



## Section II

### 1. INTEREST

CIRCUMSTANCES SURROUNDING INQUIRY

### 2. FAMILY ASSESSMENT

A. ADULT HISTORY/CRITICAL MILESTONES (*Describe/Discuss each adult separately.*)

B. ADULT FUNCTIONING (*Describe/Discuss each adult separately.*)

C. MARRIAGE (*Describe*)

D. FAMILY LIFE (*Describe*)

E. CHILD ASSESSMENT/EXPECTATIONS (*Describe/Discuss each child separately.*)

**F. PARENTING PRACTICES** *(Describe/Discuss each adult separately.)*

**G. DISCIPLINE** *(Describe/Discuss each adult separately.)*

**H. CURRENT SITUATIONS/DEMOGRAPHICS**

Current Household Members							
Name of Member							
Family Role							
Date of Birth/Age							
Social Security No.							
Race							
Language Spoken							
Marital Status							
Date of Marriage							
Number of Marriages							
Source of Income							
Length of Employment							
Occupation							
Weekly Hours Worked							
Home Residence Length							
Fla. Residence Length							

**I. AGENCY INVOLVEMENT AND INTERVENTIONS**

**J. READINESS FOR ADOPTIVE/FOSTER PARENTING**

**K. VIEWPOINT OF THE FAMILY**

**REFERENCES/VERIFICATIONS/BACKGROUND SCREENING**

<b>Criminal History</b>	
<p>Does any adult living in the household have a criminal history? <input type="checkbox"/> Yes    <input type="checkbox"/> No <b>Offending Adults:</b> _____ If a criminal history exists, do the charges result in immediate home study disqualification? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>If yes, describe. Include details of the offense, where the incident happened, approximate date of conviction, and other pertinent information.</p>
<p>Has any adult in the household been listed on the <i>Florida Abuse Hotline Information System (FAHIS)</i>? <input type="checkbox"/> Yes    <input type="checkbox"/> No <b>Offending Adults:</b> _____ If a <i>FAHIS</i> history exists, do the charges result in immediate home study disqualification? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>If Yes, describe. Include details of the allegations, where the incident happened, approximate time report originated, and other information.</p>

**Section III**

Family Name:

APPROVAL/DENIAL AND RECOMMENDATIONS

A. Based upon all materials submitted, interviews held, observations made during training, review of all references and background clearances, it is the conclusion of The Department of Children and Families that the adoptive/foster home is:

1. \_\_\_\_\_ Approved for a license as a foster home
2. \_\_\_\_\_ Approved as an adoptive home
3. \_\_\_\_\_ Is denied a license as a foster home or is not approved as an adoptive home. State reasons for denial or non-approval. The reasons must be documented in the home study (address concerns.)

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4. \_\_\_\_\_ The decision to license or approve is being postponed pending the family's decision whether to proceed with an improvement plan to overcome the following conditions and utilize the identified services. Be specific as to the conditions needing improvement and the services directed at each of these conditions. Include a date and a process for evaluation of the improvement plan.

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Signature  
Family Case Manager

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Signature  
Family Case Manager Supervisor

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Date of Decision

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Date of Decision

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Signature  
Program Director

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Signature  
Licensing Administrator (if applicable)

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Date of Decision

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Date of Decision



## Home Evaluation for the Placement of Children

### Section IV

Characteristics Checklist For Placement													
P= Preferred A= Acceptable	WC= Would Consider U= Unacceptable	P			A			WC			U		
<b>Gender/Sex of Child</b>													
Male													
Female													
<b>Number/Type of Children</b>													
One Child													
Two Children													
Three Children													
Four or More Children													
Teen Parent with Child													
<b>Age of Child</b>													
0-2 Years of Age													
3-5 Years of Age													
6-8 Years of Age													
9-11 Years of Age													
12 or Older													
<b>Health of Child</b>													
No Significant Health Problems													
Allergies or Asthma (May Require Treatment)													
Hyperactivity (May Require Treatment)													
Speech Problems (May Require Treatment)													
Hearing Problems (May Require Treatment)													
Legally Deaf													
Vision Problems (May Require Treatment)													
Legally Blind													
Dental Problems (May Require Treatment)													
Orthopedic Disorder (May Require Treatment)													
Seizure Disorder (May Require Treatment)													
Other Medical Conditions Which May Require Treatment:													
<b>Education of Child</b>													
High Achiever													

## Home Evaluation for the Placement of Children

Characteristics Checklist For Placement													
P= Preferred A= Acceptable	WC= Would Consider U= Unacceptable	P			A			WC			U		
<b>Education of Child (Continued)</b>													
Achieving At Grade Level													
Achieving Below Grade Level													
Needs Special Education													
Needs Emotional Handicapped Education													
Needs Tutoring In One or More Subjects													
Has Serious Behavior Problems At School													
<b>Characteristics And Behavior of Child</b>													
Generally Quiet and Shy													
Generally Outgoing And Noisy													
Has Emotional Issues Requiring Therapy At Present													
Has Tendency To Reject Father Figures													
Has Tendency To Reject Mother Figures													
Tends to Form Mostly Superficial Relationships													
Has Difficulty Making Friends And Relating with Other Children													
Frequently Wets Bed													
Frequently Wets During The Day													
Frequently Soils Him/Herself													
Masturbates Frequently and/or Openly													
Has Poor Social Skills													
Has A Problem With Lying													
Has A Problem With Stealing													
Frequent Physical Altercations With Other Children													
Tends To Abuse Animals													
Tends To Be Destructive of Personal Property													
Frequently Uses Language You Would Consider Inappropriate													
Has Frequent Temper Tantrums													
Has Difficulty Accepting And Obeying Rules													
Has A History of Inappropriate Sexual Behavior													
Has A History of Running Away													
Has a History of Setting Fires													

## Home Evaluation for the Placement of Children

Characteristics Checklist For Placement													
P= Preferred A= Acceptable	WC= Would Consider U= Unacceptable	P			A			WC			U		
<b>Family History</b>													
Has Strong Ties To Birth Family													
Has Strong Ties To Foster Family													
Will Need Continued Contact With Siblings In Adoptive Placement													
Has Had a Previous Adoption Disruption													
Has Been Sexually Abused													
Has Been Physically Abused													
Has Been Exposed To Promiscuous Behavior													
Was Conceived As A Result of Rape													
Was Conceived As a Result of Prostitution													
One or Both Biological Parents Has Alcohol Addiction													
One or Both Biological Parents Has Drug Dependency													
One or Both Biological Parents Has A Criminal Record													
One or Both Biological Parents Is/Are Mentally Handicapped													
One or Both Biological Parents Has A Mental Illness													
Agency Has No Information On One or Both Biological Parents													
<b>Adoptive Family's Feelings Toward Openness</b>													
Is Willing To Meet Birth Parents													
Is Willing To Have Contact With Birth Parents Through Intermediary													
Is Willing To Send Correspondence To Birth Parents													
Is Willing To Receive Correspondence From Birth Parents													
Is Willing To Have Child Continue Visitation With Siblings													
Is Willing To Have Child Cont. Visitation With Extended Relatives													
Is Willing To Have Child Continue Visitation With Birth Parents													
Is Willing To Receive Demographic Information About Birth Parents													
Is Willing To Distribute Demographic Information To Birth Parents													

## Home Evaluation for the Placement of Children

Photographs of Home and Family			
Description:		Description:	
Description:		Description:	
Description:		Description:	