adoption approval ☐ Foster home license and adoption approval ☐ Denial	
Recommended foster home license capacity:	

Applicant Information

Applicant #1		Applicant #2	
Legal name	Preferred name	Legal name	Preferred name
DOB	SSN (Last Four)	DOB	SSN (Last Four)
Email		Email	
Race		Race	
Occupation	Annual gross income $	Occupation	Annual gross income $
Home/cell phone	Work phone	Home/cell phone	Work phone
Marital status	Religion	Marital status	Religion
Are you a childcare provider? ☐ Yes ☐ No If yes, what type?			
Street address City/ZIP Code			
School district			

IOWA Health and Human Services

Children and Other Adults in the Home

Include all children and other adults that live in the home and their relation to the applicant: Bio (B), Adoptive (A), Foster (F), Relative (R), Suitable Other (S), Other (O-please describe).

Name	DOB	Male/Female	Relationship	Race

Required- a picture of the applicant's house and of the applicant's family. This can be emailed or texted or a hard copy can be sent. Add picture below.

Affix Picture Here

The purpose of the home study discussion is to better understand how foster, adoptive, and respite families will be impacted when a child is placed with them. Summarize your discussion.

Motivation and Background

Application Background, Motivation, Expectations and Commitment

- Why did they apply? What is their motivation for becoming a foster and adoptive family?
- Is this a child-specific/waived home study?
- How long have they contemplated foster care/adoption before applying?
- What focus/difference do they want to make?
- Have their minds changed since attending pre-service classes?
- What are their mutual goals and values?
- What do they hope to accomplish as a foster/adoptive family?
- What are their hopes/concerns about adopting through foster care?

History of Foster Care and Adoption Involvement

- Previous applications for foster care or adoption and outcomes?
- Any prior involvement in foster care or adoption?
- Prior or current private home studies and associated agencies?
- Previous licensure/approval status or roles (e.g., suitable other, KFC-approved home)?

Placement Preferences and Capacity

- Are they interested in foster care, adoption, both, or respite only?
- What level of care can they currently provide? Why?
- Foster parent interest only: Under what circumstances might they consider adopting?
- Adoption interest only: Why do they prefer adoption rather than foster care?

Licensing Concerns or Adverse Actions

- Revocations of license or adoption approval
- Voluntary withdrawals or being advised to “select out”
- Unfavorable home studies or re-licensing reports
- Denials of licensure or adoption approval

Caseworker Assessment of Motivation and Background

- Reasons for applying and understanding of the role
- Readiness to foster/adopt again (if previously involved)
- Changes made since prior concerns or withdrawal
- Overall assessment of capacity for success- any concerns about unrealistic expectations or motivations

Childhood Background

Applicant Background and Upbringing

- Current age, date of birth, place of birth and where they grew up.
- Who was included in your immediate household growing up? Parents, siblings, others that lived in the home while growing up?
- History of moves, reasons for relocation, and how transitions were managed.

Childhood Significant Experiences and Challenges

- What were the positive experiences and moments you recall from your childhood? Significant childhood memories and overall perception of upbringing (happy or not, and why)
- Did you experience any abuse or significantly challenging, life-altering situations? If there was abuse or other traumatic experiences, how were these handled and resolved?
- How did your childhood experiences shape you into the person that you are today?

Experiences of Adversity and Resilience in Adulthood

Adulthood Significant Experiences and Challenges

- What are the positive experiences and moments that have been experienced in adulthood?
- Experience with abuse or significantly challenging, life-altering situations?
- What losses have they experienced and how have they grieved?
- Are there indicators of unresolved trauma (i.e. yellow or red flags)?

Emotional Regulation and Conflict Management

- How they manage frustration, anger, or differences in opinion?
- What do other people observe or would say about what it looks like when you are angry, frustrated or stressed? How does this show up in different areas such as at work, interacting with a child or with a significant other?
- Coping skills they currently use and do they need to improve using them in any of these environments?
- How will you manage your own emotions during times of intense stress and frustration?

Feedback and Communication Style

- How do you feel you will handle constructive feedback? Are you able to admit when you need to make adjustments, need to improve or need help?
- How would you want someone to approach you when you need to make changes?
- How do you respond to feedback or when decisions are made that you don't agree with?

Caseworker Assessment of Childhood Background and Experiences of Adversity and Resilience in Adulthood

- How have the applicants worked through and continued to manage past childhood trauma? What does it look like when it's unresolved?
- Is there unresolved childhood trauma? What is their affect when speaking about the events? Do they exhibit emotional regulation or dysregulation when speaking about the experiences?
- What steps have they taken to work through their trauma and has it been effective for their functioning?
- Do the applicants understand how their childhood experiences will affect their parenting approach, especially with children that have experienced trauma?
- Overall assessment of ability to work through challenges
- What are concrete observations that support this assessment?
- Response to feedback during the licensing process
- Potential challenges based on:
  - Self-reported information
  - Communication style
  - Feedback from references or trainers

Support Network

Family Supports

- What types of support and resources have you needed in the last several years? How have you sought support and who has been able/willing to provide it?
- What type of supports do you think you will need when additional children join your household? What ideas do you have about where to find those supports/resources? This can be formal or informal supports.
- Who are the people in your life who could safely provide informal childcare to a child placed in your care? Who are the individuals in your life who should never provide childcare, even for a short duration? Are there any individuals in your life who you wouldn't trust to be in the presence of a child?
- Of your friends and family, is there anyone who is likely to be unsupportive of your decision to foster/adopt?

Caseworker Assessment of Support Network

- What is your assessment of the level of support the family has? Do they have enough emotional, physical and mental health support to support them in the role of fostering or adopting?

- What additional supports would be beneficial to the family to ensure they can manage the care of an extra children or children?

Relationship Status & Dynamics If Married or Cohabitating

Relationship Safety, Communication & Conflict Resolution

- How has your relationship evolved from first meeting through today?
- What are you proud of in your relationship/what do you like about your relationship?
- When handling arguments and disagreements, how do you come to a final resolution or who makes the final decision?
- Have there been any major conflicts or challenges that resulted in a separation or caused one or both parties to consider dissolution of the relationship?
- What do you think you should be mindful of when having conflict or disagreements when there is a child placed in your home?

Relationship Roles, Functioning & Connection

- How do you share responsibilities, power, and navigate decision-making in the relationship?
- How will you share parenting responsibilities?
- How do you believe your relationship will be impacted when you have a child placed in your home? Think about how you will need to adapt routines, activities and family connection?
- How will you maintain a strong relationship when a child joins your household?

Documentation

- Document date of marriage
- Need to view the marriage certificate to verify information provided and specifically state this information in the home study.

Relationship Status & Dynamics If Single (partnered- no cohabitating OR no partner)

Partner Awareness & Involvement in Foster, Adoptive, and Respite Plans

- If unmarried and not cohabitating with anyone, do you have a romantic partner and if so, what is their awareness and perspective on your desire to become a foster, adoptive or respite parent?
- What do you anticipate the role of your partner will have with placed children? Do they have children? How would you do family integration?
- If you are not in a current relationship, do you have any significant relationships or supports that are regularly and frequently in the home? If so, who are these individuals and what role would they play with placed children?

- Does anyone that will be around the children regularly and frequently have a criminal background. It may be necessary for these individuals to complete background checks.

Future Relationship Considerations

- How open are you to future cohabitation or marriage?
- How do you plan to have conversations with someone you are dating about being a foster, adoptive, or respite parent? What if they are not supportive of you having this role?
- What boundaries would you set for introducing placed children to a new partner?

Anticipated Impact of Placement

- If in a relationship, how do you believe your relationship will be impacted when you have a child placed in your home? Think about how you will need to adapt routines, activities and family connections?
- If you are single (not in a relationship), how do you think you will need to adapt your routines, activities and family connections?

Prior Relationships/Marriages

History of Prior Relationships

- Document names and dates of marriages and/or divorces.
- Need to view the marriage and/or divorce certificate to verify information provided and specifically state this in the home study.
- What are the reasons for prior divorces or endings of significant relationships?

Personal Growth & Insight

- What are your takeaways or lessons learned from past relationships?
- Changes Made Since Prior Relationships
- Current Contact and Nature of Relationships with former partners

Children from Prior Relationships

- Do you share children with someone from a past relationship and what are the custody/care arrangements?
- How do you navigate co-parenting and how would you describe how well this arrangement works?

Foster/Adoptive Planning with Coparents

- Have you had discussions with former partners you share children with about your desire to become a foster, adoptive, or respite parent? Are they supportive? If not, how will you navigate this with them so it doesn't impact the children placed in your care?
- Will your former partner have any role with the children that are placed in your care?

Caseworker Assessment of Relationship Status & Dynamics

- What are the interactions between partners like (spoken and observed)?
- What was observed about communication styles and patterns?
- Is there realistic awareness of how having a child placed in their home will impact their relationship?
- Are there any yellow or red flags about current or past relationships that could impact a child placed in their care?
- If co-parenting with a former partner, how will a placed child be impacted, if at all?

Children & Other Household Members

Children who live in the home

Child's Name	Age	Grade

Describe the children

- What does a typical day for the children look like?
- What do the children identify as rules in the home? What do they identify as consequences if rules are broken?
  - What do they anticipate it will be like to have foster/adoptive/respite children in the home?
  - What role will they play when other children are in the home?
  - What are their concerns of sharing their home, family and belongings? How will the parents support the children with these concerns?
  - How will they handle their toys being broken, their belongings stolen, sharing their room including privacy needs, and their parents having to share their time with other children?
- Age appropriate conversations should occur with the children in a comfortable setting. Ideally this will occur away from the parents but need to set the stage for this (i.e. not on first visit, preparing parents for this conversation, meet the children where they are.)

Adult children (18+) who live in the home:

Name	Relationship to Applicant

Describe the adult children

- What is their role in the home? How often are they home?
- Are they employed?
- Are they in a relationship? If so, will this person have regular and frequent contact with placed children?
- Do they have children?
- What anticipated involvement will they have with children placed in the home? Will they assist with caregiving needs of children?
- How do they feel about sharing the home with other children who will have special needs relating to emotional, behavioral and traumatic experiences? What concerns do they have?

Adult children who visit often:

Name	Age	Location

Describe these adult children

- What is their relationship with the family like, and how often do they have communication?
- How do they feel about their parents being a foster and/or adoptive family? What role will they play towards additional children in the home?

Children/adults who do not reside in the home:

Child's Name	Age	Grade

Describe these children/adults

- Why do they not live at home?
- How often are they in the home?
- Where do they live?
- If older, are they employed or in a relationship? Do they have children?
- How do they feel about the family applying to be a foster/adoptive family?
- What level of contact will they have with children placed in the home?

Caseworker Assessment of Children and Other Household Members

- What is your assessment of their children's feelings regarding the family being a foster and adoptive resource?
- What support will their children need to help them adjust to having additional children in the home? How will the applicants help the children and what support might they need?
- Were there any disconnected relationships with any children? If so, how does this information factor into their desire to become a resource family?

Parenting Experience, Approach & Everyday Routines

Parenting and Caregiving Background

- Describe your prior and current parenting or caregiving experience. What roles and responsibilities have you had?
- Do you have any professional experience working with children, and how do you feel it has prepared you to care for a child placed in your care?
- Do you have experience caring for or working with children who have special, medical, developmental, or behavioral needs?

Parenting Insights and Reflections

- What are some of your positive experiences with parenting or caring for children? What made it meaningful and what did you learn from it?
- What are some of your challenging experiences with parenting or caring for children?
- How do you feel your experiences with parenting or caring for children have influenced the way you will care for children placed in your care?

Family of Origin and Upbringing

- How would you describe the parenting you received during your early childhood (ages 0-6), middle childhood (ages 6-12), and adolescent year (12+)?
- How do you think how you were parented has influenced the person you are today? Your current beliefs and practices regarding parenting and discipline?
- What aspects of how you were parenting will you plan to use or avoid using with children placed in your care?

Parenting Philosophy and Discipline Practices

- How would you describe your current or your intended parenting style? What values or beliefs will guide your approach to caring for children?
- How would you change your parenting approach to meet the individual needs of different children that could be placed in your care?

- What type of discipline or teaching methods will you use when children are displaying challenging behaviors? Ask for examples if they parented or cared for children in the past.
- How do you think a child's traumatic background and their developmental and emotional level will affect how you choose to parent them?
- What are your thoughts about physical discipline or corporal punishment? Document discussion of Iowa Admin Code, noting that corporal punishment is prohibited, and confirm understanding and agreement to sign the Assurances Agreement.

Expectations and Understanding of Children's Needs

- What does respect mean to you? How do you or would you respond to a child that does not meet your expectations of showing respect?
- What is your understanding of how trauma, loss or instability may affect a child's behavior, emotions, relationships and ability to trust caregivers? How do you think your own experiences, values and/or beliefs will influence how you respond to a child with trauma?
- What do you know or believe would be typical behaviors or challenges to expect when a child was first placed in your home and what type of support would you provide to help them feel more comfortable with the transition?

Supervision and Support Systems

- How would you determine the appropriate level of supervision for a child based on their age, developmental, behaviors and individuals needs? Ho would you help ensure child safety while also promoting age-appropriate independence and growth?
- What plans do you have in place for childcare and supervision when you are working, attending appointments, dealing with emergencies, or may otherwise be unavailable?
- Who are the individuals or supports you would use for childcare, respite, transportation or additional support, and how would they assist the needs of a child placed in your care?

Daily Routine and Household Structure

- Describe a typical weekday, weekend, and school break schedule in your household. How will you help a child placed in your care fit into this routine?
- What evening and weekend commitments do you or other household members have, and how may these affect your availability to meet the needs of a child placed in your care?
- How would you help a child placed in your care adapt to unexpected changes to schedules, routines and the structure in the home?

Household Rules and Structure

- What are the rules, non-negotiables, and expectations in your household and how do you plan to help children placed in your care to know what they are and how to follow them?
- When and how will you introduce the rules and expectations to a child placed in your care?

- When a child breaks a rule, how do you determine appropriate consequences and how do you turn those situations into teaching moments?

Behavior Management and De-escalation Strategies

- How would you or have you responded to a child that challenges your authority, refuses directions, or engages in a power struggle? How do you manage your own emotions while handling the situation in a trauma informed manner?
- How would you respond if a child continuously resisted bedtime routines, refused to go to bed or experienced anxiety related to bedtime?
- Describe the strategies you use or would use to de-escalate children who are upset, angry, overwhelmed, or displaying challenging behaviors. Ask them to share an example of a time they've done this.

Crisis Response and Intervention

- If a child placed in your care was experiencing a behavioral, emotional, or mental health crisis, how would you assess the situation, ensure their safety and determine the most appropriate trauma informed response?
- When do you feel a situation would rise the level that you need to seek emergency services? How would determine who to reach out to first for assistance?
- How do you feel about seeking out medical, mental health or behavioral health services when concerns arise? How would you advocate for a child who may need additional supports?
- Have you ever had a time that you had to respond to a crisis or significant concern involving a child? What steps did you take, and what did you learn from the experience?
- How would you go about developing a safety or crisis plan for a child's overall safety?

Behavior-Specific Parenting Strategies

- How would you respond to a child placed in your care that was displaying challenging behaviors such as the ones listed below?
  - Toddler tantrums
  - Physical aggression (e.g., pushing, roughhousing)
  - Risk behaviors (e.g., teen vaping)
  - School refusal
  - Bedwetting (age-appropriate and non-age-appropriate)
  - Fecal smearing
  - Aggression toward other children

Caseworker Assessment of Parenting Experience, Approach & Everyday Routines

- What strengths, skills, experiences, and personal qualities does the applicant have that would assist them with providing trauma-informed care to children placed in their care?

- To what extent does the applicant demonstrate an understanding of child development, trauma, loss, attachment, and the individual needs that children in care may experience?
- How well did the applicant describe or provide details of their ability to manage challenging behaviors using trauma-informed parenting approaches? Do they have the skills and knowledge to know how to handle crisis situations in a safe manner?
- Does the applicant demonstrate realistic expectations regarding children's behaviors, adjustment to placement, relationships with caregivers and the impact of trauma on their functioning and developmental level?
- How well does the applicant's household structure routines, discipline methods, and parenting approaches align with having children placed in their care?

Boundaries & Digital Safety

Boundaries

- What boundaries do you have in your household (i.e. bathroom privacy, nudity, etc.)?
- What type of boundaries do you feel you will have with birth families? What would you like the relationship to look like with birth families?
- How will you work to support reunification efforts, such as reasonably accommodating interaction schedules?

Digital & Social Media Safety

- What are your rules and safety measures for internet, social media, video games? Will you have parental controls, access to social media accounts and passwords and the ability to secure and store devices when not in use?
- How will you supervise online activity?
- How would you respond in trauma-informed manner to the following situations:
  - A youth posting inappropriate or suggestive images
  - Sharing real-time location online
  - Secret communication with a restricted parent
  - Pressuring another child to send inappropriate photos
  - Ongoing risky or inappropriate online behavior

Include both immediate actions and how caregivers would educate and guide the child.

Caseworker Assessment of Boundaries & Digital Safety

- How well do the applicant(s) understand the importance of establishing and maintaining appropriate personal, physical, and household boundaries for children placed in their care?
- How prepared are the applicant(s) in developing and maintaining appropriate, child-focused relationships and boundaries with birth families while supporting permanency and family connections?

- Did the applicant(s) demonstrate an understanding of digital safety risks and the need for age-appropriate monitoring, supervision and limits regarding internet, social media, gaming, and electronic device usage? Do they have appropriate strategies to supervising children's online activities?

Placement Preferences & Child Characteristics

Child Characteristics and Family Preferences

- Describe the child(ren) who would best fit with your family (i.e. age, gender, personality, siblings, background, etc.)
- How open are you to taking placement of a child from another faith, race, LGBTQ+, has a disability/medical need or communicable disease, etc.?
- What trainings, support or resources do you feel would assist you with being more open to accepting placement of children that you may not have as much experience or knowledge caring for?
- How do you feel you would respond if new or unknown needs were identified after a child was placed in your care?
- Would your family, friends, and other supports be supportive of you taking placement of a child that fits your preferred preference?
- Are you able to accept placement of a child without advanced notice? If not, how much notice would you require?

Caseworker Assessment of Placement Preferences & Child Characteristics

- Based on the Provider Preference Form, assess the family's ability to support:
  - Age ranges (including teens)
  - Sibling groups
  - LGBTQ+ youth
  - Children of different racial, cultural, or faith backgrounds
  - Children with disabilities, medical needs, or communicable diseases
- Identify any needs the family cannot accommodate (e.g., mobility limitations, level of care required).

Describe any additional training, resources, or supports needed to strengthen the family's ability to care for a broader range of children, including those with special needs or challenging behaviors.

Employment & Finances

Current Employment

Applicant 1:

- Current employer:
- Job title/role:
- Length of employment:
- Work hours/schedule (days, shifts, variability):
- Nature of work (full-time/part-time/remote/on-site):

Applicant 2:

- Current employer:
- Job title/role:
- Length of employment:
- Work hours/schedule (days, shifts, variability):
- Nature of work (full-time/part-time/remote/on-site):

Schedule flexibility / time off availability:

- Ability to take time off for child illness or emergencies
- Access to paid time off (PTO), sick leave, or family leave
- Flexibility for appointments (medical, school, therapy)
- Backup coverage or workplace support

Childcare Plan

- Primary childcare arrangement during work hours
- Secondary/back-up childcare plan
- Use of daycare, in-home care, family members, or school-based care
- Plan for school breaks, holidays, and summer care
- Plan for emergencies when regular childcare is unavailable

Employment History

- Summary of employment history for each applicant (past 5 years starting with the most current):
  - Employers held
  - Positions held
  - Approximate dates of employment

  - Reason for leaving (resignation, termination, relocation, better opportunity, etc.)
- Job stability patterns (consistent employment, gaps, or frequent changes):

Military History

- Has either applicant served in the military? (Yes/No)
  - If yes:
    - Branch of service:
    - Role/MOS (Military Occupational Specialty):
    - Length of service:
    - Type of discharge:
    - Reason for discharge (if applicable):
    - Any veteran benefits currently received:

Financial Stability

Applicant 1 net monthly income (after taxes):

Applicant 2 net monthly income (after taxes):

Additional household income sources:

- Child support:
- Disability benefits:
- Retirement/pension:
- Investments or other:
- Current debt obligations (credit cards, loans, medical debt):
- History of bankruptcy or financial restructuring:
- Active creditors, collections, or lawsuits:
- Monthly financial strain or budgeting concerns:
- Overall debt-to-income stability assessment:
- Any child support payments required:
- Status of payments (current, behind, inconsistent):
- History of compliance:
- Past issues and how they were resolved (if applicable):
- Ability to support a child for 6–8 weeks prior to reimbursement
- Availability of emergency funds or savings
- Financial readiness for immediate child-related expenses

Caseworker Assessment of Employment and Finances

- What is the overall assessment of employment stability and income reliability?
- What evidence is there to support financial stability (e.g., long-term employment, steady income, savings, benefits, etc.)?
- What are indicators of financial strengths (e.g., consistent work history, advancement, dual income, benefits access)?
- Are there any concerns affecting placement readiness and ongoing stability?

Health and Wellness

Physical Health Conditions of Household Members

- List of all household members and their current physical health diagnoses
- Past physical health conditions within the last five years
- Treatment for conditions, including:
  - Prescription medications
  - Over-the-counter medications (if relevant)
  - Physical therapy / occupational therapy
  - Specialist care or ongoing medical monitoring
- History of surgeries in the past five years:
  - Type of surgery
  - Date performed
  - Recovery status and any ongoing effects
- Primary care provider information:
  - Do all household members have a primary care physician?
  - Date of last medical visit for each member
- Health insurance status:
  - Coverage type
  - Any gaps in coverage or recent changes

Mental Health Conditions of Household Members

- List of diagnosed mental health conditions for each household member
- Date of diagnosis (approximate if needed)
- History of mental health treatment (past and current), including:
  - Counseling or therapy services
  - Psychiatric care
  - Hospitalizations or intensive treatment programs
- Current mental health status and level of stability
- Medication management (if applicable)
- How each individual currently manages mental health needs

- Identified triggers or stressors
- Coping strategies used, such as:
  - Therapy or counseling participation
  - Support systems (family, friends, community)
  - Self-care strategies
  - Crisis management plans (if applicable)
- Willingness to sign releases of information for coordination with mental health providers
  - Confirmation of consent for communication when needed

Substance Use History

- Current and past use of substances for each household member, including:
  - Alcohol use
  - Tobacco/vaping/nicotine products
  - Marijuana (including prescribed medical use)
  - Other mood-altering substances
- Frequency and quantity of alcohol consumption (if applicable)
- History of substance use disorder or misuse
- History of substance use treatment:
  - Type of treatment program
  - Dates and duration
  - Completion status and outcomes
- Current status of sobriety or active use concerns
- Impact of substance use (past or present) on daily functioning and parenting capacity

Caseworker Assessment of Health and Wellness

- Level of openness and transparency during health-related discussion
- Observed comfort and willingness to share sensitive health information
- Assessment of how physical or mental health conditions may affect caregiving ability, including:
  - Ability to physically care for a child (lifting, mobility, stamina)
  - Risk of hospitalization or medical instability
  - Management of chronic conditions or complex care needs
- Evaluation of mental health stability and coping capacity:
  - Awareness of personal limitations
  - Willingness to seek help and comply with treatment
  - Use of healthy coping strategies
  - Potential risks (e.g., relapse, unmanaged symptoms)
  - Overall professional judgment on health-related strengths and concerns relevant to foster care placement

Culture & Identity

Cultural Awareness and Responsiveness

- How will you be culturally responsive to children from different backgrounds, including indigenous traditions, hair/skin care, cultural foods, and traditions?
- How will you seek to understand and engage with the child's support systems? This includes consulting with the birth parents to maintain the child's cultural connections and help them to feel positive about their identities.
- What will be your response to racism, bullying, or discrimination toward a child placed in your care? Do you feel your family, friends, supports and the community will be accepting? How will you handle this if they are not?
- Are you willing to receive more training so you have a better understanding and awareness regarding cultural needs the children placed in your care may have? What do you think will benefit you initially?

Beliefs, Faith and Identity

- Do you have a religious, faith, or spiritual practice? If so, please describe the religion, place of worship, the level of importance in your life and the frequency you attend faith based meetings or events.
- How will you support a child placed in your care that has different religious practices than you, including not having any religious affiliation? Do you think it will be difficult to navigate if they don't want to participate in your religious practices or want to continue on with their own?
- How receptive are you to involving the child's family and supports in their own religious, faith, and spiritual practices?
- What would you do if, after the child is placed in your care, they identify with a new belief or they change their current beliefs?
- Are you willing to support LGBTQ+ youth? If so, how will you provide this support?
- How would you respond if a child placed in your care shared they identify as a gender different from the one assigned to them at birth? What steps would you take to support the child's emotional well-being and respect their identity?
- How would you handle if your family, friends, or the community are not welcoming of a child that identifies as a LGBTQ+ youth?
- Are you aware of resources in the community that will help to support the youth to keep their cultural and identity connections?

Caseworker Assessment of Culture & Identity

- Assess the family's ability and willingness to support children from diverse racial and cultural backgrounds, including strengths and areas for growth.

- Evaluate how the family's beliefs may impact their ability to support children with different religious views or identities, including LGBTQ+ youth.
- Identify any limitations, concerns, or barriers, as well as recommended training, resources, or supports needed to ensure the family can provide culturally responsive and inclusive care.

Collaboration, Permanency & Confidentiality: Family's Ability to Work with Birth Family Members and Child Welfare System

Partnership with Birth Parents

- How will you work with the child's birth parent(s)? Do you have any reservations in working toward the goal of reunification?
- What are your thoughts about attending meetings with the birth parents?
- What are plans for communication with the birth parents and family? Frequency? Do you feel it's important to include the birth parents in child-related matters?
- How will you respond if a birth parent feels strongly about specific preferences for their child? How will you respect these wishes?
- Do you feel comfortable establishing boundaries with the child's birth family?
- What is your comfort level of the birth family coming to your home to pick up or visit the child?
- What do you believe are benefits and challenges to having a relationship with birth parents?

Inclusion of Birth and Extended Family

- How would go about including the child's birth family into everyday life (school events, doctor's appointments, etc.)?
- If relatives come forward later, how will you support relative placement?
- How will you incorporate the child's extended family?

Managing Emotional and Relational Challenges

- How will you manage loyalty conflicts for the child? What if they want to call you "mom" or "dad?"
- If a child is asking you questions about their birth parents, How will you answer these questions? What should you take into consideration prior to answering these questions?
- What do you believe is a standard for good parenting? What are your thoughts about others who have a different standard for good parenting? How do you think differences will affect you being able to work collaboratively with birth parents?
- What does the family find will be easy with working with birth family? Why do they envision this being easy for them?
- What parts will the family find difficult in working with birth family? Why do they feel this will be difficult?

Collaboration, Permanency & Confidentiality: Collaboration with Professionals and Child Welfare System

Working with Service Providers

- What is your plan to work with HHS, service providers and others on the child's team? How does the family plan to work with service providers involved with the child?
- How will you handle it if you are not receiving a response back from a team member?
- Do you feel you will be able to follow case plan expectations established by HHS? This includes HHS making suggestions of supports and services the child should be involved with, some of which will come into your home? What would you do or say if you feel a service is not needed or the amount of appointments is becoming disruptive to your family's daily structure and routine?

Understanding Roles and Decision-Making

- What does concurrent planning mean to you?
- How will you handle not being provided information related to case-specific decisions? Discuss that workers will not provide all information to them.
- Talk with the family about the difference between workers—how will you feel about having multiple workers in the home?
- How will it make you feel to not be involved in permanency plan decisions?
- How do you plan to cope with the uncertainty of permanency?

Legal and Case Coordination

- How do you feel about working with legal representatives delegated for the child?
- What will you do if you do not agree with what HHS has determined for case progression? Do you feel comfortable having respectful, possibly direct, conversations with others who may have a different perspective?
- What would be your plan or steps to prepare their own children for reunification/permanency?

Collaboration, Permanency & Confidentiality: Confidentiality

Understanding and Application of Confidentiality

- What is your understanding of confidentiality as it relates to having a child placed in your care by HHS?
- How do you currently work to uphold confidentiality? Give personal examples.
- How will you help to ensure that everything about a child placed in your care will be kept confidential? What will you do if people ask direct questions but they are not privy to this information?

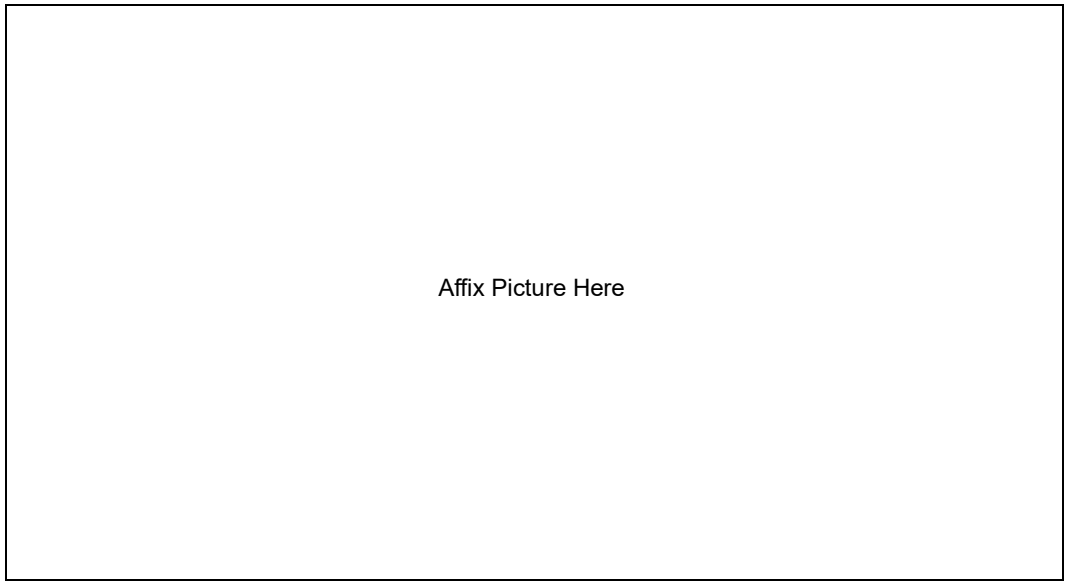
Social Media and Privacy Expectations

- Review social media rules—no names/photos online without guardian and Department consent. The fact of foster care is confidential. How do you feel about this? Do you feel it will be difficult for you to follow this expectation?
- How often do you use social media? How will you ensure that a child placed in their care is not identifiable with the information or images posted on social media platforms?
- Does the family understand this? Do they have questions? Document family's verbalized understanding of this.

Caseworker Assessment of Collaboration, Permanency, and Confidentiality

- What is the applicant(s) attitude toward reunification and permanency?
- Does the applicant(s) show a willingness to work with birth families, both parents and extended family members? Do they understand the importance of birth parent collaboration?
- What type of communication will the applicant(s) have with and about the birth family?
- How will the applicant(s) work with the child welfare team (i.e. HHS, service providers, legal representatives)?
- Does the family understand their role in case planning and progression? Do they know the appropriate manner to communicate their thoughts or concerns? Are they realistic and understand the case may not always progress in the manner they feel is best for the child?
- Do the applicant(s) understand confidentiality and understand the importance of maintaining the confidentiality for the children placed in their care?
- Are there any concerns the need to be mitigated for the above and what support?

Home Environment & Safety



Description of Neighborhood and Home

- General layout of neighborhood? Do you know your neighbors?
- Do you consider your neighborhood to be safe?
- General layout of the home?
- Assessment of the interior of the home? Is it cluttered/tidy/clean? What do you see? Provide specific examples.
- How many bedrooms? Square footage of bedrooms? Sleeping arrangements?
- For shared bedrooms, how will privacy be respected?
- Are the bedroom windows operational? Unobstructed?
- Space for belongings (closets, dressers)? What furnishings do they have ready for foster children? If they do not have, what is their plan to obtain them before child is placed? Bedding?
- Are hallways and stairwells clear of debris and clutter to allow unrestricted access to exits in the event of an emergency?
- Attached/Detached garage? Storage in garage? Any safety concerns in garage?
- Basement? What is in the basement? Will this be used for foster children? Egress windows/dimensions for bedrooms? What are the exits in the basement?
- Explain opposite-sex room sharing ends at age 5. What is the plan for this?
- What safe sleep practices are they using? Discuss safe sleep practices and how they plan to utilize this?
- Does the family understand that they are unable to have a child sleep in their bedrooms after turning two?

- Does anyone in the home smoke or vape? If so, do they understand and agree that there will be no smoking or vaping in any portion of the home or in any car where a placed child is present?

Well Water

- Do you use well water? If so, what's the alternative source if needed? Complete alternative drinking source form if applicable.

Pets

- What pets do you have? Type, names, time owned, vaccination status. Obtain proof of rabies vaccines.
- How much exposure has the pet had with children? How have they responded to this?
- Any history of aggression/biting?
- How will children be introduced?
- How will you respond if a child fears or is allergic to pets?
- How would the family respond if a child starts getting aggressive with your pet?
- Clarify plan to secure pets around visitors/workers/children. Are pets kennel trained?

Transportation and Car Seats

- How will you transport to school and other appointments?
- Do you have car insurance and registration? We need to physically see these documents for verification and document in the home study the company and the dates are they are valid for.
- Do you have a valid driver's license? We need to physically see and obtain a copy of this for all individuals that will be transporting the children. The copy will be for internal records. Document in the home study the dates the license is valid for.
- If you don't have a car and/or driver's license what is your plan to make sure the children are able to get to school and/or their appointments? Do you have a plan to obtain these things? Is there something prohibiting you from obtaining a driver's license?
- What type of cars do you have that will transport children. List each car separately.
- Do you have car seats and if not, how do you plan to obtain them prior to taking a placement?

Emergency Planning

- What are your plans for weather, accidents, medical situations and who will you contact for support?
- Do you have a safety and emergency plan developed? How do you plan to teach a child placed in your care how to respond in an emergency situation?
- Do you know what to do if a medical emergency arises for a child placed in your care?

Safety Precautions

Medications and Chemicals

- Where are prescription medications stored?
- Where are non-prescription medications stored?
- How do they plan to administer medications?
- Where will they store and utilize their medication log?
- Where are chemicals stored?
- How are chemicals locked?
- Will children have access to chemicals? What does this look like? Chemical use must be monitored by an adult and children should not have access to chemicals.

Firearms and Ammunition

- Does the family have weapons/firearms? How many? What kind?
- How are they stored? State where in the home they are stored. How are they locked? Where is key stored?
- Is ammunition separate? How is this locked? Where is the key stored?
- Any hunting/recreation or law-enforcement usage?

Other Safety Considerations

- What local safety hazards exist and what's your specific plan to prevent access? Roads, water, pools.
- List each hazard and provide an explanation of how the family plans to ensure the child's safety in relation to this hazard.
- Include in detail the family's safety plan for the hazard.
- Was the hazard staffed with HHS Licensing?

Caseworker Assessment of Home Environment and Safety

- Does the home and surrounding neighborhood appear safe, stable, and appropriate for children? What specific observations support this assessment?
- Does the physical layout of the home meet the needs for placement of a child, including sleeping arrangements, privacy, storage space, and accessibility?
- Was the home observed to be clean, organized, and free from hazards?
- Does the family have a clear understanding of licensing requirements related to bedrooms, room sharing, safe sleep practices, and child supervision? If there are unmet requirements is there a plan in place to address this prior to placement of a child?
- Have medications, chemicals, firearms, ammunition, and other potentially dangerous items been stored and secured in a manner that promotes child safety? Are any safety concerns present?

- What environmental or property-specific hazards exist (i.e. water features, pools, busy roads, etc.) and does the family have an adequate safety plan to mitigate those risks?
- Does the family have reliable transportation, appropriate vehicles accommodations, and a clear plan for ensuring children's access to school, medical appointments, visitation, and other activities?
- Does the family appear prepared to respond effectively to emergencies and unexpected situations? What evidence supports their ability to maintain child safety during medical, weather-related, or household emergencies?

Logistics, References & Record Checks

Interview Logistics

Respite Approval: One announced, and one unannounced visit required- both must be in the applicant's home.

Foster Care License: Two announced, and one unannounced visit required.

Adoption Approval: Two announced, and one unannounced visit required. At least two of these interviews are required to be in-home for adoption approval.

Dates of home visits and who was present (specific which one was unannounced and where the visit occurred):	Dates of phone contacts with the family:

References

Summarize three applicant-provided references and three unsolicited references.

- Increase anonymity by combining responses; add HHS professional reference if there is/was HHS involvement, employer/school references as applicable. *Do not include names in the narrative*

Record Checks

Child/dependent adult abuse, criminal history, Sex Offender Registry, Iowa Courts Online, fingerprints, out-of-state residency in last five years; **document dates. (Iowa Criminal history is public and can be added to this chart. Child abuse information can only be added if the applicant reports it.)**

Name	Iowa Child & Dependent Adult Abuse Record Check	Iowa Criminal History Record Check	Iowa Sex Offender Record Check	Iowa Courts Online Check
	Date	Date	Date	Date
	Date	Date	Date	Date
	Date	Date	Date	Date
	Date	Date	Date	Date
	Date	Date	Date	Date
	Date	Date	Date	Date
	Date	Date	Date	Date
	Date	Date	Date	Date

Date checks completed: Evaluation Completed: ☐ Yes ☐ No

Did any household members live outside of Iowa in the last 5 years? ☐ Yes ☐ No

Fingerprints were completed and did not prohibit the applicant(s) and adults living in the home from proceeding in the home study process. ☐ Yes ☐ No ☐N/A

- Summarize the pattern & theme of the offenses and discussion about the applicant's record check history
- If there are concerns, how have they been corrected or why is it no longer a concern?
- If substance or mental health related be sure to have addressed it specifically in previous section(s) of study
- What do they say about the offenses? (without listing the offenses)

Observations, Recommendations & Signatures

Worker Assessment

- Summarize this family based on all the information you have gathered throughout the assessment period.
- What are their strengths and areas for development?
- Are there safety considerations for the home or family?

- Your professional judgement, what makes this a good foster or adoptive family? What makes you pause?

Specific Training and Support Needs

- Given the family's skillset, what specific training would they need to successfully care for the child **you** and **they** believe they can parent?
- Identify specific training topics *from preidentified list* that this family needs to complete prior to their first renewal
- Prioritize/rank the top 3 training needs
- What level of support will this family need from their RRTS support worker, mentor and HHS case manager to be successful?

Recommendation

Through this home study, this family is recommended for a license capacity of . This worker recommends that and be approved as foster parents effective to .

It is recommended that and be approved as adoptive parents.

This family will do best with:

- Thoroughly describe based upon family preferences **and your assessment,** the type of child(ren) they can best parent
- Will they accept other races, sibling groups, short term, long term, respite, emergency, etc.?
- Will they work well with birth family/kin?

Recommendation for Denial

- Clearly summarize/outline concerns leading to denial with corresponding Iowa Code.
- Ensure that you clearly addressed each of these concerns in previous sections of narrative.

Completion & Signatures

Signature of RRTS caseworker	Completion date
Child placing agency	Phone number
Signature of Supervisor	Review date