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| --- | --- | --- | --- |
| 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 Placement  The applicant(s) have applied to become a Resource Family for: | | | Child Resides in home now?  Yes  No |
| Future Placement  The applicant applied to accept Foster/Adopt of a  Male  Female  Male or Female  Child/children between the ages of       and      . | | | |
| The applicants  are  are not  Open 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  No  Concerns noted: | | | Health Screening Completed:  Yes  No  Concerns 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 Cleared  Child Abuse Index:  Cleared  Not Cleared  FBI Records Check:  Cleared  Not Cleared  DMV Records Check:  Cleared  Not Cleared  CWS 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 Cleared  Child Abuse Index:  Cleared  Not Cleared  FBI Records Check:  Cleared  Not Cleared  DMV Records Check:  Cleared  Not Cleared  CWS 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 | |
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| **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). | | | | | | |