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| Name of Family: | | | |
| **DATES OF IN-PERSON CONTACTS** | | | |
| Date | Person(s) Interviewed | Location | |
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| **APPLICANT #1** | | | |
| PERSONAL CHARACTERISTICS:  Describe how the Applicant presents him/her self and their physical appearance. Briefly describe any special interests, hobbies, expertise, or talents the Applicant possesses. Also, report what the Applicant shared regarding his/her aspirations and goals in life. Describe Applicant’s conflict resolution and problem solving skills (how does applicant resolve problems? Coping skills?). Be concise and factual. | | | |
| HISTORICAL INFORMATION:  Provide a concise factual description (preferably one paragraph) of the Applicant’s history that includes childhood family constellation, where raised, schools attended, religion, grief and loss, grief and loss of loved ones, resolving grief. | | | |
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| **APPLICANT #2** | | | |
| PERSONAL CHARACTERISTICS:  Describe how the Applicant presents him/her self and their physical appearance. Briefly describe any special interests, hobbies, expertise, or talents the Applicant possesses. Also, report what the Applicant shared regarding his/her aspirations and goals in life. Describe Applicant’s conflict resolution and problem solving skills (how does applicant resolve problems? Coping skills?). Be concise and factual. | | | |
| HISTORICAL INFORMATION:  Provide a concise factual description (preferably one paragraph) of the Applicant’s history that includes childhood family constellation, where raised, schools attended, religion, grief and loss, grief and loss of loved ones, resolving grief. | | | |
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| **APPLICANT(S) & PERSONS IN THE HOME** | | | |
| MARITAL / PARTNER RELATIONSHIP(If applicable):  Report all current and previous marriages/domestic partner relationships. Indicate name(s) and length of time of previous marriages/domestic partner relationships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup, and dates. Identify any children born of these unions and describe their current situation. Include a sentence about how the spouse/partner describes the Applicant. | | | |
| SUPPORT SYSTEM:  Church or community involvement, respite providers, close friends. Include your plan if you can’t/are unable to care for the child/children etc. | | | |
| MINOR SON(S) OR DAUGHTER(S):  For each minor or daughter of the Applicants or either Applicant, provide the minor’s name, age, and gender followed by a description of their personality, interests, school, and living situation. Is the minor’s behavior age appropriate? Does the minor present any health, developmental, educational, or mental health issues? How secure, well adjusted, and adaptable is the minor? Are his/her needs being well met? Does the minor exhibit behaviors that pose a threat to the health, safety, and well-being of self or others? Does the minor have a secure attachment to both his/her parents? Does the minor have any alcohol or drug involvement? How prepared is the minor for the arrival of a new child into the family? | | | |
| OTHER MINOR(S) IN THE HOME:  For other minors in the home, provide the minor’s name, age, and gender followed by a description of their personality, interests, school, and living situation. Is the minor’s behavior age-appropriate? Does the minor present any health, developmental, educational or mental health issues? How secure, well adjusted, and adaptable is the minor? Are his/her needs being well met? Does the minor exhibit behaviors that pose a threat to the health, safety, and well-being of self or others? Does the minor have a secure attachment to both his/her parents? Does the minor have any alcohol or drug involvement? How prepared is the minor for the arrival of a new child into the family? | | | |
| ADULT CHILDREN:  If the Applicant(s) have adult sons or daughters, provide the name, age, gender, marital/domestic partner status, occupation, circumstances and location of any adult son or daughter. Also indicate if they have children and the type of contact they would have with the child placed. How supportive and positive are they about having a new child come into the family? How much and how frequently do they consume alcohol? Do they use illegal drugs or abuse prescriptive/over-the-counter drugs? How well do they accept differences? Do they exhibit responsible behavior and emotional stability? Do they exhibit any behavior that poses a threat to the health, safety, and well-being of self or others? Do they have a history of criminal arrest, convictions, or allegations of child sexual/physical abuse, child neglect, child exploitation, or failure to protect? | | | |
| ADULTS RESIDING OR FREQUENTLY IN THE HOME:  If there are other adults residing or frequently in the home, provide the name, age, gender, and marital/domestic partner status of each adult identified. Indicate each individual’s occupation, circumstances, and the nature of their relationship with the Applicant(s) and the amount and type of contact they would have with a child placed in the Applicant’s home. How positive and supportive are they about having a new child come into the family? How much and how frequently do they consume alcohol? Do they use illegal drugs or abuse prescriptive/over-the-counter drugs? How well do they accept differences? Do they exhibit responsible behavior and emotional stability? Do they exhibit any behavior that poses a threat to the health, safety, and well-being of self or others? Do they have a history of criminal arrests, convictions, or allegations of child sexual/physical abuse, child neglect, child exploitation, or failure to protect? | | | |
| EXTENDED FAMILY RELATIONSHIPS:  List who is not previously listed and why, their age or approximations, nature of relationship, are they supportive of permanency, frequency of contact, and their location. | | | |
| PHYSICAL ENVIRONMENT:  General description of the home and grounds, number of rooms, who sleeps where, etc. | | | |
| FAMILY LIFESTYLE/SOCIAL:  Describe current and proposed childcare arrangements and work and non-work day routines and rituals. Describe your current alcohol/drug use. What are the basic household rules, roles, and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, etc? Also, describe any pets in the home and indicate who is responsible for their care. Describe the sleeping arrangements and the way in which the family deals with privacy and nudity in the home. What kind of recreational, social, and religious activities does the family engage in? Does the family celebrate holidays, which ones and how are they spent? | | | |
| EMPLOYMENT/FINANCIAL:  Work experience past and present, do they have the means to support the placement, income stability, how will placement affect their finances, agreement on family spending, financial stressors, etc. | | | |
| GENERAL PARENTING:  Your general parenting style. Give examples of discipline techniques. | | | |
| PERMANENCY EVALUATION:  Do the Applicant(s) believe and understand that a child needs and has a right to know about his/her birth family? Do they understand and accept the importance of maintaining birth family connections for a child? Are they secure in their parental role as adoptive parents and not threatened by post adoption contact? Are they ready and able to support contact with birth parents and other significant connections such as siblings, grandparents, and foster parents based on the best interest of the child? Have they established any post-adoption contact arrangements or agreements and if so, with whom? | | | |
| SOCIAL WORKER ASSESSMENT:  Discuss the extent to which your psychosocial evaluation determinations for each section either support or call into question the Applicant(s) readiness, willingness, and ability to parent. List and carefully analyze how any issues of concern that could not be completely erased through mitigation will impact the Applicant(s) in this role. List any remaining areas of concern or recommendations. | | | |
| UNMATCHED FAMILY PLACEMENT CONSIDERATIONS:  Indicate the age range, gender, and background of the children or youth that you believe are compatible with this family. Indicate whether or not the family is prepared to accept a legal risk placement. Specify any child/youth special needs, considerations, behaviors, conditions or issues the Applicant(s) are uniquely qualified to address along with those which they are not ready, willing, or able to manage or consider. | | | |
| CHILD SPECIFIC PLACEMENT CONSIDERATIONS:  Discuss each child’s/youth’s goodness of fit with this family and whether or not the Applicant(s) are ready, willing and able to address each of the child’s/youth’s needs, special considerations and issues as identified on the SAFE Compatible Inventory or by another means. | | | |
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| **RECOMMENDATION**  I,     , as the assigned cooperative agency social worker responsible for completing the permanency assessment, make the following recommendation about       and      .  Approval  Denial | | | |
| Cooperative Agency Social Worker:  I affirm that the factual statements in the permanency assessment are true and correct to the best of my knowledge according to the statements and documents received from the applicant and the Department of Social Services and the permanency assessment recommendation was arrived at with professional due diligence and judgment.  I personally conducted all of the permanency assessment (interviews, home visits, and other necessary investigations). | | | |
| **Cooperative Agency Social Worker Signature**: | | | Date: |
| This permanency assessment was prepared in accordance with the requirements that apply to RFA approval. I certify that this is a true and accurate copy. | | | |
| **Cooperative Agency Supervisor Signature**: | | | Date: |
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| **DSS ACKNOWLEDGMENT: RECEIPT/VIEW OF REPORT** | | | |
| By signing below, I acknowledge that I have received and read the entire copy of this report.  **DSS Social Worker Signature**: | | | Date: |
| **DSS Social Worker Supervisor Signature**: | | | Date: |
| **DSS Assistant Director Signature**: | | | Date: |