

Unified Home Study

General Information



Participant Guide

Office of Child Welfare

4/1/2018

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Unified Home Study: General Information

Learning Objectives:

1. Define the purpose of a Unified Home Study and explain why the changes have been made to policies and FSFN functionality.
2. Examine the common core components of a UHS and the information gathered to assess these components.
3. Identify new FSFN functionality and how it relates to the various UHS types.

Unified Home Study Definition

The Unified Home Study (UHS) is the assessment of a common set of requirements that must be met before the child is placed by a Child Welfare Professional into someone's home, such as a relative/non-relative, foster family, or adoptive family.

Why Change?

1. UHS FSFN functionality did not align with practice and policy.
2. UHS FSFN functionality and state policies did not align with post-Title IV-E Waiver requirements.
3. The UHS is not user-friendly and does not meet the needs of CPIs, Case Managers, Licensing Specialists, and Adoptions Specialists.
4. Unified Home Studies are not consistently approved and denied in FSFN.

What Has Changed?

Policies:

- 65C-16, F.A.C.: Adoptions
- 65C-13, F.A.C.: Licensing
- 65C-28, F.A.C.: Out-of-Home Care
- CFOP 170-1, Chapter 5: Unified Home Study
- CFOP 170-1, Chapter 6: Requesting and Analyzing Background Records

FSFN Functionality:

- Ability to inactivate non-household members
 - Ability to build upon a previously approved UHS
 - Redesign of the finance breakdown group box
 - Modification of the narrative family assessment
 - Modification of approvals process
- Ability to capture common core assessment questions
 - Ability to search for person provider inquiries
 - Ability to answer non-required questions
 - Creation of a provider filing cabinet and a provider licensing checklist

When Do the Changes Occur?



Resources

Various training materials and resources will be offered in order to prepare all Child Welfare Professionals for the upcoming changes. These resources can be found at the Florida Center for Child Welfare website.

- The following materials can be found here:
<http://www.centerforchildwelfare.org/HomeStudy.shtml>
 - UHS Train-the-Trainer Guides, PowerPoints, and Participant Guides.
 - UHS Job Aid: Provides an overview of the core components and includes sample questions that can be utilized by participants when making the UHS assessment.
 - FSFN Tutorials: Provide step-by-step demonstrations on how to create a Person Provider and the UHS. Includes how to select the various types of home studies, upload key documents, and complete the UHS.
 - UHS FSFN Functionality Informational Flyers.
- The following materials can be found here:
<http://centerforchildwelfare.fmhi.usf.edu/DeptOperatingProcedures.shtml>
 - CFOPS.
- The following materials can be found here:
<http://centerforchildwelfare.fmhi.usf.edu/FloridaAdminCode.shtml>
 - Florida Administrative Codes.

- The following materials can be found here:
<http://www.centerforchildwelfare.org/FSFNAll.shtml>
 - Unified Home Study User Guide: Provides information about how to complete work in FSFN. This guide includes screen shots of the work in FSFN.
 - Unified Home Study How Do I Guide: Provides the steps to take when completing work in FSFN. This is a quick desk reference companion to the User Guide where additional details can be found.
 - Unified Home Study Position Paper: Defines how a child welfare business process is supported with the FSFN functionality.

Placement Assessment

A placement assessment must first be completed when a child is initially removed. Additional Placement Assessments should be completed as determined by the Community Base Care (CBC) Lead Agency.

People may recall from the recent webinar entitled “Assessment Process for Placement of Children in Out-of-Home-Care”, the placement assessment helps determine the level of care needed for each child placed in out-of-home care to ensure the most appropriate placement is selected on behalf of the child. Webinar link to share and/or use as needed:
<http://centervideo.forest.usf.edu/video/center/asplacoohc/start.html>

Through the use of the placement assessment, Child Welfare Professionals determine the best level of care needed for the child’s placement. Thus, in determining the best placement setting, assess if the child has any:

- Medical, developmental, and/or mental health needs
- DJJ involvement
- Court order placement requirements
- Siblings
- Educational needs
- Placement preference and activities, hobbies, etc. that the child is involved with

This assessment is designed to determine the level of care, not to determine if the child should be placed with a specific individual.

Purpose of Unified Home Studies

- **Emergency Placement:**

- Completed by Child Protective Investigators.
 - Assesses prospective relative/non-relative caregivers.
 - Occurs when a child must be placed immediately due to exigent circumstances.
 - Initial assessment occurs prior to the child's placement.
-
-

- **Relative/Non-relative Placement:**

- Completed by Case Managers that will be placing the child with a relative/non-relative caregiver.
 - Assesses prospective relative/non-relative placements.
 - Assessment occurs prior to the child's placement.
-
-

- **Initial Licensing or Re-licensing for Foster Home:**

- Completed by Licensing Specialists/staff who are employed by a CBC, subcontracted agency, or other licensed child-placing agency.
 - Assesses prospective caregivers who want to become foster parents (licensed caregivers) for children placed in out-of-home care and caregivers who are already licensed and are undergoing their re-licensure process.
 - For the initial license UHS, the assessment and supervisor approval in FSFN occurs prior to the child's placement.
 - Determines the number of children the caregiver(s) are able to care for and supervise.
-
-
-

- **Adoption:**

- Completed by Adoption Specialists/staff employed by a CBC, subcontracted agency, or other licensed child-placing agency.
- Completed when an individual wishes to adopt a child within the Child Welfare System to evaluate his/her capacity for adoptive parenthood.
- Completed and supervisor approved in FSFN prior to the adoption of a child.

- **Adoption Addendum**

- Completed by Adoption Specialists/staff employed by a CBC, subcontracted agency, or other licensed child-placing agency.
- Completed when an Adoption Unified Home Study needs to be updated.

- **Addendum-Not Adoption**

- Completed by Licensing Specialists and Case Managers.
- Completed annually when a licensed caregiver is afforded a three-year foster care license.
- Completed when there are updates due to changes in family circumstances.



FSFN Screens

Unified Home Study - Internet Explorer provided by DCF
 http://172.27.48.248:8003/flsacwis/pm/pm04tp/PM04TP_UnifiedHomeStudy?action=EDIT&fromWhere=desktop&HOME_STUDY_ID=900000202

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: **Non-Relative Placement**

Addendum - Non-Adoption
 Adoption
 Adoption Addendum
 Emergency Placement
 Initial License for Foster Home
 Re-License
 Relative Placement

STUDY_ID_PRVD_ORG=900000202
 Pending


Demographics **Prior Intakes and Investigations/Referrals** **Background Check Information** **Financial Security Resources and Child Care Arrangement** **Narrative Family Assessment** **Outcome/ Attachments to the Unified Home Study** **Actions:**
[Approval](#)
[Upload Image](#)

Person Provider Inquiry

The Person Provider Inquiry is used to document the initial inquiry when a potential caregiver wants to become a Person Provider (i.e., licensed foster parent, relative or non-relative caregiver, or adoptive parent).


- There are two routes that can be followed when creating the Person Provider Inquiry:
 1. When CPIs are in situations where they do not have access to a computer, for example if they are conducting the removal in the late hours of the night and are not near the office or do not have internet access in the field, the Criminal Intelligence Unit (CIU) at the Florida Abuse Hotline can assist by phone. To conduct the background checks and complete the Person Provider Inquiry, the CIU needs the information for the potential caregiver(s) and household members. The CIU will then conduct a provider search, create a provider inquiry, create the UHS, complete background checks, and assign the Person Provider Inquiry to the CPI.
 - **Note:** The Person Provider Inquiry displays in the My Intakes section in FSFN.
 2. The second way is for Child Welfare Professionals to create the Person Provider Inquiry themselves using the FSFN Create menu.

What Has Changed with the Person Provider Inquiry?




What Has Changed with the Person Provider Inquiry?

- Person Provider Inquiry:
 - Household members and non-household members are not able to be removed from the Person Provider Inquiry if information is captured on the UHS to ensure a clean audit trail.
 - Now reflects the Person ID for household members and non-household members.
 - New tab labeled Person Provider Inquiry added to the existing Search page accessed from the banner bar by selecting the Search command button.




Unfiled Home Study 1-15



What Has Changed with the Person Provider Inquiry?, con't.

- Person Provider:
 - The links for household members have been updated so the user can more readily access Person Management and make modifications as needed.
 - Household members cannot be removed or inactivated on a pending UHS.
 - Non-household members can be inactivated.
 - The Caregiver 1's Person Management page has been updated.



Unfiled Home Study 1-17

Documenting the caregiver role on the Person Provider Inquiry page:

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Basic Family Name: Rivera, Amanda Date: 04/03/2018 Inq ID: 900000481 Status: Pending

Member Basic

Household Members

| Name | Person ID | Gender | DOB | Age | Race | Role |
|----------------|-----------|--------|------------|-----|-------|-------------|
| Rivera, Amanda | 900000240 | Female | 05/27/1986 | 31 | White | Caregiver 1 |

Non-Household Members

| Name | Person ID | Date of Birth | Address | Home Phone | Cell Phone | SSN Verified | Role |
|------|-----------|---------------|---------|------------|------------|--------------|------|
|------|-----------|---------------|---------|------------|------------|--------------|------|

Actions:
[Unified Home Study](#)

Text:
[Person Provider Inquiry](#)
[Comments](#)

Add/Edit

Save Cancel

Where to complete the acceptance decision:

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Basic Family Name: Rivera, Amanda Date: 04/03/2018 Inq ID: 900000481 Status: Pending

Member Basic

Home Information

Caregiver 1: Rivera, Amanda Caregiver 2: Primary Language: English
 Home: Cell: (850)370-4516 Work: Ext: Marital Status: Single Female
 Street/Route: 518 Academy Ave Unit Designator: Building: Country: United States
 City: Tallahassee County: Leon State: FL ZIP: 32399

Inquiry Information

Inquiry Type: Relative/Non-Relative
 Date of Initial Inquiry into Becoming a Foster/Adoptive Parent: 00/00/0000
 Primary Referral Source: Secondary Referral Source: Description:

Worker

Name: LISA I. YILLPH
☒ Accept ☐ Not Accept ☐ Pending
 Reason: Meets Requirements

Actions:
[Unified Home Study](#)

Text:
[Person Provider Inquiry](#)
[Comments](#)

Save Cancel

What the Person Provider Home tab looks like once created:

Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help

Basic
 Number: 900000202 Name: Rivera, Amanda Type: Relative/Non-Relative Status: Active

Home | Members | Characteristics | Services | Training | Merge/Name History

Home Information
 Caregiver 1: Rivera, Amanda Primary Language: English
 Caregiver 2: Marital Status: Single Female
 Provider Address: 518 Academy Ave, Tallahassee, FL 32399
 Mailing Address:
 Home: Work: Ext: Cell: (850)370-4516 Fax: Ext:
 Email: Contact Phone: Ext:

Alternate Contact Information
 Name: Phone: Description: Insert

Tax ID Number
☐ FEIN
☐ SSN
☒ N/A

Schools/Child Care Facilities
 School Insert

Vendor ID
 Fiscal Agency Vendor ID Insert

Operational Ho

Parent Agency: Rivera, Amanda

Actions:
[Delink Provider](#)
[Parent Agency History](#)
[Provider Repayment Method](#)
[Background Screening License/Re-License Checklist](#)
[Unified Home Study](#)
[Upload Image](#)
 Checklist:
 Text:

Launching the UHS from a Person Provider page:

Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help

Basic
 Number: 900000202 Name: Rivera, Amanda Type: Relative/Non-Relative Status: Active

Home | Members | Characteristics | Services | Training | Merge/Name History

Home Information
 Caregiver 1: Rivera, Amanda Primary Language: English
 Caregiver 2: Marital Status: Single Female
 Provider Address: 518 Academy Ave, Tallahassee, FL 32399
 Mailing Address:
 Home: Work: Ext: Cell: (850)370-4516 Fax: Ext:
 Email: Contact Phone: Ext:

Alternate Contact Information
 Name: Phone: Description: Insert

Tax ID Number
☐ FEIN
☐ SSN
☒ N/A

Schools/Child Care Facilities
 School Insert

Vendor ID
 Fiscal Agency Vendor ID Insert

Operational Ho

Parent Agency: Rivera, Amanda

Actions:
[Delink Provider](#)
[Parent Agency History](#)
[Provider Repayment Method](#)
[Background Screening License/Re-License Checklist](#)
[Unified Home Study](#)
[Upload Image](#)
 Checklist:
 Text:

UHS Main page once created:

Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help ?

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics | **Prior Intakes and Investigations/Referrals** | **Background Check Information** | **Financial Security Resources and Child Care Arrangement** | **Narrative Family Assessment** | **Outcome/ Attachments to the Unified Home Study**

Case Information
Case(s) Associated

| Case ID | Case Name | Investigation ID | Action |
|---------|-----------|------------------|--------|
| Insert | | | |

Children Associated

| Names (Person ID) | DOB | Age | Relationship to Caregiver(if any) | Court Case Number |
|-------------------|-----|-----|-----------------------------------|-------------------|
| Insert | | | | |

Contact/Identifying Information
 Rivera, Amanda
 Date of Birth: 05/27/1986

Actions:
[Approval](#)
[Upload Image](#)
[Text:](#)
[Unified Home Study](#)
[Prior Maltreatments & Findings/Referrals](#)

Save **Close**

How to link the UHS with a particular FSN case:

Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help ?

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics | **Prior Intakes and Investigations/Referrals** | **Background Check Information** | **Financial Security Resources and Child Care Arrangement** | **Narrative Family Assessment** | **Outcome/ Attachments to the Unified Home Study**

Case Information
Case(s) Associated

| Case ID | Case Name | Investigation ID | Action |
|---------|-----------|------------------|--------|
| Insert | | | |

Children Associated

| Names (Person ID) | DOB | Age | Relationship to Caregiver(if any) | Court Case Number |
|-------------------|-----|-----|-----------------------------------|-------------------|
| Insert | | | | |

Contact/Identifying Information
 Rivera, Amanda
 Date of Birth: 05/27/1986

Actions:
[Approval](#)
[Upload Image](#)
[Text:](#)
[Unified Home Study](#)
[Prior Maltreatments & Findings/Referrals](#)

Save **Close**

FSFNPrintAuditSpell CheckHelp ?

Provider
Provider ID: 100159127 Provider Name: Zyifaavhv, Michael

Forms Information

| Date Created | Date Initiated | Purpose | Status |
|--------------|----------------|---------|--------|
|--------------|----------------|---------|--------|

Create Close

Provider File Cabinet

The new Provider File Cabinet allows Child Welfare Professionals to upload documents that relate specifically to the provider. It is similar to the Case File Cabinet.

The Provider File Cabinet Image can be created directly from the Person Provider, Organization Provider, UHS, or Create Provider Work.

- There is a new page accessed from the Utilities menu on the desktop labeled Provider File Cabinet Search.
 - Search criteria is available for the Provider File Cabinet Search.
 - The Images Returned group box provides for sorting and the ability to access the Provider (Person or Organization) and Images page directly.
 - Once the document is uploaded and titled, the title cannot be changed. The File Name for all uploaded images needs to follow a standard naming convention.
-
-
-
-



FSFN Screens

How to access the Provider File Cabinet:

Financial Work Case Work **Provider Work** Financial Activity Search Refresh Print Help Logout

http://172.27.48.248:8003/?action=CREATE&fromWhere=desktop - Create Provider Work - Internet Explorer provided by DCF

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Create Provider Items

- Administrative
- License
- Maintenance
- Narrative
- Provider File Cabinet**

Providers

- Abruzzese, Michael
- Musgrove, STEPHANIE
- Rivera, Amanda

Create Close

How to upload the Image pop-up box for the Provider File Cabinet:

http://172.27.48.248:8003/ - Imaging - Internet Explorer provided by DCF

Hand Book Print Audit Spell Check Help

Provider Details

Provider Name: Amanda, Rivera
Provider ID: 900000202
Worker: LISA I. YILLPH
Date Uploaded:

Image Details

Date Document Scanned: 00/00/0000

Image Category: Certificates and Training

Image Type:

File Name: Browse...

Comments:

Save Close

How to upload images from the UHS:

Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics | **Prior Intakes and Investigations/Referrals** | **Background Check Information** | **Financial Security Resources and Child Care Arrangement** | **Narrative Family Assessment** | **Outcome/ Attachments to the Unified Home Study** | **Actions:**

Contact/Identifying Information

Rivera, Amanda
 Date of Birth: 05/27/1986
 Viewed SSN Verification: ☒ Yes ☐ No
 Address: 518 Academy Ave
 City: Tallahassee
 County, State & Zip Code: Leon, FL 32399
 Home Phone:
 Cell Phone: (850)370-4516
 Work Phone:
 Fax:
 Email Address:
 Primary Language:
 Race: White
 Ethnicity:
 FL Residence Length: 0 Years - 0 Months

Other States of Residence and Approximate Dates Lived There

| State | From | To | Action |
|-------------------|------|----|--------|
| <div>Insert</div> | | | |

Actions:
[Approval](#)
[Upload Image](#)

Text:
[Unified Home Study](#)
[Prior Maltreatments & Findings/Referrals](#)

Save

Close

How to choose the image type from the UHS:

FSFN

Print | Audit | Spell Check | Help

Provider Details

Provider Name: Amanda, Rivera
 Provider ID: 900000202
 Worker: NEREIDA X. DZIIRMVI
 Date Uploaded:
 UHS Date Initiated: 03/22/2018

Image Details

Date Document Scanned: 00/00/0000
 Image Category: Unified Home Study
Image Type:
 File Name:
 Comments:

Acknowledgement of Firearms Safety Requirements
 Consent to Release Information
 Employment Verification Documents
 Family Expenses
 Financial/ Tax Documents
 Fire Inspection
 Health Inspection
 Housing Documentation
 Income Verification Documents
 Other Unified Home Study Documents
 Photos of Home
 Radon Inspection
 References
 Unified Home Study - Signature Page
 Water Sample

Save

Close

How to choose the image type from the UHS:

FSFN Print Audit Spell Check Help

Provider Details

Provider Name: Amanda, Rivera
 Provider ID: 900000202
 Worker: NEREIDA X. DZIIRMV
 Date Uploaded:
 UHS Date Initiated: 03/22/2018

Image Details

Date Document Scanned: 00/00/0000
 Image Category: Unified Home Study
Image Type: (dropdown menu open)
 File Name:
 Comments:

Dropdown menu options:
 Acknowledgement of Firearms Safety Requirements
 Consent to Release Information
 Employment Verification Documents
 Family Expenses
 Financial/ Tax Documents
 Fire Inspection
 Health Inspection
 Housing Documentation
 Income Verification Documents
 Other Unified Home Study Documents
 Photos of Home
 Radon Inspection
 References
 Unified Home Study - Signature Page
 Water Sample

Save Close

How to view attached images from the UHS:

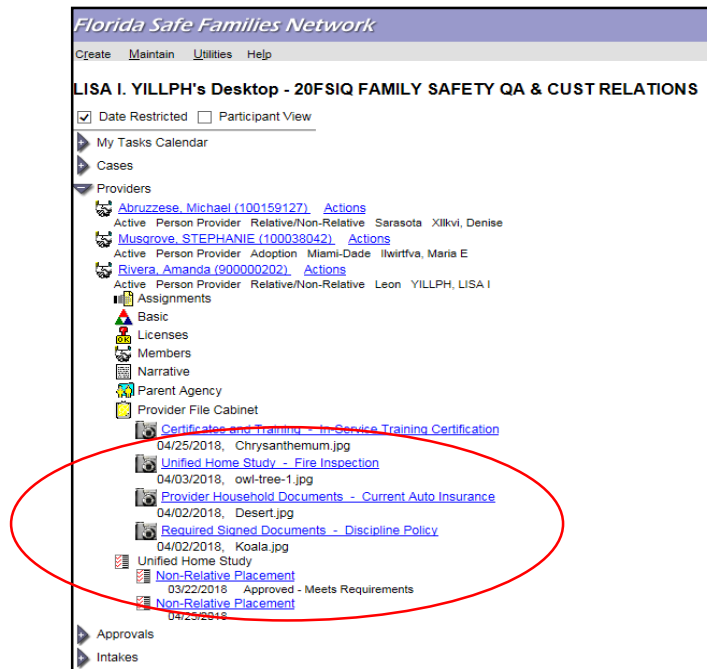
http://172.27.48.248:8003/ - Unified Home Study - Internet Explorer provided by DCF

Florida Safe Families Network Hand Book Print Audit Spell Check Help

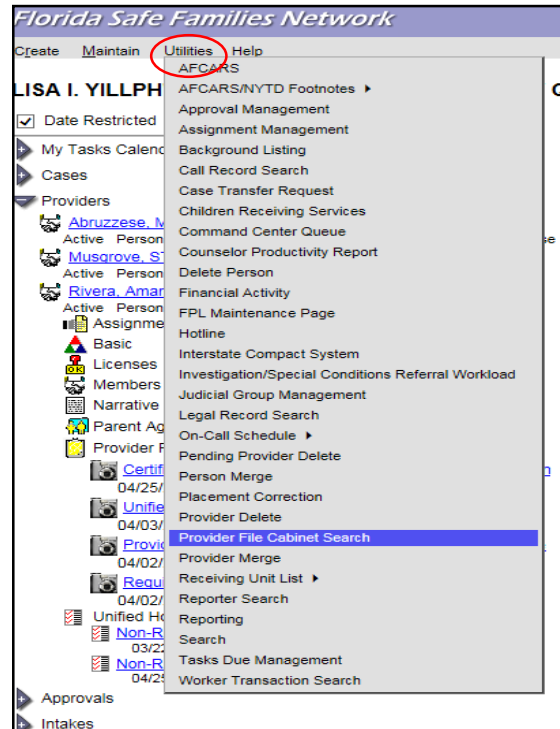
General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Initial License for Foster Home Pending

| Demographics | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study | Actions: |
|---|--|------------------------------|---|-----------------------------|--|---|
| Recommendation Recommendation: Denied - Review Comments Amanda appears to be willing to care for the children long term and has a good relationship with the family. However there is only one extra room in the home and the children will have to share a bedroom. Due to the children being a different sexes, it is the recommendation of this CPI to deny the homestudy at this | | | | | Outcome Outcome: | Approval Upload Image View Attached Images (circled in red) |
| Attachments Adoption - Child Study <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | | Text: Unified Home Study Prior Maltreatments and Findings/Referrals |
| Adoption Subsidy Acknowledgement Form <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | | |
| Affidavit of Firearm Safety <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | | |
| Affidavit of Good Moral Character <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | | |
| Consent to Release Information <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | | |
| Florida Adoption Reunion Registry <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | | |
| Florida Adoption Assistance Program <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | | Save Close |

How to view attached images from the desktop:



How to search in the Provider File Cabinet:



Florida Safe Families Network

Hand Book Print Audit Spell Check Help

Search Criteria

Provider ID: Provider/ Organization Name: First Name: Type:

Image Category: Image Type:

Date Document Scanned: Start Date: End Date:

Fiscal Agency:

- Amy Test Agency
- BIG BEND CBC EASTFA Do Not Use
- BIG BEND CBC FA
- Central Office Child Welfare
- Childrens Home Society
- Childrens Network of SW Flor
- ChildNet Inc
- ChildNet Palm Beach
- Cntr for Fami and Child Enrich
- CBC of Brevard

Service Category:

- Adoption
- Assessment & Evaluation
- Child Activity
- Child Care
- Client Education/Training
- Clothing
- Correctional Placement
- Counseling/ Therapy
- Food
- Foster Home

Hold down the 'Ctrl' key for multi-selection up to 5 Fiscal Agencies Hold down the 'Ctrl' key for multi-selection

Images Returned

| Provider Name (Provider ID) | Status | Parent Agency | Image Category | Image Type | File Name | Date Document Scanned | Comments | Worker Name |
|-----------------------------|--------|---------------|----------------|------------|-----------|-----------------------|----------|-------------|
| | | | | | | | | |

What Components Does a UHS Assess?

The UHS is a process whereby Child Welfare Professionals gather vital information in order to assess if identified caregiver(s) have the capacity to provide a nurturing, caring, and safe environment for each child placed in their care.

Each component of the UHS consists of core assessment information and/or questions. The information gathered as part of the core assessment is required for all home studies, regardless of type. Additional information will be required and gathered based on the type of home study that is completed.

Core Components





FSFN Screens

Core Component – Demographics:

Florida Safe Families Network Hand Book

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

| Demographics | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study | Actions: | | | | | | | | |
|---|--|------------------------------|---|-----------------------------|--|----------|------|----|--------|--|--|--|--|--|
| Contact/Identifying Information Rivera, Amanda Date of Birth: 05/27/1986 Viewed SSN Verification: <input checked="" type="radio"/> Yes <input type="radio"/> No Address: 518 Academy Ave City: Tallahassee County, State & Zip Code: Leon, FL 32399 Home Phone: Cell Phone: (850)370-4516 Work Phone: Fax: Email Address: Primary Language: Race: White Ethnicity: FL Residence Length: 0 Years - 0 Months Other States of Residence and Approximate Dates Lived There <table border="1"> <thead> <tr> <th>State</th> <th>From</th> <th>To</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="4"> </td> </tr> </tbody> </table> | | | | | | State | From | To | Action | | | | | Actions: Approval Upload Image |
| State | From | To | Action | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Text: Unified Home Study Prior Maltreatments and Findings/Referrals | | | | | | | | | | | | | | |

Save Close

Core Component – Demographics:

Florida Safe Families Network Hand Book Print Audit Spell Check Help ?

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

| Demographics | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study | Actions: | | | | | | | | | | | | | | | | | | |
|--|--|------------------------------|---|-----------------------------|--|--|-----------|------------------|--------|--|--|--|--|-------------------|-----|-----|-----------------------------------|-------------------|--|--|--|--|--|--|
| Case Information Case(s) Associated <table border="1"> <thead> <tr> <th>Case ID</th> <th>Case Name</th> <th>Investigation ID</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="4"> </td> </tr> </tbody> </table> <p style="text-align: center;">Insert</p> Children Associated <table border="1"> <thead> <tr> <th>Names (Person ID)</th> <th>DOB</th> <th>Age</th> <th>Relationship to Caregiver(if any)</th> <th>Court Case Number</th> </tr> </thead> <tbody> <tr> <td colspan="5"> </td> </tr> </tbody> </table> | | | | | | Case ID | Case Name | Investigation ID | Action | | | | | Names (Person ID) | DOB | Age | Relationship to Caregiver(if any) | Court Case Number | | | | | | Actions: Approval Upload Image |
| Case ID | Case Name | Investigation ID | Action | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Names (Person ID) | DOB | Age | Relationship to Caregiver(if any) | Court Case Number | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact/Identifying Information Rivera, Amanda Date of Birth: 05/27/1986 | | | | | | Text: Unified Home Study Prior Maltreatments and Findings/Referrals | | | | | | | | | | | | | | | | | | |

Save Close

Core Component – Demographics:

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY Q&A) Purpose of Home Study: Non-Relative Placement Pending

Demographics | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study

Home Evaluation
 Date Initiated: 03/22/2018 Date Completed: 00/00/0000

Provider Notes

| PNID | Begin Date | Date Entered | Note Category | Note Type | Worker Creating Note | Worker Making Contact |
|------------------------|------------|--------------|---------------|-----------|----------------------|-----------------------|
| Insert | | | | | | |

Other Household Members
This includes biological children

| Name | Person ID | Role | SSN Verified | Race/Ethnicity | Gender | Primary Language |
|------------------------|-----------|------|--------------|----------------|--------|------------------|
| Insert | | | | | | |

All Children Currently Placed OR Exited within 1 Year from Home Evaluation Date Initiated
Other Children Placed in the Home (by the Department or Other Agency)

[Save](#) [Close](#)

Actions:
[Approval](#)
[Upload Image](#)
 Text:
[Unified Home Study](#)
[Prior Maltreatments or Findings/Referrals](#)

Core Component – Demographics:

All Children Currently Placed OR Exited within 1 Year from Home Evaluation Date Initiated
Other Children Placed in the Home (by the Department or Other Agency)

| First Name/Last Initial Only | Date of Birth | Age | Placement Type | Placement Begin Date | Placement End Date | Race | Ethnicity | Gender | Primary Language | Client Characteristics |
|------------------------------|---------------|-----|----------------|----------------------|--------------------|------|-----------|--------|------------------|------------------------|
| Insert | | | | | | | | | | |

Non-Household Members

| Name | Person ID | Date of Birth | Role | SSN Verified | Frequent Visitor | Action |
|---------------------------------|-----------|---------------|--------|---|---|------------------------|
| Rivera, Rebecca | 900000340 | 03/20/1968 | Mother | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | Delete |
| Insert | | | | | | |

Core Component – Prior Intakes and Investigations/Referrals:

Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help ?

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics **Prior Intakes and Investigations/Referrals** **Background Check Information** **Financial Security Resources and Child Care Arrangement** **Narrative Family Assessment** **Outcome/ Attachments to the Unified Home Study** **Actions:**

Prior Intakes

| Date | Intake Number | Intake Name | Intake Type | Referral Type | Screening Decision | Case ID | Finding | Investigative Sub Type |
|----------------------|---------------|-------------|-------------|---------------|--------------------|---------|---------|------------------------|
| <div>< ></div> | | | | | | | | |

Prior Investigations/Referrals

| Intake Number | Case Name | Case ID | Intake Type | Referral Type | Investigative Sub Type | Finding | Status |
|----------------------|-----------|---------|-------------|---------------|------------------------|---------|--------|
| <div>< ></div> | | | | | | | |

Text:
[Unified Home Study](#)
[Prior Maltreatments or Findings/Referrals](#)

Save Close

Core Component – Background Check Information:

Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help ?

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics **Prior Intakes and Investigations/Referrals** **Background Check Information** **Financial Security Resources and Child Care Arrangement** **Narrative Family Assessment** **Outcome/ Attachments to the Unified Home Study** **Actions:**

Criminal Background Check Request

Request Type: ☐ Planned Placement ☐ Emergency Placement

| Background Check? | Name | Age | Last Background Check | Local Effective Date | Fingerprint Result Received | Date Received | Fingerprint Status | Action |
|--------------------------|-----------------|-----|-----------------------|----------------------|---|---------------|---------------------------|------------------------|
| <input type="checkbox"/> | Rivera, Amanda | 31 | | | <input checked="" type="radio"/> Yes <input type="radio"/> No | 03/22/2018 | No Disqualifying Offenses | |
| <input type="checkbox"/> | Rivera, Rebecca | 50 | | | <input type="radio"/> Yes <input type="radio"/> No | 00/00/0000 | | Delete |

Insert Request Background Check

Criminal Background Checks Completed

Criminal Records have been checked by the caregiver(s), all adults and other persons living in the home as required. This may also include background checks for other individuals (Visitors, other individuals who may have supervised contact with the child(ren)):

| Name | Action |
|----------------------|--------|
| <div>< ></div> | |

Additional background checks not listed above (include name of check, (e.g. driving record, civil court) name of individual's screened and date of results):

Clearance Issues (Analysis of Background Check Results and All):
 Local Backgrounds: No records found for Amanda Rivera
 Clerk of Court: No records found for Amanda Rivera, except traffic offenses.
 FL Department of Corrections: No records found for Amanda Rivera.
 Sexual Offenders: No records found for Amanda Rivera.

Text:
[Unified Home Study](#)
[Prior Maltreatments or Findings/Referrals](#)

Core Component – Financial Security Resources and Child Care Arrangement:

Florida Safe Families Network Hand Book Print Audit Spell Check Help

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

| Demographics | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study | Actions: | | | | | | | | | | | | |
|---|--|------------------------------|---|-----------------------------|--|------------------|---------------|--------------------|---------------|----------------------------|----------------------------|------------|---|--|------------------------|---|--|--|
| Finance Breakdown Employment Information <table border="1"> <thead> <tr> <th>Member Name</th> <th>Employer Name</th> <th>Net Monthly Salary</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Rivera, Amanda (900000240)</td> <td>Walmart</td> <td>\$2,000.00</td> <td>Edit Delete</td> </tr> </tbody> </table> <p>Insert</p> | | | | | | Member Name | Employer Name | Net Monthly Salary | Action | Rivera, Amanda (900000240) | Walmart | \$2,000.00 | Edit Delete | Approval Upload Image | | | | |
| Member Name | Employer Name | Net Monthly Salary | Action | | | | | | | | | | | | | | | |
| Rivera, Amanda (900000240) | Walmart | \$2,000.00 | Edit Delete | | | | | | | | | | | | | | | |
| Additional Monthly Support or Income <table border="1"> <thead> <tr> <th>Member Name</th> <th>Income Type</th> <th>If Other, Specify</th> <th>Income Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Rivera, Amanda (900000240)</td> <td>Other</td> <td>Food Stamps</td> <td>\$200.00</td> <td>Delete</td> </tr> </tbody> </table> <p>Insert</p> | | | | | | Member Name | Income Type | If Other, Specify | Income Amount | Action | Rivera, Amanda (900000240) | Other | Food Stamps | \$200.00 | Delete | Text: Unified Home Study Prior Maltreatments or Findings/Referrals | | |
| Member Name | Income Type | If Other, Specify | Income Amount | Action | | | | | | | | | | | | | | |
| Rivera, Amanda (900000240) | Other | Food Stamps | \$200.00 | Delete | | | | | | | | | | | | | | |
| Household Information Combined Monthly Income: \$2,200.00 Total Monthly Expenses: \$1,789.00 <table border="1"> <thead> <tr> <th colspan="2">Monthly Expenses</th> <th>Expense Amount</th> <th>Action</th> </tr> <tr> <th>Expense Type</th> <th>If Other, Specify</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Save Close</p> | | | | | | Monthly Expenses | | Expense Amount | Action | Expense Type | If Other, Specify | | | | | | | |
| Monthly Expenses | | Expense Amount | Action | | | | | | | | | | | | | | | |
| Expense Type | If Other, Specify | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

Core Component – Narrative Family Assessment:

Florida Safe Families Network Hand Book Print Audit Spell Check Help

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

| Demographics | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study | Actions: |
|--|--|------------------------------|---|-----------------------------|--|--|
| <p><i>The purpose of this section is to assess the caregiver(s) ability to provide a safe and nurturing environment in accordance with Florida Statute and Administrative Code, and Department of Children and Families Operating Procedures.</i></p> <p>Assess Caregiver(s)</p> <p>1. Explain any experiences with child abuse or neglect; alcohol and/or substance abuse treatment; or domestic violence. Describe whether the history, if any, involved either of the parent(s) of the child being placed or the child. Explain how experiences may positively or negatively impact the ability of the caregiver(s) to care for and protect the child(ren). *Reference any other household members (if applicable)* Amada stated she does not drink socially and deny a history of substance abuse and domestic violence. She denied a history of childhood abuse or neglect. Amada feels she had a great childhood</p> <p>2. Explain any caregiver health or mental health conditions that may interfere with the ability of the caregiver(s) to care for the child. Explain how the caregiver will address any challenges. (For example, the caregiver takes medications that may result in drowsiness, causing restrictions in the caregiver's ability to drive a vehicle, or the caregiver has significant individual needs that might affect the safety of the child such as severe depression, lack of impulse control, medical needs, other current caregiving demands, etc.) *Reference any other household members (if applicable)* Amada denied having any medical or mental health conditions that would interfere with her ability to being a caregiver. Amada does take Lisinopril 25mg for hypertension and Metoprolol for gout. She does not take any medications that would contribute to her sleeping when she is in care of the children.</p> <p>3. Explain how the caregiver(s) will participate in a team supporting the child's safety, permanency and well-being by: a) Sharing necessary information with others on the team maintaining the confidentiality of the child and caregiver as required by law, regulation and professional ethics. b) Participating in planning activities, court hearings, staffings and other key meetings. *Reference any other household members (if applicable)* Amada stated she is willing to participate in any meetings, court hearings or staffings that are necessary to advocate for the children. She will take the children to any recommended appointments for the children and will ensure the children are at every appointment. She wants to be informed of the case and understand what is occurring in the dependency process. She hopes the parents will participate in the process to be able to care for the children again. She understands the importance of ensuring the children's involvement with services identified.</p> <p>Save Close</p> | | | | | | Approval Upload Image |
| Text: Unified Home Study Prior Maltreatments or Findings/Referrals | | | | | | |

Core Component – Outcome/Attachments:

Florida Safe Families Network

Hand Book / Print / Audit / Spell Check / Help

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

| Demographics | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study |
|---|--|------------------------------|---|-----------------------------|---|
| Recommendation Recommendation: Denied - Review Comments Amanda appears to be willing to care for the children long term and has a good relationship with the family. However there is only one extra room in the home and the children will have to share a bedroom. Due to the children being a different sexes, it is the recommendation of this CPI to deny the homestudy at this | | | | | Outcome Outcome: |
| Attachments | | | | | Actions: Approval Upload Image |
| Adoption - Child Study <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | Text: Unified Home Study Prior Maltreatments or Findings/Referrals |
| Adoption Subsidy Acknowledgement Form <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | |
| Affidavit of Firearm Safety <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | |
| Affidavit of Good Moral Character <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | |
| Consent to Release Information <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | |
| Florida Adoption Reunion Registry <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | |
| Florida Adoption Assistance Program <input type="radio"/> Attached <input type="radio"/> Not Attached Reason: | | | | | Save Close |