

Date of Day 1 Initial - date of waiver or start of class

General Home Study Information

Licensing Agency Lutheran Services In Iowa	Licensing Worker
Recommended Approval: <input type="checkbox"/> Foster home license <input type="checkbox"/> Adoption approval <input type="checkbox"/> Foster home license and adoption approval <input type="checkbox"/> Denial	
Recommended Foster Home License Capacity: .	

Applicant's Information

Legal Name	Preferred Name if different	Legal Name	Preferred Name if different
Race	Preferred Pronouns	Race	Preferred Pronouns
SSN (last four numbers)	DOB	SSN (last four numbers)	DOB
Work Phone	Highest level of Education	Work Phone	Highest level of Education
Occupation	Applicant Annual Gross Income \$	Occupation	Applicant Annual Gross Income \$
Cell Phone	Email	Cell Phone	Email
Marital Status Choose an item.	Religion	Marital Status Choose an item.	Religion
Child care provider: <input type="checkbox"/> Yes <input type="checkbox"/> No Type		Child care provider: <input type="checkbox"/> Yes <input type="checkbox"/> No Type	
Address		City	Zip
Home Phone		School District	

Children and Other Adults In the Homenformation

Please include all children and other adults that live in the home. Include relationship: Bio (B), Adoptive (A), or Foster (F), Relative (R), Suitable Other (S), Other (O – please describe)

Name	DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Race
Name	DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Race
Name	DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Race
Name	DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Race
Name	DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Race
Name	DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Race
Name	DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Race
Name	DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Race
Name	DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Race

Discussion with Resource Parents

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

Summarize your discussion with the family – why did they come to apply – etc.

Are they interested in foster, adoption, or both – and have their minds changes through attending Pre-Service Training class?

- What is their motivation for becoming a foster and adoptive family?
 - What are their mutual goals (why did they come to apply)?
 - What are their values/goals?
 - Any recreational and community involvement (school, church, community) How busy are they?
- Discuss waived home study or child specific.
- **Previous applications for foster care or adoption, if any, and the outcome.**
 - If applicable, the applicant's previously unfavorable home study or relicensing, denial, or revocation of a foster home licensing or adoption approval.

Initial Home Study

Please include with this home study a picture of the family. If this is an initial foster or adoptive home study, address in discussion with the foster or adoptive parents:

Becoming a Foster or Adoptive Family

Background

Name:

Describe:

- **Where the applicant grew up:**
 - State applicants current age, when they were born, location they were born
 - Where did they grow up – location. Did they move around a lot, and if so, what are the reasons to why? How did they cope or deal with the many moves?
- **The applicant's past and present relationship with and location of their parents and siblings.**
 - Applicants parents' names, first and last, ages, locations
 - How is the relationship with the applicant's parents at this current time? How much contact do they have, face to face, over the phone, etc.?
 - Siblings – names (first & last), ages, and current location. Are their siblings married? Any kids. How is the relationship with siblings currently? How much contact do they have?
 - How was relationship with parents and siblings' growing up
 - What do they recall as a child- any special memories?
 - Were they close to one parent over the other, and if so, why?
 - Siblings – were they close to one sibling over the other? If so, why?
 - Did parents remain married? If not, how old were they when the parents divorced.
 - Did either parent remarry?
 - Were there step-siblings?
 - Discuss relationship with stepparents, and step siblings?
 - Extended family members (parents, grandparents, siblings) who have a criminal, child abuse and/or a sexual offending history? What contact with the applicant(s)? How will the applicant(s) ensure the children placed in their care will be safe if in the present of extended family members?
- **The applicant's grief and loss experiences (infertility, loss of parent, child, spouse, etc.) and an example of how each applicant coped with their emotions around grief and loss.**
 - Grief and loss growing up – as well as an adult.
 - Examples of how each applicant coped with their emotions around grief and loss.
 - How do they now cope with grief and loss?
- **Any disconnected relationships in their family and why.**
 - Any disconnected relationships – immediate or extended family. If so, why?
 - Any disconnected relationships with their children, ex-spouses, etc. If so, why?
- **Significant events that have occurred in their family and how these events impacted their family.**
 - What do applicants recall as significant events growing up?
 - Do they feel they had a happy childhood- if so, what made it happy? If not, why?
 - Do they do these things today with their own family?
 - At what age did they move out of the home? Why? How did they feel, how did their family feel?
- **Positive events including special family activities, hobbies, etc.**
 - What were positive events, special occasions they had growing up?
 - Any hobbies they enjoyed going to as children?
 - What do they do now – what special family activities do they do with their own family?
 - What hobbies do they enjoy doing?

- **Any history of abuse of the applicant or a family member.**
 - Any history of violence or abuse of the applicant or any family member, or household member of the applicants.
 - If yes, please explain.
 - How did the abused member deal with the abuse?
- **How they reacted to the abuse.**
 - If previous was yes – how did they react to the abuse?
 - If they were abused, did they attend counseling, did they tell anyone, how did they cope?
- **How the applicant deals with rejection, criticism, and adversity.**
 - How does the applicant describe themselves and their spouse/partner?
 - How does the applicant deal with rejection, criticism, and adversity?
 - How does the applicant show affection to others?
 - How does the applicant cope with stress and frustration?
 - How does the applicant solve problems?
 - How does the applicant handle crisis?
- **If the applicant is open to receiving feedback and seeking help and support when the applicant or a foster or adoptive child needs it.**
 - How is the applicant with receiving feedback?
 - What do they feel is beneficial from receiving feedback?
 - Will they be accepting of feedback given?
 - Are they willing to seek help and support with foster and adoptive children placed in their home?
- **'What the applicant will enjoy about fostering or adoption, and their understanding of being a foster or adoptive family.**
 - What will each of them enjoy about fostering / adoption?
 - Please discuss this with each applicant and state the feelings of each.
 - What is each applicant understanding of being a foster and adoptive family?
 - Discuss with each applicant and state responses, feelings from each.
- **The applicant's strengths, challenges, and necessary supports.**
 - What are their strength/needs? Please discuss this in depth and be detailed in the study.
 - Relate this back to the 14 characteristics covered in Pre-Service classes – what are their strengths that they identified and why. What are their needs – why?
 - If Pre-Service is waived, what does the applicant identify as their strengths and needs?
 - What are their needed supports – please discuss with them RRTS support, PAS support, etc.
- **The applicant's current occupation, work schedule as to their flexibility for handling a crisis or emergency when there is a foster or adoptive child placed in their home.**
 - Each applicant work history start with discussing their most current job.
 - What are their work hours – days of the weeks?
 - If they are a registered daycare – what category are they – how many children do they have in the home (full –time, part time)?
 - Is their work schedule flexible?

- Previous jobs, length of employment, reason for leaving job.
- Are they satisfied with their current job?
- Any plans to look for different employment?
- Has either applicant been in the military – type of service – discharge date?
- **What is the applicant's childcare plan if a child was placed with them?**
 - Childcare plan – if children are placed in the home
 - Have they investigated childcare – is it registered daycare provider?
 - Discuss reimbursement cannot exceed childcare assistance rate – will that be an issue?
 - Include that applicant understands they will pay childcare up front and only get six absent days per month.
- **The applicant's highest level of education.**
 - Level of education
 - Where did the graduate high school – and what year?
 - Did they go on to attend college? If so, where, what years, and what degree did they receive?
 - If they did not graduate- what is the highest level of achieved?
 - Discuss circumstances surrounding this and list the highest level of education received.
 - If they had to go back, would they do this different?
- **Their community and school resources that are available for the foster or adoptive child's educational needs.**
 - Knowledge of and availability of educational programs in the community (list these if they know).
- **What each applicant's expectations are for a foster or adoptive child academically.**
 - What value does the family place on education?
 - Expectations of children academically,
 - For adoptive children – are they willing to support a child in post high school education?
 - What school setting do they hope to use?
 - Any experience with birth, adopted, or foster children being involved in special educational services?
 - If they home- school – (state if they do) do they understand they cannot home school foster children?
- **The sufficiency of the applicant's income to meet the child's basic needs.**
 - Adjusted gross income (verify)

“This family reported a yearly income of _____, which was verified with pay stubs, a copy of their most recent 1040 tax return or through _____.”
 - Is family experiencing heavy debt or financial stress due to creditors or lawsuits?
 - Financial decision-making (who, how, why).
 - Does either applicant have a history of bankruptcy?
 - If so, when did it occur?
 - What are they doing differently since filing?

- Do they have sufficient income to meet a child's basic needs?
- What type of insurance does the family have?
- Are they willing to place adopted children on their insurance?

The family would appreciate financial assistance in the form of foster care reimbursement, Medicaid, and adoption subsidy if deemed appropriate.

- **Each applicant's current or past physical or mental health conditions and history of mental health needs that would impact their ability to parent.**
- A health report was signed and received for _____ stating there are no identified physical or mental health concerns would not prevent the applicant's ability to care for children. In regard to children in the household, there are no conditions that would impact the parent's ability to care for other children coming into the home. In addition, there is no evidence of any communicable or infectious disease which would be detrimental to the well-being of a child placed in this home.

The form states that _____ physical and mental health would not prevent them from providing the needed care to children.

- Discuss the health report and health problems for each applicant as well as children
 - This includes, infertility, chronic conditions, or disease, physical or mental conditions, and their effect on family and ability to parent
 - If indicated (i.e., psychiatric medication use, treatment, and counseling) the reasons for mental health meds, or services, and their effect on family and ability to parent
 - Current and past involvement (frequency and quantity) of alcohol and drugs (prescription (including medical marijuana) – non-prescription, illegal)
 - If indicated, treatment facility or professional pertaining to substance abuse treatment, level of recovery, and potential impact of this on family and ability to parent, how did they stop, how long did they abuse substances or when was the last time they used. How do they prevent relapse?
 - Sexual abuse experienced by family members, and subsequent treatment
 - What medications are they currently taking?
 - ♦ Dosage, and reasons why?
 - Look up each drug to verify that they are telling you reasons why they are taking it.
 - Professional assessment of significant medical history – licensing worker assessment.

Parenting. Describe how the applicants respond to the following:

- **How each applicant supervises their children.**
 - What is their plan for supervision of the children? (Be specific due to age)
 - Who else will be supporting them with supervision if leaving the home?
- **Each applicant's training experience, experience with working with children and children with special needs, or other professional and occupational skills that would assist them in parenting a foster or adoptive child.**
 - Does either applicant have any experience working with special needs / behaviors, medical needs
 - Additional experience working with children?
 - Any professional – and occupation skills they have- that would assist them in parenting foster or adoptive children?

- Any additional training they are requesting?
- Licensing workers recommendation of training in the first year?

Pre-Service Training

Applicant:		
Training Name:	Date:	Due Next
CPR		
First Aid		
Mandatory Reporter Training		
Medication Management		
Universal Precautions		
RPPS		
Human Need for Belonging		

Applicant:		
Training Name:	Date:	Due Next
CPR		
First Aid		
Mandatory Reporter Training		
Medication Management		
Universal Precautions		
RPPS		
Human Need for Belonging		

Applicant:		
Training Name:	Date:	Due Next
CPR/First Aid		
Mandatory Reporter Training		
Medication Management		
Universal Precautions		
RPPS		
Human Need for Belonging		

- **Discuss the children's ages, behaviors, and needs the applicants feel confident or not confident they can or cannot handle.**
 - Ages they are willing to accept.
 - Male or female – both?
 - Willing to accept sibling groups?
 - Willing to accept LGBTQ youth?
 - Willing to accept teens?
 - How do they feel about caring for foster or adoptive children with disabilities, including physical, emotional, mental, educational and behavioral challenges?
 - Are there any types of disabilities that applicants would prefer not to work with?
 - Are they willing and able to accept placement of a foster children without advanced notice?
 - Are they willing to accept emergency placements (i.e., at night, middle of night, etc.)?
 - Specific behaviors the family is willing to accept into their home and why?
 - Specific behaviors family would not accept into their home and why?

signed the Communicable General Agreement form on . They indicated that they ARE willing to accept a child who is known to have AIDS, has tested HIV positive, has Hepatitis, or has Meningitis. The importance of using universal precautions with all placements was reviewed. The signed document is enclosed.

- If family agrees to take children who are at risk of a communicable disease – we need to state that they are willing to take any required class prior to accepting placements of children with these risks.
- RRTS licensing workers recommendation regarding placement of a child.
 - Summarize the type of child, including sex, age, and issue.

As the resource worker - what would be the best match for the family?

▪ **Each applicant's discipline methods, behavior strategies used, family or house rules.**

"This worker has discussed and reviewed with Applicant Name the restrictions on training and disciplining foster children according to Iowa Administrative Code (441) Chapter 113.18 (2) including that corporal punishment is prohibited."

- Explain their knowledge of non-corporal discipline methods. Discuss the need to sign the Assurances agreement.
 - How would they approach parenting a child with special needs and or behavioral issues that they are willing to consider?
 - Avoid power struggles?
 - De-escalate child in crisis?
 - Build a child's self –esteem?
 - Any significant experience raising a child other than their own (current or former stepchildren, etc.)?
 - What are their family rules? Discuss a crisis contact plan and document in study.
 - How will family rules be introduced to foster children?
 - What is their daily routine?
- **Each applicant's perspective on the training and discipline requirements for foster parents in relation to foster children and, if it is different from their own parenting techniques, how will they approach that when fostering.**
- Explain that an individual training will be developed with them to ensure they get training specific to the children they take into their home.
 - Discuss the six hour per year ongoing training requirement and include their plan to ensure this is met.
- **How each applicant was parented growing up, and if they would parent the same or differently.**
- How were they parented growing up? (Discuss throughout the ages, 0-6, 6-12 and during their adolescent years)
 - How will they parent the same?
 - How will they parent differently?
 - Give an example of their parenting style, including discipline.
- **Each applicant's support system for parenting.**

- **Each applicant's understanding of confidentiality.**

- What is each family's understanding of confidentiality?

The family verbalized an understanding that information about children in foster care is confidential and cannot be released without a signed release from the guardian. They verbalized an understanding that the fact a child is in foster care is also confidential.

Explain social media confidentiality including names and photos cannot be posted on the internet or any social media site without parent/guardian and Department consent.

Children in the home. If applicable, include the applicant's children's names, ages, and grade level in school.

- **Anticipated interactions with foster children.**

- **Current or past physical or mental health conditions, history of mental health needs or issues that could impact foster or adoptive children.**

- **If open enrollment is available.**

- Is open enrollment available in their school?

- **Describe how the applicants respond to the following:**

- Discuss each child's personality – how does applicants describe each child
- Utilize home study questionnaire for comments shared by applicant and add to study.

- **Describe: Discuss with each child, and what each child states**

- Their children's attitude toward a foster or adoptive child living in their home, and how the applicants think their children will adjust to this change.
- Talk with applicants' children and interact with them based on age/development.
- If no comments by children, discuss reasons why with applicant.
- What a typical day is for their children.
- The activities their children enjoy doing as a family or on their own.
- What are the rules in the home?
- What are roles in the family?
 - What are the expectations of the children?
 - How rigid or flexible? (i.e., Homework, cell phones, chores, curfew, shoes in the house)
- What their children will enjoy about having a foster or adoptive child in their home.
- What their children will be worried about having a foster or adoptive child in their home.

Other adults in the home. (Anyone in the home 18 or older)

- Relationship to the applicants.
- Nature and history of presence in the home.
- Current circumstances (occupation, relationships, etc.).
- Attitude and experience with special needs foster care or adoption.
- Anticipated interactions with foster children.
- Current or past physical or mental health conditions, history of mental health needs or issues that could impact foster or adoptive children.

Relationships.

- **If the applicants are married or cohabitating with a partner, describe:**
 - **Their relationship and how long have they been together.**
 - How long have they been together?
 - How did they meet?
 - What attracted them to each other?
 - How each other describes the other?
 - **Each person's role in the relationship.**
 - How does each applicant view their roles in their marriage?
 - Do they have traditional roles – share roles, etc.?
 - **How they make decisions and how they handle disagreements.**
 - How do they make decisions --- example?
 - How do they handle disagreements- example of recent disagreements?
- **Verification of any marriages and divorces. Note the dates of the marriage and divorce decrees.**

This worker verified that the family has a valid marriage license. The date on the marriage certificate is .

- Assess strengths/ needs of relationship as it pertains to becoming a foster and adoptive family
- If they have been divorced – we need to discuss this as well – in this section
 - Describe length of the marriage and reason it ended
 - How does current marriage different from previous marriage (s)
 - What did you learn about yourself from this marriage?
 - ◆ Visitation with children from previous marriages or relationships – applicants' responsibility to these children
 - ◆ Does applicant pay child support?
 - How are they co-parenting?
 - How are they communicating?
 - How many divorces have occurred? Go through each one and explain.
 - What is the applicant's perspective of the non-custodial parent? How did the applicant respond when asked about non-custodial parent?

This worker verified that the family has a valid divorce decree. The date on the divorce decree is

- **If the applicant is single, describe:**
 - Any significant or current relationships.
 - Are they in a new relationship, have a significant other or another type of ongoing support system?
 - Do you intend to pursue a relationship in the future?
- How the applicant thinks a special needs foster or adoptive child will impact the applicant and their current or future relationship.

- How would you involve/introduce the children to a new relationship/support?
- (If Single) Assess strengths and needs of applicant with regard to becoming foster or adoptive parent

Other relationships

- **What is the parenting or caretaker role of the other adults living in the home?**
- **Address other adult children that do not reside in the home.**
- Name, age, occupation, relationship status, do they have children, where do they live.
Attitude towards their parents becoming a foster/adoptive parent?
- **What role the applicants' parents or extended family will play in regard to foster or adoptive children.**
 - What role will be played by extended family with foster / adoptive children
 - How will extended family handle holidays, birthdays, etc. for foster / adoptive children
 - Who will watch children if you have a night out? Vacation?
- **Their parents or extended family support of the applicants' being a foster or adoptive parent.**
 - Are they supportive of applicant's foster /adoptive plan?
- **The potential safety and risk concerns with extended family support.**
 - Address if this is a child specific home study and have a relationship with parent/guardian.
- **The applicants' ability to work with birth families and professionals.**
 - Will there be issues working with the birth family?
 - Has the applicant been dealing with fertility issues?
 - Their ability to build connections with the birth family
 - How would applicant respond to relatives coming forward if they were not previously involved at beginning of case?
 - Explain Family First standards – HHS consistently looking for relative placement if possible. How would applicant be supportive of this process?
 - Attitudes of family towards birth parents and child background
 - How will the family help the child with loyalty issues?
- **What the applicants think will be hard or enjoyable about working with the child's parents, other extended family members, HHS, and service providers.**
 - Write a brief statement about each. (child's parents, other extended family, HHS, and family members)
 - What will family enjoy about working in partnership with all parties?
 - What will they find as hard?
 - Describe ability to work in partnership with birth family, social workers, etc.
 - What is family's understanding of concurrent planning – and what role will they plan in it?
 - How will they cope with the unknown of the child's permanency?

Culture

- **Discuss the applicant's ability to be culturally receptive to children from a different cultural background than their own if a child from another culture is placed with them.**

- Are they able to be culturally receptive to children from a different cultural background than their own – how?
- Are their support systems/relationships/community receptive to being culturally sensitive?
- Are they willing to care for children from other races and cultures than their own?
 - If yes, what will you need to know to accomplish that?
 - Are they aware they will need to be educated/trained?
 - Is the applicant receptive to discussing these needs with the bio parent/birth family?
- **Describe how the applicants will care for a child to maintain their connections to their culture and heritage and helps the child to feel positive about their cultural identity.**
 - If they are willing to care for children from a different race / culture other than their own, then”
 - ◆ How will they address any issues that may be different from their own situations, including but not limited to socialization, hair skin care, heritage religious, food, addressing racism?
 - ◆ Indigenous peoples (Native American) traditions and cultures?
 - ◆ Will they take children to festivals and cultural events?

Religion and faith. If applicable, describe:

- **The religion the applicants are affiliated with.**
 - Do they affiliate with a particular religion?
 - If so, which one – what church do they attend?
 - What importance does religion play in their family?
 - Level of participation?
 - Frequency of attendance?
 - Discuss concerns of forced expectations of attending a religion outside a foster child’s belief system, culture/background. What is plan for child if their family attends and foster child does not? Could child be at church listening to music, for example, if not wanting to participate?
- **The applicant’s religious expectations of a foster or adoptive child. (A foster child cannot be required to attend their faith service.)**
 - How will they support children that have different religious beliefs/views and cultural backgrounds?
 - How receptive is the applicant for child’s family members/supports keeping child connected to their own religious/spiritual beliefs?
 - Would applicant take the child to their home church/activity/ceremony?
- **The applicant’s willingness to allow a foster or adoptive child to continue practicing their own religion or not to practice any religion.**

[Name] understands that foster parents cannot require a child to attend church or practice a religion. This is a policy that this family [will/will not] abide by.

 - How does the family feel about different religious beliefs from their own?

Home safety and environment inside and outside.

- **Describe general characteristics of the residence and neighborhood.**

A survey report was completed with the family on _____ (date). The areas marked N/A were discussed with the family and the family has agreed to comply with these rules.

- Describe general characteristics of applicant's home and neighborhood.
- Is it a house, apartment, condo, etc.)?
- Describe the floor plan – including the number of bedrooms, bathrooms, **and what rooms are identified for foster children.**
- Describe the sleeping arrangements and bedroom measurements.
- How many rooms – and what rooms are identified for foster children?
- Are their closets, dressers or both in rooms identified by foster children?
- Are there beds readily available for children?
- Are hallways and stair ways free of debris and clutter to allow unrestricted access to an exit?
- Basement bedroom for foster children? if yes – egress window
- Do they have an attached, detached, or no garage?
- Does anyone in the home smoke?
 - Remind applicant that foster parents cannot smoke around foster child and this also includes relatives/supports.
 - Discuss in study plan for those who smoke.

There is a plan to share bedroom/s, and the shared bedroom/s have a minimum of 40 square feet per foster child. The foster family understands that the grouping of children in bedrooms shall take into consideration the age and sex of children. They understand that foster children cannot share a bed with other children, and that foster parents must have a designated bedroom. If not applicable, explain:

- If the plan for an infant is to share a bedroom with an applicant what is the plan when the child turns 2?
- Remind applicant that opposite sex children cannot share a room after age 5.
- Discuss Safe Sleep with applicant and document responses on issue.
- **Does the applicant use well water and require an alternative source?**

The family does or does not require alternative water?
- **Note the location of smoke detectors and carbon monoxide detectors.**
 - Where are these all located at --- verify that they are all in working order
- **Address any pets or animals living in the home or outside (species and breed), current vaccinations. Describe the pet's background and any biting and any history of aggression towards people. Describe how foster children will be introduced to pets to minimize risk of aggression.**

Please list all animals living inside and outside of the home as well as the breed.

 - Talk to me about the disposition of your dog?
 - How do they do with children and new people they meet? (i.e., Workers in and out of the home)
 - Would applicant be willing to put the animal away during times when workers/new people are in the home?

We need to address the background and any history (as noted above) – then we must put that we verified pet vaccinations are completed.

- How will applicant introduce foster children to animals?
- How will applicant handle children that have had negative experiences with an animal and are fearful?
- How will applicant respond if animal/dog injures a foster child? What is the plan?
- If the dog is kenneled, how much exposure will foster children have to animal?

This worker verified that XXXX had the rabies vaccine on XXXX and it expires on XXXX. The vaccination is current at the time this home study is submitted.

▪ **Describe where medicines and poisonous substances are stored.**

- Where does family keep prescription and non-prescription medications?
- Remind applicants that even with teen placements they are responsible for administering all medications – no exceptions.
 - All prescription medication is administered as prescribed and document in a medication log
- Chemicals
 - Specifically for relative placements – must stress importance of having all chemicals secured – no exceptions. Document plan.
- Did you verify that these are kept locked up?
 - How are they locked?
 - Ask to visually see where they are and document.

The family understands that prescription medications shall be administered as prescribed by an adult and documented in a prescription log. They also understand that poisonous substances shall be kept in a locked storage container out of the reach of children. (Document in the home study this was discussed, and they agree - Yes)

▪ **Describe what weapons or firearms the applicants have, where they are stored, and the rule requirements, including safety planning, regarding them, if applicable.**

- Please make sure if the family has any guns (but not permit to carry) they need to still sign the firearms safety plan.
- Does applicant have a permit to carry?
- Where are the firearms kept? (locked) Where ammunition kept? (locked) Did you verify both? Document in study.
- Do you/family hunt or engage in recreational shooting activities such as target practice?
- If applicant is in law enforcement/employee a required HHS form must be completed.

The family understands that weapons and firearms shall be maintained in a locked place. Ammunition shall be kept maintained in a locked space separate from the firearms. Document in the home study this was discussed, and they agree - Yes)

▪ **Describe how they will monitor children using the Internet and social media.**

- How will the monitor internet and social media – what are their plans?

The family understands that foster children must be monitored when using the internet. Document in the home study this was discussed, and they agree - Yes)

No pictures of foster children can be posted on social media. Document in the home study this was discussed, and they agree - Yes)

Stress with applicant again the importance of Confidentiality of the foster child. Document in the home study this was discussed, and they agree - Yes)

- **Describe and discuss any safety hazards such as roads, bodies of water, swimming pools and the accessibility to children. Describe any barriers to the children's accessibility and safety plans in regard to them.**

- Safety plans required for pools or bodies of water.
- What is the access to pools/body of water?
- What is the specific plan for the applicant to make sure the child does not have direct access to pool/body of water?

- **Note if the applicants have a valid driver's license and car insurance. Make a copy of the license and insurance.**

This worker verified that the family does have valid driver's licenses and they are current at the time this home study is submitted:

XXXX license is valid through X/XX/XXXX

XXXX license is valid through X/XX/XXXX

All vehicles used to transport children are insured. The family has XX vehicles.

The family understands that Child and Infant Car Safety Seats are required when transporting younger children. Please note what type of car seats they have for children or the ability to obtain car seats

- Does the applicant have easy access to car seats in the event of an emergency placement?
- Does the car seat the applicant has meet current safety requirements? (Are they expired or have the car seats been in an accident?)

Vehicle #1 _____

Auto insurance has been verified by this worker and is valid through XXXXXXXX. Auto insurance is current at the time this home study is submitted.

Vehicle #2 _____

Auto insurance has been verified by this worker and is valid through XXXXXX. Auto insurance is current at the time this home study is submitted.

- **Describe how the applicants will participate in transporting a child to visits, appointments, school activities, etc.**
 - Is the applicant willing to transport to appointments for school, mental health, physical, recreational, or cultural activities?
 - Are they willing to help with transportation to visits with parents?
- **Describe weather-related, accident, medical, and other safety planning.**
 - We need to discuss this - what is their safety plans – also we need to address where they plan to post the safety plan in their home. (Fire, tornado, blizzard)
 - What is applicant's understanding about the ability to make medical decisions for the foster child? Remind them of the parameters.

Summary of Consultation and Interviews

Three interviews are required and two of these interviews are required to be in-home for initial licensure or adoption approval.

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

Discuss was the family cooperative, were there any concerns, did the family resolve any concerns discussed?

List dates of all pre-service classes the family attended. If they missed any classes document those as well.

Comment on family's openness / attitude towards training and home study process including level of cooperation. Did the applicant(s) actively participate in class? Were they open during home study visits? Were they on top of their paperwork?

References

Description of the three references provided by the applicant and, for foster family applicants, the three unsolicited references to complete the initial home study.

- **If negative reference is received, process with your supervisor. If requested by supervisor, follow up with applicant for more information.**

Summarize evaluation from each solicited and unsolicited reference. Do not include reference names. Combine these responses together to increase anonymity of references.

- **How many favored approvals? How many did not?**
- **Describe the family qualities identified that would be helpful to them as foster or adoptive parents.**
- **Describe references perceptions of their marital relationship.**
- **Describe responses to the questions about whether the references would feel comfortable having this family raise their own children and the family's parenting ability.**
- **How did references respond to questions about the family's disciplinary techniques, ability to handle anger and frustrations?**
- **Did any references identify past or present problems with substance abuse, gambling, or mental health problems?**
- **Describe any additional concerns expressed by references?**

Record Checks

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:	Date:	Date:	Date:
	Date:	Date:	Date:	Date:

Date checks completed: (See above)

Date evaluation completed:

Evaluation completed: ☐ Y ☐ N

Did any household member live outside of Iowa in the last 5 years?

☐ Y ☐ N

Fingerprints were completed and did not prohibit the applicant/s and adults living in the home from proceeding in the home study process. ☐ Y ☐ N ☐ N/A

www.iowasexoffender.com database check: ☐ Y ☐ N

Comments:

Summary and Recommendations

Summarize your overall assessment of how you think the family will do.

Also include the following:

- **Applicant's strengths/ needs regarding their childhood experiences as it pertains to taking on the role of foster or adoptive parents.**
Include any history of the applicant's childhood involvement with HHS, loss and trauma.
- **Personality strengths and needs as they pertain to being a foster or adoptive parent.**
- **Assess and describe their communication skills.**
- **What was their partnership development plan – how have they achieved it thus far, and what can they work on with their support caseworker once they are licensed?**
- **How has the family considered the needs of their own family in making the decision to foster or adopt?**

- **The families understanding of foster/adoptive children, and their experience with children in general.**
- **Understanding of loss and attachment issues (for self and child).**
- **What are the families strengths relating to the twelve criteria (when taking classes) – what are their needs? (list some of these – and reasons why)**
- **Identify family's strengths – in type of child / children they could successfully foster / adopt**
 - Include number of children, age, sex, characteristics, and special needs
 - Family ability to respect a child's cultural and religious identity
- **Identify family's needs in detail with regarding to providing foster care or adoption**
 - Are the needs being addressed by the family?
 - Will the need impact the children placed in their care?

Recommendation: Through this home study, this family is recommended for a license capacity of **XX**. This worker recommends that **XXX** and **XXX** be approved as foster parents' effective _____ to _____. It is further recommended that **XXXX** and **XXXX** be approved as adoptive parents.

This family will do best with (describe type of children that will fit best in this home and preferences) what will they accept – and not accept. Will they accept other races, sibling groups, short term, long term, respite, emergency, etc.? Will they work with birth family/kin?

- **If a denial is recommended (HHS should have been notified verbally and through the HHS Resource Home Concern form) cite the denial codes for family foster care and adoption, providing information to support each denial code.**
- **Complete the Recommendation for Denial of a Foster Family License form.**

Completion and Signatures

Signature of Worker	Completion Date
Child Placing Agency Lutheran Services In Iowa	Phone Number
Signature of Supervisor	Review Date