

Date of the face to face visit:

**General Home Study Information**

Licensing Agency	RRTS Licensing Worker
<b>Recommended Approval:</b> <input type="checkbox"/> Foster home license <input type="checkbox"/> Adoption approval <input type="checkbox"/> Foster home license and adoption approval <input type="checkbox"/> Denial	
<b>Recommended Resource Home License Capacity:</b>	
<b>Child Specific Home Study:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>Pre-Service Training Waived:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	

**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 n/a	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: Type	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child care provider: Type	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	Zip	
Home Phone	School District		

**Children and Other Adults In the Home Information**

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

**Renewal Home Study**

**Summary of Consultation**

- Indicate who was present at the renewal meeting and when and where the contact took place.
- Indicate the licensing year that is being reviewed. Is it a one year or two year?
- Briefly describe interactions.
- Describe if deficiencies were found and when and how they were corrected if applicable.
- Include unannounced visit dates and who was present. Briefly describe, and note whether deficiencies were found. Note when and how deficiencies were corrected if applicable.

**Functioning Status**

- What is the resource family’s motivation to continue to provide foster care and/or adoption for placed children?
- Are they currently accepting placements? If no, why?
- Is the family currently on hold and if so, why?
- Are there any corrective action plans or follow up forms for the family over the last licensing/approval period or has the family not had any of these issues?
- Who is the resource family’s current support system?

**Children and Other Household Members/Review of Care Provided**

- Children/household members currently living in the home, identify relationship (biological, adopted, other). Address age, gender, and how they are doing in the home.
- Children currently placed in their care by the Department. Address their age, gender, and how long they’ve been in the home.
- Describe the current or previous foster placements normalcy activities / daily routine.

- When applicable, address the foster placements connections to birth family and siblings (visits, calls, etc.). How has the foster/adoptive family been interacting with birth family? Identify strengths or areas where growth is needed in partnering with birth family. Note if the family is willing to help with transportation.
- Note if the family has received notices of court hearings and reviews. Have they attended any of these?
- When applicable, address how the family has been helping foster placements maintain a cultural connection and/or religious practices.
- When applicable, address any services the foster placements receive and how the family has been supporting those services.
- Children who were previously placed in the home in the past licensing/approval period. Address their age, gender, how long they were in the home and why did they leave the home.

### **Changes Within the Home**

- Indicate any changes from prior completed home study/update. For example, has anyone moved in or out of the home (don't address foster placements here).
- Any new pets or pets they no longer have in the home.
- Any changes within their immediate or extended family, trips, schedules, etc.

### **Discipline and Child Rearing Practices**

- How does the family discipline the children currently or previously in their home (bio, adopted, foster).
- Give an example of the resource family's parenting style.

The resource family verbalized an understanding information about children in foster care is confidential and cannot be released without signed permission from the guardian. They verbalized an understanding a child placed in foster care is confidential.

Explain social media confidentiality including names and photos cannot be posted on the internet or any social media site.

This worker has discussed and reviewed with \_\_\_\_\_ and \_\_\_\_\_ the restrictions on training and disciplining foster children according to Iowa Administrative Code (441) Chapter 113.18 (2) including that corporal punishment is prohibited. \_\_\_\_\_ and \_\_\_\_\_ will not use any form of physical discipline with the children in their home.

### **Health/Mental Health**

- Address current health status of all household members, not foster placements.
- Indicate any changes in their physical or mental health? Such as new diagnosis, medication, or services. Any hospitalizations in the last licensing/approval year?
- Note if a physician or mental health form has been submitted by the family and the recommendation.
- Include changes in substance use, sexual, physical or mental abuse.
- Add a statement if all adults in the home are up to date on their whooping cough vaccine and all non-foster children in the home are up to date on their immunizations. If anyone has a religious and medical exemption or an exception to policy. Note if the family has an exemption that the family understands they can't care for a child under the age of 1.

### **Financial and Occupation**

- Assess the family's financial stability. Has there been any changes since the last report? Note the family's current income and how it was verified (pay stubs, tax form).
- What are their current occupations?
- What are their current works hours – days of the week?

- If they are a registered daycare – what category are they – how many children do they have in the home (full time, part time)?
- Is the family’s work schedule flexible?
- Are they satisfied with their current job? Do they have plans to look for another job?
- What daycare do they plan to use for children in their home?

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

**Training**

Applicant:		
Training Name:	Date:	Due Next
CPR		
First Aid		
Mandatory Reporter Training		

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Training Name:	Date:	Due Next
CPR		
First Aid		
Mandatory Reporter Training		

Document what trainings have been completed during the licensing year. Identify year 1 and year 2 of training.  
 Document training needed for the upcoming licensing year based on the training plan.

The family is aware that 6 hours of training must be completed annually, and at least 3 of the 6 hours must be in a group setting. Training reports and certificates should be submitted to the family’s Caseworker within 30 days of training completion.

**Home, Neighborhood, and Community Safety:**

- Have there been any changes to the physical structure of the home? If so what changes?
- Address sleeping arrangements – where does everyone sleep? Which bedrooms can be used by foster placements. (complete below)

Sleeping Arrangements:

Bedroom #1:

Bedroom #2:

- Note any specific safety plans for the placement stability or licensing specific.
- Where does the family store their medication? If the family locks them up, note how they are locked up such as with a key, passcode, etc. If the family uses a key lock where do they hide the key?

Remind resource families that even with teen placements they are responsible for administering all medications – no exceptions.

- Where does the family store hazardous chemicals? If the family locks them up, note how they are locked up such as with a key, passcode, etc. If the family uses a key lock where do they hide the key?
- Does the family have firearms/weapons? Where does the family store them and how are they locked up? Where is ammunition stored and locked? Note how they are locked up such as with a key, passcode, etc. If the family uses a key lock where do they hide the key?
- Note that the family has working smoke detectors and carbon monoxide detectors. And that the family has a fire extinguisher in the home.

- How will the monitor internet and social media – what are their plans?
- Describe and discuss any safety hazards such as roads, bodies of water, swimming pools and the accessibility to children. What are the barriers to the children’s accessibility and safety plans in regards to them
- What is the specific plan for the applicant to make sure the child does not have direct access to pool/body of water?

The family utilizes a private water source and does require alternative water. Address results of private water test or alternate provisions for water if needed.

The family completed a Safety Plan which outlines what the family will do in the event of a fire, tornado, or a prolonged power outage. The family understands they need to review and practice this plan with their foster placements at the time of placement and throughout the year.

(Note where the safety plan is posted)

In case of fire:

In case of tornado:

In case of a prolonged power outage:

**Car Safety:**

- Note if the family has a valid driver’s license and if it’s current at the time of their renewal home study being submitted.
- Note if the family has valid car insurance and registration.
- Note the seating capacity for vehicles.

The family understands that Child and Infant Car Safety Seats are required when transporting younger children.

- Address the type of car seats the family has for children or their ability to obtain car seats.

The family also understands that:

- Motor vehicles used to transport foster children shall not contain a loaded gun and ammunition shall be in a separate locked container.
- Smoking in a vehicle is prohibited while transporting foster children.

**Pet Safety:**

- Address any pets or animals living in the home or outside (species and breed).
- What is the disposition of the pet(s)?
- How do they do with children and new people they meet? (i.e., workers in and out of the home)
- Would the family be willing to put the animal away during times when workers/new people are in the home?
- How will the family introduce their pets to foster placements?

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

<b>Collateral Source</b>
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Contact at least one collateral source, such as the HHS social work case manager, support staff, teachers, therapist, and providers, for their perspective on how the foster or adoptive children are doing in the home.

Summarize their input here.

**Record Checks**

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

Did any household member live outside of Iowa in the last 5 year?  Y  N

Date [www.iowasexoffender.gov](http://www.iowasexoffender.gov) database check:

Date Iowa Courts Online checked:

Was a new evaluation needed:  Y  N

Date evaluation completed:

The family is permitted to move forward in the licensing and/or approval process.

**Summary and Recommendations**

Summarize your overall assessment.

- Strengths and needs as they pertain to being a foster or adoptive parent.
- Address their support system.
- Summarize how the resource family has done with their past or present foster children
- Assess and describe their communication skills
- Describe family interest in foster care placement or adoption placement.

This family will do best with (describe type of children that will best fit this home and preferences regarding what will they accept and not accept):

- 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 applicants would prefer not to work with?
- Are they willing and able to accept placement of 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?

**Recommendation:** Through this Home Study, this family is recommended for a license capacity of .

- This worker recommends                      and                      be licensed as foster parents effective                      .
- This worker recommends                      and                      be approved as adoptive parents effective                      .
- The family has only been licensed one year therefore they are not eligible for a two-year license.
- The family has been licensed for two years or more and is eligible for a two year license if so determined by HHS.

<b>Completion and Signatures</b>
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Signature of Worker	Completion Date
Child Placing Agency	Phone Number
Signature of Supervisor	Review Date