

Kings County Human Services Agency

Resource Family Psycho-Social Risk Assessment

1400 West Lacey Blvd., Bldg. 8

Hanford, CA 93230

***Peggy Montgomery, Director***

Psycho-Social Risk and Permanency Assessment Report

## Child(ren) Information (If specific children are sought for placement)

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| Child(ren)’s Name(s) | | DOB | SSN | | ID Number | | M/F | Relationship to the Caregiver(s) | |
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| Applicant Information | | | | | | | | |
| Primary Caregiver’s Name | | | | Secondary Caregiver’s Name | | | | |
| Address | | | | | | Phone Number | | |
| CDL | DOB | | | CDL | | DOB | | |
| SSN | Relationship to the child(ren) | | | SSN | | Relationship to the Child(ren) | | |

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| **Applicant’s Demographic and Cultural Profile** |
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| **Social Study/Family History** |
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| **Residential and Community Environment** |
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| **Health/Mental Health/Dental Status** |
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| **Historical Trauma & Coping Strategies** |
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| **Resource Family Strengths** |
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| **Resource Family’s Qualifications** |
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| **Training, Skills, Education, or Experience Needed** |
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| **Support System** |
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| **Resource Family’s Protective Capacity** |
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| **Current Household Makeup and Dynamics** |
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| **Resource Family’s Personal or Professional Accomplishments** |
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| **Personal or Professional Goals** |
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| **Parenting Skills, Knowledge, Abilities, and Experience** |
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| **Understanding of Foster Children’s Needs/Dynamics of Abuse/Neglect** |
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| **Permanency Commitment** |
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| **Stress Tolerance and Adaptability** |
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| **Psycho-Social Risk and Permanency Evaluation** |
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| **Recommendation(s)** |
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| **Authorizations** |
| **The resource family is approved for placement.**  **The resource family is not approved for placement.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Social Services Worker Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Services Supervisor Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Services Program Manager Date  **If the resource family is not approved for placement, the assigned SSW shall mail the reason(s) why placement has not been approved to the applicant(s) on agency letterhead and retain a copy in the file.** |

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| **Receipt of Home Study Report** |
| **By signing below I acknowledge that I have received a copy of this report.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Date |

**Psycho-Social Risk and Permanency Assessment Report Guide**

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| **Demographic/Cultural Profile** | **Social Study/Family History** |
| Applicant(s) Age, Race, Ethnicity, & Gender | Family Criminal Arrests, Convictions, & Reports |
| Marital or Significant Other Status | Family Child Welfare History and Status |
| Developmental Disabilities | Family Substance Abuse History and Status |
| Any Significant Impairments | Family History of Victimization and Status |
| Community Involvement | Family History of Domestic Violence and Status |
| Religious/Faith-Based Focus and Practices | Family History of Mental Health and Status |
| Individual Cultural Perspective | Family Vocational History and Status |
| Lifestyle of the Applicant(s) | Family Educational History and Status |
| **Health Factors** | Genogram Mapping and/or Clinical Genogram |
| Historical and Current Health Status | Childhood Experiences |
| Results of Medical/Health Examination | Childhood Rearing |
| Results of Dental Examination | Historical and Current Parental/Child(ren) Relationships |
| Results of TB Test | Familial Marital Relationships, Separations, and Divorces |
| Contagious/Communicable Diseases | Marital Conflict |
| Genetically Transferable Conditions/Diseases | Childhood Disciplinary Techniques |
| Sexually Transmitted Diseases | Familial Attitudes - Sexuality |
| Medication History and Status | History of Significant Relationships |
| Side Effects from Medications | Child Custody Dispute History |
| Use of Tobacco, Alcohol, and Drugs | Current Significant Other Relationship Status |
| Physical Exercise Patterns | Family Adaptability |
| Self-Care Practices | Family History of Incarcerations/Probation |
| **Residential & Community Environment** | Family Military History |
| Neighborhood Safety | Family Gambling Behavior |
| Community Cohesiveness | Family Sexual Addictions |
| Home Grounds/Health and Safety Evaluation | Family Accomplishments & Celebrations |
| Emergency Evacuation Procedures | **Historical Trauma & Coping Strategies** |
| Emergency Preparedness | Childhood Trauma |
| Knowledge of Home Safety Practices | Military Combat or Tour of Duty Experiences |
| Residential & Community Risks | Accidents, Incidents, or Experiences Causing Distress |
| **Resource Family Strengths** | Death, Grief, and Loss |
| Family Strengths | Family Separations |
| Knowledge of Community Resources | **Resource Family’s Qualifications** |
| Skills and Abilities of Applicant(s) | Results of Reference Letters |
| Positive Family Coping Strategies | Demonstration of Parenting Knowledge, Skills, and Abilities |
| Willingness and Ability to Seek Help | Understands Prudent Parent and Babysitting Standards |
| Supportive Abilities of Family | Demonstrates Ability to Comply with Child’s Personal Rights |

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| **Training, Skills, Education, or Experience Needed** | Independent Financial Stability |
| Any Training Needed to Benefit Children | Understands Needs of Children Subjected to Abuse or Neglect |
| Any Skills or Abilities Missing | Possesses Abilities to Prepare Children for Adulthood |
| Experience Required to Enhance Capacity | Understands Confidentiality Rules |
| Education Needed to Meet Qualifications | Possesses Capacity and Ability to Cooperate with the Court and CPS |
| **Support System** | Capable of Maintaining Records & Ensuring Children Receive Services Needed |
| Family Network | Completion of Mandatory Training |
| Community Supportive Network | **Protective Capacity** |
| Higher Power/Faith/Religion | Understanding of Signs of Abuse or Neglect |
| Extended Family Supports | Ability to Report Abuse, Neglect, & Incidents |
| Supportive Friends | Capabilities to Protect & Safeguard Children |
| **Personal & Professional Accomplishments** | Supervision Skills & Abilities |
| Vocational | Actions or Responses to Sexual, Emotional, or Physical Abuse of Children |
| Educational | Ability to Protect Children from Abusers |
| Relationships | Home Privacy Rules |
| Awards/Certificates | **Personal or Professional Goals** |
| Boards/Committees | Personal Goals |
| Community Services | Professional Goals |
| Volunteer Work | **Parenting Skills, Knowledge, Abilities, and Experience** |
| Overcoming Challenges | Parenting Experience |
| **Permanency Commitment** | Parenting Skills, Knowledge, and Abilities |
| Interest in Long Term Care | Disciplinary Practices |
| Understanding Importance of Permanency | Age-Appropriate Expectations |
| Support of Biological Relationships | Healing Children from Trauma |
| Post-Adoption Contact Agreement | Helping Children Connect with Cultural Identity |
| Planning for One’s Death | Toilet Training Process |
| Support of Reunification Services | Nutritional Needs of Children |
| Needed Training or Resources | Meeting Special Needs of Children |
|  | Transitioning to Adulthood Practices |
|  | Bed Wetting Resolutions |
|  | Communicating with and Interacting with Children |
|  | Meeting Academic Needs |
|  | Activities for Children |
|  | Special Sexual Identity Responses |
|  | Conflict Resolution |
|  | Helping Children Connect with Religious Preferences |
|  | Stress, Anger, and Frustration Tolerance |