



Relative Home Study Face Sheet

Relative Home Study ICPC Relative Home Study

Day 1: _____

Name of Child(ren): _____

Section 1. General Agency Information	
Licensing Agency:	Licensing Worker:

Section 2. Relative Family Information			
Legal Name	Preferred name if different	Legal Name	Preferred name if different
Race Choose an item.	Preferred Pronouns	Race Choose an item.	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
Address		City	Zip
Home Phone		School District	

Please include household members that live in the home. Include Relationship R: Bio (B), Adoptive (A), or Foster (F)

Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.
Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.
Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.
Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.
Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.
Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.
Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.
Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.
Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.
Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F R:	Race: Choose an item.

Section 3. Relative Family Environment (List other environmental factors in Section 6)	
Child Care Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Will need Iowa financial assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoking Habits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergy Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 4. Relative Family Preferences	
Willing to maintain sibling contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Willing to work with concurrent planning: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 5. Relative Family Self-Disclosure	
<input type="checkbox"/> Family is willing to work with birth parents	<input type="checkbox"/> Family is willing to cooperate with HHS around ongoing supervision and monitoring
<input type="checkbox"/> Family is willing to support child's visitation arrangements	<input type="checkbox"/> Family is willing to support sibling visitation arrangements
Section 6. Additional Comments	
Please note in this section if child(ren) are already placed in the home.	

Relative Home Study Outline

Summary of Dates Of Consultation

- Dates of home visits
- Dates of phone contacts with the family

DESCRIPTION OF ADULTS BEING EVALUATED

Adults being evaluated = adults in the home who have parenting responsibility

Background History: (each adult):

- Relationship with their own parents and siblings while growing up and currently
- Current ages and location of parents and siblings
- Describe any significant family experiences (e.g., death, marriage, divorce, physical/sexual/emotional abuse and/or neglect etc.) and the impact on you.

General Character:

Discuss the following points with each adult, soliciting examples to support responses.

- How do you show affection and care for others?
- Are you willing to accept feedback from others?

- How do you manage your anger and cope with stress or frustration?
- How do you solve problems?
- How do you handle crisis situations?
- How do you cope with separation and loss?
- Any special interests, hobbies, and community activities?
- Religious affiliation, if any? If yes, how often do you attend religious services?

Health:

- Describe current health status
- Describe any historical health issues
- Current prescribed medications and storage of medication in the home (include medical marijuana)

History of Substance Abuse, Mental Health or Domestic Violence:

- Discuss any history of substance abuse, domestic violence, or mental health issues.
- Have you participated in any counseling or mental health or substance abuse treatment? If so, when and what was the outcome? (Include AA/NA groups)
- How have you coped with your emotions around these issues?
- How do you prevent relapse? Have you identified your potential triggers?

Education:

- Level of education (schools attended and date of completion). If applicant did not graduate high school, please explain.
- Describe your experiences as a student (extra-curricular activities, behaviors, academic).
- What value does your family place on education?
- What is applicant's knowledge of and availability of educational programs in the community?
- Are you willing to advocate for a child? (Communicate with teachers, cooperate with behavior plans, complete paperwork, etc.)
- Have you ever home-schooled, or do you plan to in the future?

Marital History:

- Date and place.
- Courtship (how and when they met, what attracted them to each other).
- Adjustment to marriage
- What roles does each of you have in your household?
- How do you make decisions? Give an example.
- How do you handle disagreements? Give an example.
- Leisure activities (Do you spend time together as a couple?)
- Stability of the relationship (How long have you been together? Have there been any separations? Have you ever received counseling? What was the outcome?)
- Assessment of family's marital stability (include applicant's views, opinions of references, and worker observations).
- If single, describe any significant past relationships. What are your views on being single and/or married?

If previously married/had significant relationship:

Date of previous marriage/relationship:	Date of previous divorce/end of relationship:
Date of previous marriage/relationship:	Date of previous divorce/end of relationship:

- Description of previous marriages/significant relationship and reason ended.
- Do you have any contact with your previous spouse or previous relationships?
- If you have children together, what is the status of the relationship between your children and their other parent (including amount of contact, payment of child support, etc.)?
- What type of relationship do you have with your children from previous marriages or relationships?
- How do you take responsibility for any children living outside your full-time care (amount of contact, payment of child support, etc.)?

Employment History:

- Work history and reasons for leaving jobs.
- Current job title and description (include degree of satisfaction, future job plans, work schedule, number of hours worked each week, and flexibility for time off).

Financial History:

- Adjusted gross income (verify).
- Type of health, homeowner's, auto insurance coverage (verify auto insurance).
- History of bankruptcy.
- Financial decision-making (who, how, why).
- Sufficiency of family's income to meet a child's basic needs.

Stability of Residence:

- Assess both the stability of their current living situation and their pattern of residential stability.

Household Members (Include children, extended family and/or other persons living in the home)

A non-parenting adult could be an extended family member or other person in the home who will not have direct parenting responsibility for the identified child(ren).

Address the following for each child currently living in the home:

- Personality – how do they see themselves and how would their parents describe them?
- Any special needs of children and how those needs are being addressed
- The child's understanding of possible changes in the family due to the placement of identified child.
- School adjustment, grades, problems, and progress in school
- Extra-curricular activities in the home
- Employment

Address the following for any extended family member or other adult person currently living in the home:

- What is their relationship to the identified applicant/?
- Describe their personality
- Describe what their role and interactions will be with the identified child
- Describe their relationship with other persons in the home
- Employment

Family Relationships Within the Home

Discuss the following with ALL persons living in the home.

- How do family members relate to each other? For instance, how do family members interact with one another, show affection, and communicate with one another?
- Are there any problems or conflicts in the home?
- Include specific family activities, hobbies, etc.
- Discuss family relationships with any adult children who do not live in the home. Where do they live, what do they do for a living, and how often do you have contact with them? (if applicable). Do any of your adult children present any safety concerns or risks to children?
- Discuss family relationships with any other children who do not live in the home. What is the reason they do not live with you and how often do you have contact with them?

Family Child Rearing Practices and Discipline Techniques

- Who will be the primary caretaker?
- Give an example of the applicant's parenting style (nurturing, structured, etc).
- What is your understanding of child development, and the stages a child goes through developmentally?
- If the child is behind developmentally, how will you meet the child's developmental needs and work with the child toward meeting developmental milestones/abilities?
- What are some family rules in the home? (i.e. going to bed at a certain time, picking up after selves, being respectful, etc).
- What forms of discipline do you plan to utilize when parenting the child?
- What are some behavioral issues of children you feel you can manage? Any behaviors you feel you could not tolerate in your home?
- How would you respond to child behavioral problems such as (a child who lies, a child who swears, a child who wets the bed, a child who sexually acts out, a child who shows aggression, a child who uses drug/and or alcohol, etc. *Include any behavioral challenges specifically indicated regarding the identified child or children.*)
- Considering the other children in your home, how will the child the family is considering for placement impact or be impacted by the other children?
- What safety concerns will need to be addressed for the family's child(ren) or the child being placed due to the needs or behaviors of any of the children?
- Do you have any experience in dealing with child behavioral problems? Discuss experiences and how they have dealt with the behavioral problems in children.
- Any experience raising a child other than your own (include current or former stepchildren)?
- Assessment of attitudes toward and ability to deal with the child's special needs, if any.
- Child care arrangements if child placed in this home.

Home, Neighborhood, and Community

Description of the home including:

- Sleeping arrangements for all household members and where the identified child(ren) will sleep and keep their belongings
- Smoke Detector Locations

- Medication location
- Firearms or weapons location and storage
- Cleanliness of the household
- Adequacy of the food supply for additional child(ren)
- Any safety hazards, or that the home is free of safety hazards
- Fire exits and a family safety plan (in the event of a fire, tornado, and prolonged power outage)

Outdoor Space:

- Amount of space available for play or recreational activities
- Play equipment
- Any hazards or that the area is free from hazards
- Bodies of water

Describe the school(s) that the child(ren) would be attending

Family's Attitudes Toward Placement and Attitudes About Working With HHS and Service Providers

Discuss the attitudes of all persons in the home, with emphasis on the parenting adults regarding the following topics

Family motivation:

- Family's motivation for wanting the identified child(ren) placed in their home?
- When is the last time the family has had contact with the child(ren)?
- If family has not had recent contact with the child(ren), what is the reason? How do they plan to make the child(ren) feel comfortable with them?
- What is the family's willingness to allow the child to maintain connections with child's prior placements, such as a former foster home or relative home placement?
- What are the applicants' feelings about the identified child's background and parents and their understanding of why the child(ren) was removed?
- How will the applicant be able to set aside personal feelings about the child's background and parents, and effectively work in partnership with the parents, if the child is placed in their home?
- What role will the family be willing to play in the child's life regardless of where the child is placed?

Willingness to work in partnership and advocate for child's safety, well-being and permanency:

- Explain how the family will be able to work with the child's parents, extended family members, HHS, and service providers, if the child was placed in their home.
- Family's willingness to cooperate with HHS around ongoing monitoring and supervision of the child's placement.
- Family's willingness to support the child's visitation arrangements with parents or other family members, including sibling visitations.
- If an absent parent unexpectedly becomes involved in the child's life, how will the relative handle this? Will they be willing to support contact per HHS expectations?
- Family's ability to enforce any visitation restrictions regarding the child's parents or other relatives. How will they protect the child from specific threats to safety that lead to removal from their birth parent's care?

- Discuss how family will be able to keep appropriate boundaries during supervised visits and their ability to overcome potential visitation barriers.
- What is the family’s understanding of the child’s permanency goal?
- Discuss how the family will be able to work toward the child’s current permanency goal.
- If the child is of a different, race, ethnicity, or cultural heritage, how does the family intend to maintain cultural identity and connections?

Impact on family:

- What is the family’s understanding of changes in their lifestyle (home environment, job, relationships, etc), that would result from the placement of a child?
- Who does the family identify as their support system, and how will they provide support to the family?
- Explain your willingness and ability to transport the child to visits, appointments, school activities, etc.
- If the family is unable to help with transportation, who will be able to assist you with transportation?

References

Obtain 6 individuals from the family who will act as a reference for the family. Of these 6 only one may be a family member. The other references may be, but are not limited to, neighbors, teachers, community members, clergy, friends or co-workers. **You must at a minimum obtain 3 written references from the 6 names provided.**

Include the respondent’s impressions of:

- General character of the family
- Describe the individual’s or couple’s strengths
- Describe how this individual or couple expresses anger and frustration
- Ability of the adult caretaker(s) to get along with other, especially children
- What methods of discipline does the applicant use?
- Ability of the adult caretaker(s) to give affection and care
- Describe what adjustments would need to be made if the child/children were placed in their home
- Describe the supportive people in the applicant’s life that could assist them in their parenting role. List who they are.
- If married, please describe their marital relationship and how they provide support to each other.
- Would the respondent leave their own child in the family’s care for an extended period of time
- Does this couple or individual have any areas in which they could improve
- Describe any past or present problems this individual or couple has had with alcohol, drugs, gambling, or mental health issues.
- Any other concerns

Commitment to Safety

Summary of Background Checks:

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

Summary and Recommendations

Summarize family's strengths and needs.

Indicate areas where support or instruction will be needed if placement is made.

A thorough discussion of the recommendation to deny the placement of the child based on concerns discovered during the course of the study **OR**

A recommendation for placement:

- Including any conditions or restrictions that would effect placement (such as; modification to the home, securing child care arrangements, specific services to be provided, contact between the family and the child's parents, etc.

Completion and Signatures

Licensing Worker Signature	Date
Licensing Agency:	
Address:	
Worker Phone Number:	
Licensing Supervisor Signature	Date