|  |  |
| --- | --- |
| Name of Social Worker Completing:       | Name of Family:       |
| **OTHERS RESIDING OR FREQUENTLY IN THE HOME**? [ ]  Yes [ ]  No [ ]  DSS CWS 833 attached? |
|  |
| **APPLICANT DISPOSITION** |
| This home is [ ]  Matched [ ]  Unmatched |
| [ ]  Child Specific PlacementThe applicant(s) have applied to become a Resource Family for:       | Child Resides in home now?[ ]  Yes [ ]  No |
| [ ]  Future PlacementThe applicant applied to accept Foster/Adopt of a [ ]  Male [ ]  Female [ ]  Male or FemaleChild/children between the ages of       and      . |
| The applicants [ ]  are [ ]  are notOpen to placement of a sibling group. If open to a sibling group, how many?       |
| If Matched, describe any specific needs this child has that should be considered as part of the permanency assessment:      |
|  |  |
| **APPLICANT #1** | **APPLICANT #2** |
| Health Screening Completed:[ ]  Yes [ ]  NoConcerns noted:       | Health Screening Completed:[ ]  Yes [ ]  NoConcerns noted:       |
| Parenting Training Completed:       |
|  |
| **BACKGROUND CLEARANCE INFORMATION** |
| **APPLICANT #1** |
| Department of Justice | Date:      [ ]  Cleared [ ]  NOT Cleared | The Department has reviewed the criminal, child welfare and DMV history for this applicant and makes the following determination:[ ]  Approved[ ]  Not Approved |
| Child Abuse Index | Date:      [ ]  Cleared [ ]  NOT Cleared |
| FBI Records Check | Date:      [ ]  Cleared [ ]  NOT Cleared |
| DMV Records Check | Date:      [ ]  Cleared [ ]  NOT Cleared |
| CWS Records Check | Date:      [ ]  Cleared [ ]  NOT Cleared |

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| **BACKGROUND CLEARANCE INFORMATION – continued** |
| **APPLICANT #2** |
| Department of Justice | Date:      [ ]  Cleared [ ]  NOT Cleared | The Department has reviewed the criminal, child welfare and DMV history for this applicant and makes the following determination:[ ]  Approved[ ]  Not Approved |
| Child Abuse Index | Date:      [ ]  Cleared [ ]  NOT Cleared |
| FBI Records Check | Date:      [ ]  Cleared [ ]  NOT Cleared |
| DMV Records Check | Date:      [ ]  Cleared [ ]  NOT Cleared |
| CWS Records Check | Date:      [ ]  Cleared [ ]  NOT Cleared |
|  |
| **OTHER ADULTS IN THE HOME** |
| Name:      | Department of Justice:[ ]  Cleared [ ]  Not ClearedChild Abuse Index:[ ]  Cleared [ ]  Not ClearedFBI Records Check:[ ]  Cleared [ ]  Not ClearedDMV Records Check:[ ]  Cleared [ ]  Not ClearedCWS Records Check:[ ]  Cleared [ ]  Not Cleared | The Department has reviewed the criminal, CWS and DMV history for this adult and makes the following determination:[ ]  Approved[ ] Not Approved |
| Name:      | Department of Justice:[ ]  Cleared [ ]  Not ClearedChild Abuse Index:[ ]  Cleared [ ]  Not ClearedFBI Records Check:[ ]  Cleared [ ]  Not ClearedDMV Records Check:[ ]  Cleared [ ]  Not ClearedCWS Records Check:[ ]  Cleared [ ]  Not Cleared | The Department has reviewed the criminal, CWS and DMV history for this adult and makes the following determination:[ ]  Approved[ ] Not Approved |
|  |
| **REFERENCES -** **[ ]  See DSS CWS 151 attached** |
| Date | Person(s) Interviewed | Location |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  |
| **LEGAL & FINANCIAL NOTIFICATIONS AND ADVISEMENTS** |
| The Applicant(s) have been provided with information concerning the different roles, responsibilities, legal and financial rights and benefits of relative caregivers, foster parents, and adoptive parents. The Applicant(s) have also been advised of their duty of honest disclosure and have agreed to openly discuss any historical concerns, along with their ongoing duty of disclosure of new events or information which may require an updated or amended home study.The agency’s grievance review hearing procedures [ ]  have [ ]  have not been explained to the Applicant(s). |