**Emergency Placement**

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| --- | --- | --- |
| **Provider ID:** | **Counselor Name:** | **Date Completed:** |

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| --- | --- |
| **FSFN Case ID** | **Intake/Investigation ID** |
| START\_DYNAMIC\_TABLE=CASEANDINVS |  |

END\_DYNAMIC\_TABLE=CASEANDINVS

|  |  |  |
| --- | --- | --- |
| **Child(ren)’s Name:** | **Child(ren)’s relationship to caregiver (if any):** | **Court Case Number** |
| START\_DYNAMIC\_TABLE=CHILDRELAINFO |  |  |
|  |  |  |
|  |  |  |

END\_DYNAMIC\_TABLE=CHILDRELAINFO

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| --- | --- |
| **I: DEMOGRAPHICS** | |
| **A. Please note that caregiver Social Security Numbers are NOT to be included on this home study; document number elsewhere in FSFN**. | |
| Contact/Identifying Information | |
| Caregiver 1: | Caregiver 2: |
| DOB: | DOB: |
| Viewed Social Security Number Verification: Yes No | Viewed Social Security Number Verification:  Yes  No |
| Address: | Address: |
| City: | City: |
| County, State & Zip Code: | County, State & Zip Code: |
| Home Phone:  Work Phone: | Home Phone:  Work Phone: |
| Cell: | Cell: |
| E-mail Address: | E-mail Address: |
| Fax: | Fax: |
| Primary Language: | Primary Language: |
| Race: | Race: |
| Ethnicity: | Ethnicity: |
| FL Residence Length:  0 Years 0 Months | FL Residence Length: |

**Other States of Residence**

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| --- |
| **Caregiver 1:** |
| START\_DYNAMIC\_TABLE=C1STATESState: From: To: |

END\_DYNAMIC\_TABLE=C1STATES

|  |
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| **Caregiver 2:** |
| START\_DYNAMIC\_TABLE=C2STATESState:       From:       To: |

END\_DYNAMIC\_TABLE=C2STATES

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| --- | --- | --- | --- | --- | --- | --- |
| **B. Other Household Members** | | | | | | |
| **This includes biological children.**  **Do NOT document Social Security Numbers on this form; record elsewhere in FSFN.** | | | | | | |
| Name of Member | Role | Date of Birth/Age | Social Security # Verified | Race/  Ethnicity | Gender | Primary Language Spoken |
| START\_DYNAMIC\_TABLE=OTHERINFO |  | Age: | Yes  No |  |  |  |

END\_DYNAMIC\_TABLE=OTHERINFO

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C. All Children Currently Placed OR Exited within 1 Year from Initiate Date** | | | | | | | | |
| **Other Children Placed in the Home (by the Department or Other Agency)** | | | | | | | | |
| First Name/Last Initial **Only** | Date of Birth/Age | Date Placed in Home | Date Exited Home | Race/Ethnicity | Gender | Primary Language Spoken | Special Needs or Concerns | Type of Placement |
| START\_DYNAMIC\_TABLE=PLACEMENTINFO |  |  |  |  |  |  |  |  |

END\_DYNAMIC\_TABLE=PLACEMENTINFO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D. Non-Household Members** | | | | |
| Name of Member | Role | Date of Birth/ Age | Social Security # Verified | Frequent Visitor? |
| START\_DYNAMIC\_TABLE=NONEINFO |  |  | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No |

END\_DYNAMIC\_TABLE=NONEINFO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **II. BACKGROUND/QUALIFICATIONS** | | | | | | |
| **Background Checks:**  Criminal Record and Child Abuse records have been checked for the caregiver(s), all adults and other persons living in the home as required. | | | | | | |
| **Name** | **Age** | **Last Background Check** | **Local Effective Date** | **Fingerprint Results Received** | **Date Received** | **Fingerprint Status** |
| START\_DYNAMIC\_TABLE=BACKGROUNDINFO |  | Date: | Date: | Yes  No |  |  |
|  |  | Date: | Date: | Yes  No |  |  |
|  |  | Date: | Date: | Yes  No |  |  |
|  |  | Date: | Date: | Yes  No |  |  |

END\_DYNAMIC\_TABLE=BACKGROUNDINFO

|  |
| --- |
| 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): |
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| Clearance Issues (Analysis of Background Check Results and All Priors) : |
| Analysis of background checks documented here for household members and non-household members. |

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| **III. FINANCIAL SECURITY, RESOURCES AND CHILD CARE ARRANGEMENTS** |
| **Employment Information** |

|  |  |  |
| --- | --- | --- |
| START\_DYNAMIC\_TABLE=EMPLOYMENTMember Name | Employer Name | Employer Address |
| Length of Employment  Yrs: ons: | Hours and Shifts Worked | Net Monthly Salary (after taxes) (if paid weekly or bi-weekly, calculate into monthly amount)  $ |

END\_DYNAMIC\_TABLE=EMPLOYMENT

|  |  |  |
| --- | --- | --- |
| **Additional Monthly Support or Income** | | |
| **Member Name** | **Income Type** | **Income Amount** |
| START\_DYNAMIC\_TABLE=ADDSUPP |  | $ |
|  |  | $ |

END\_DYNAMIC\_TABLE=ADDSUPP

|  |  |  |
| --- | --- | --- |
| **Monthly Expenses** | | |
| **Expense Type** | **If Other, Specify** | **Expense Amount** |
| START\_DYNAMIC\_TABLE=EXPENSES |  | $ |
|  |  | $ |
|  |  | $ |

END\_DYNAMIC\_TABLE=EXPENSES

**Combined Monthly Income:**

**Total Monthly Expenses: Net Monthly Income:**

|  |
| --- |
| **FAMILY SITUATION** |
| 1. Does the family have sufficient funds to support their current expenses? Yes  No  Describe assessment of family's financial stability that supports the yes/no response. |
| 2. Will child care or after-school care be needed? Yes  No  Describe choir care support needed and actions taken to provide support. |
| 3. What new expenses are anticipated for the child(ren) to be placed in the home?  Describe additional expenses once child(ren) are residing in the home. |
| 4. Will the family be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family? Yes  No  Described the caregiver's plan to support the additional expenses. |
| 5. Were all available assistance programs discussed with the family? If yes, explain. If no, why not. Yes  No  Describe programs shared with the family. |
| 6. What services will the family need in order to help ensure placement stability? (List all)  Describe programs the family will need to access. |
| 7. Is the family willing to adopt this child without subsidy? Yes  No |

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| **IV. ASSESSMENT** | |
| **A. The purpose of this section is to assess the caregiver(s) and all other household members (if applicable) ability to provide a safe and nurturing environment in accordance with Florida Statute and Administrative Code, and Department of Children and Families Operating Procedures.** | |
| 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 or 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)\*\* |  |
| 1. Explain any caregiver health or mental health conditions that may interfere with the ability of the caregiver(s) and all other household members (if applicable) 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 for driving 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)\*\* |  |
| 1. Explain how the caregiver(s) will participate in a professional team supporting the child by:   a) Sharing necessary information with other professionals 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)\*\* |  |
| 1. Explain how the caregiver(s) are willing and able to make a loving commitment to the child(ren)’s safety and well being. This may include but not limited to the following:   a) Providing appropriate supervision and positive methods of discipline.  b) Encouraging the child in his/her strengths, and respecting the child's individuality and likes and dislikes.  c) Providing opportunities to develop the child's interests and skills.  d) Maintaining awareness of the impact of trauma on behavior.  e) Involving the child in family and community activities.  f) Providing transportation to school, child care, extracurricular activities, etc.  g) Ensuring the child's safety by employing appropriate physical safety measures, including in the household, for transportation, and with pets.  \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the caregiver(s) are willing and able to:   a) Respect and honor any child’s culture, religion and ethnicity.  b) Adapt to and support any child’s individuals situation, including sexual orientation and family relationships.  If the caregiving family’s religion, culture, or other factors will impair their ability to meet the needs of any child, please explain what the family’s limitations are, and how limitations could impact any child placed in their home.  \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the caregiver(s) are willing and able to commit to maintaining any child they accept in their home until such time as it is in the child's best interest to leave the home.   \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the caregiver(s) will address challenges in caring for the child(ren) to be placed, including available supports and resources.   a) These challenges may include, but are not limited to , behaviors and are a significant threat to others, juvenile sexual abuse, problematic sexual behavior, severe self-harm behavior, etc.  b) The caregiver is caring for the other children or adults which results in significant demands on their time.  c) The caregiver is caring for family members with mental health or medical conditions that might result in harm to the child.  \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the caregiver(s) are willing and able to participate in transition planning for the child(ren). \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the caregiver(s) are willing and able to assist the biological caregivers in improving their ability to care for and protect their children and to provide continuity for the child after reunification.   \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the caregiver(s) are willing and able to assist the child(ren) in family time/visitation and other forms of communication including Post Adoptions Communication Plans when appropriate.   \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the caregiver(s) are willing and able to maintain records and ensure that these records are made available to other partners that are important to the child welfare system and to the child and family, that are important to any childs well being including child resource records, medical records, school records and all psychotropic medication records.   \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the caregiver(s) are willing and able to advocate for children in their care as needed with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers.   \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the willingness and ability of the caregiver(s) to participate fully in any child’s medical, educational, psychological, special or physical needs and dental care. This includes providing transportation, attending appointments and communicating with professionals. \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Explain how the caregiver(s) are willing and able to support the child(ren)’s school success by:   a) Participating in school activities and meetings, including disciplinary and/or IEP (Individualized Education Plan) meetings.  b) Assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities.  c) For any child who has a disability, or is suspected of having a disability, to attend Educational Surrogate Parent training, if needed or recommended by the court; and thereafter advocate for the child(ren) in the school system.  d) Maintaining the children in the school of origin, if it is in the child(ren)'s best interest to do so.  e) Maintaining the child(ren) in the school of origin until an appropriate grading break in the academic year, if not possible or not in the child(ren)'s best interest to remain in the school of origin for the remainder of the school year.  \*\*Reference any other household members (if applicable)\*\* |  |
| 1. Is the family willing and able to provide placement for any siblings?  Yes  No  Unable to Decide |  |

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| **B. This section is intended to be a descriptive narrative assessment to further describe the overall functioning of the family and their capacity to provide (or to continue to provide) a safe and appropriate placement for children.** |
| **MOTIVATION:**  Describe the motivation to foster, adopt or be approved as a relative/non-relative caregiver. If a two-parent household, address both caregivers’ mutual desire to care for the child. This includes but is not limited to the following:  a) What is the alignment of the caregiver(s) with the child?  b) What is the understanding of the caregiver(s) of the danger threats that make the child unsafe?  c) What is the commitment of the caregiver(s) to implement and adhere to the safety plan?  d) What is the willingness of the caregiver(s) to help the child achieve permanency? |
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| **EDUCATION AND EMPLOYMENT:**  Describe how the caregiver(s) education, special training or employment history helps prepare them to care for a child. Discuss whether the person may have any challenges, including but not limited to the caregiver(s) past difficulties in school, a specific learning disability or his/her current work schedule. |
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| **FAMILY HISTORY:**  Describe/discuss relationships between household members and extended family and friends. Identify the family's formal and informal support systems, including current and anticipated child care arrangements. Describe the family's cultural and religious beliefs and their willingness to accommodate children of different faiths, beliefs, ethnicities, and/or cultures  Discuss each caregiver's history to include any past trauma that could impact the family's ability to provide quality care to children. Describe attitudes towards children and parents involved in the child welfare system. Describe how family members have demonstrated capacity to parent children with special needs. Discuss any significant losses by the family members and any coping mechanisms used to manage such loss. Describe the type of discipline used in the family prior to fostering and how they were disciplined as children. |
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| **CHILD(REN) TO BE PLACED INTERVIEW(S):**  Discuss and assess the child(ren)'s understanding or feeling about being placed in the home. Document any concerns or needs that they would want the potential caregiver(s) to know about them. |
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| **REFERENCES AND REVIEWS:**  Please document the references received from relatives, non-relatives, professionals and services providers regarding the family's ability to meet the needs of a child(ren) placed in the home. |
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| **CHILD HISTORY:**  Describe each child living in the home separately, including developmental history/issues, personality, health, education level, special needs and behavioral challenges. In addition, describe/discuss the adjustment and integration of children previously adopted by or placed with the family. Discuss with all family members any failed placements in terms of the cause, resolution, and any differences or changes that will be made as a result of lessons learned. |
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| **PHYSICAL ENVIRONMENT:**  Discuss the physical environment, including a description of the home and how the environment relates to the safety of the child(ren); address the interior, exterior, number of rooms, bathrooms, etc., sleeping arrangements, and accommodations for child(ren)’s personal belongings. Are there any changes needed in order to accommodate child(ren)? |
|  |

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| **FAMILY SUPPORT AND RESOURCES:**  Describe if the applicant(s) have a well-developed support system comprised of extended family, friends and community organizations that affirms the applicant's decision to provide care for a child placed in their home. If there were an unforeseen emergency, whom would they identify as using for respite, or additionally, for long term planning? What is their willingness to engage in recommended services such as therapy and support group, etc. |
|  |

**Prospective Caregiver Attestation and Acknowledgement**

**To the best of my knowledge, I have given (\_\_\_\_\_\_\_\_\_\_\_) truthful information on all questions asked of me.**

FSFN Demonstration Agency

**Agency Name**

**In addition, I acknowledge receipt of the following (check all that apply):**

Water Safety Advisory   Firearms Safety  Sudden Infant Death Syndrome and Ways to Help Prevent It

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| --- | --- | --- | --- |
| Prospective Caregiver #1 | | Prospective Caregiver #2 | |
|  |  |  |  |
|  |  |  |  |
| Printed Name | Date | Printed Name | Date |
|  |  |  |  |
|  |  |  |  |
| Signature | Date | Signature | Date |

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| **A. APPROVAL/DENIAL AND RECOMMENDATIONS** |
| Family Name: |
| Based upon all materials submitted, interviews held, observations made during training, review of all references and background clearances, it is the recommendation of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) that the following course of action be taken on this placement/license:  Emergency Placement  Recommendation: Approved - Meets Requirements  Outcome: Approved - Meets Requirements |

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| **B. SIGNATURE PAGE** | | | |
| SIGNATURES ARE REQUIRED OF THE PERSONS COMPLETING AND APPROVING THE HOMESTUDY | | | |
|  |  |  |  |
|  |  |  |  |
| Signature (Required) | Date | Signature (Required) | Date |
| Child Protective Investigator |  | Child Protective Investigator Supervisor |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Signature (Required) | Date | Signature (Required) | Date |
| Case Manager |  | Case Manager Supervisor |  |
|  |  |  |  |
|  | | | |
| AGENCY SIGNATURES (Each agency will determine which of the following signatures are required for each type of placement): | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Signature | Date | Signature | Date |
| Licensing Specialist |  | Licensing Specialist |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Signature | Date | Signature | Date |
| Program Director |  | Executive Director |  |

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