



UNIFIED HOME STUDY

Provider ID:		Counselor Name:	
FSFN Case ID:		Intake/ Investigation ID:	
		Date Completed:	

Child(ren)'s Name:	Child(ren)'s relationship to caregiver (if any):

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Viewed Social Security Number Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Address:
City:	City:
County, State & Zip Code	County, State & Zip Code
Home Phone: () -	Home Phone: () -
Work Phone: () -	Work Phone: () -
Cell:	Cell:
E-mail Address:	E-mail Address:
Fax: () -	Fax: () -
Primary Language:	Primary Language:
Race:	Race:
Ethnicity:	Ethnicity:
FL Residence Length:	FL Residence Length:

Commented [KLR1]: The "Purpose of Home Study" prefills in the header to indicate the type of Unified Home Study being documented. All fields within this notification/template prefill from the Unified Home Study page. Selections include: Adoption; Emergency Placement; Initial License for Foster Home; Non-Relative Placement; Re-License; and Relative Placement

Commented [KLR2]: Prefills with the FSFN Provider ID for the Person Provider Record

Commented [KLR3]: Captures the Counselor Name of the user creating the Unified Home Study page.

Commented [KLR4]: Prefills if a FSFN Case ID was selected on the Demographics tab of the Unified Home Study page. If no FSFN Case ID was selected, this field will be blank (null).

Commented [KLR5]: Prefills if an Investigation ID was selected on the Demographics tab of the Unified Home Study page. If no Investigation ID was selected, this field will be blank (null).

Commented [KLR6]: Prefills with the Completed Date, if applicable.

Commented [KLR7]: Prefills from the Children Associated group box on the Demographics Tab of the Unified Home Study page, if applicable.

Commented [KLR8]: Prefills from the Children Associated group box on the Demographics Tab of the Unified Home Study page, if applicable.

Commented [KLR9]: Prefills from the Contact/Identifying Information group box on the Demographics Tab of the Unified Home Study page.

Commented [AJ10]: Removed the Work Schedule fields since they are no longer going to be on the UHS page – Demographics tab.



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Other states of residence and approximate dates lived there:

State: From: To:

State: From: To:

Other states of residence and approximate dates lived there:

Commented [AJ11]: This section will ONLY populate with rows if they are inserted on the Demographics tab. Otherwise, this section will just have the header "Other states of residence and approximate dates lived there".

Also modified the fields that pre-fill to be consistent with the page which is "From" and "To".

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
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Commented [KLR12]: Prefills from the Other Household Members group box on the Demographics Tab of the Unified Home Study page.

Commented [KLR13]: Prefills from the Household Members group box on the Members Tab of the Person Provider page.

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

Commented [KLR14]: Prefills from the All Children Placed OR Exited within 1 Year from Home Evaluation Date Initiated group box of Demographics Tab of the Unified Home Study page.

Commented [AJ15]: This column can ONLY display the full First Name and first initial of the Last Name. It CANNOT display the entire last name and MUST be just the first initial.

Commented [KLR16]: Column header states that it displays First Name/Last Initial Only

D. Non-Household Members

Name of Member	Role	Date of Birth/ Age	Social Security # Verified	Race/ Ethnicity	Gender	Primary Language Spoken
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Commented [KLR17]: Prefills from the Non-Household Members group box on the Members Tab of the Person Provider page.

Commented [AJ18]: Pre-fills from the Role captured on the UHS. This cannot pre-fill from the Person Provider record because over time the roles may change and any prior, approved UHS pages must reflect the Role at the time of the UHS when it was approved and became frozen.



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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
		Date:	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Commented [KLR19]: Prefills from the Criminal Background Check Request group box of the Background Check Information Tab of the Unified Home Study page.

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]:

Commented [KLR20]: Prefills from the Criminal Background Check Request group box of the Background Check Information Tab of the Unified Home Study page.

Clearance Issues (Analysis of Background Check Results and All Priors)::

Commented [KLR21]: Prefills from the Criminal Background Check Request group box of the Background Check Information Tab of the Unified Home Study page.

III. FINANCIAL SECURITY, RESOURCES AND CHILD CARE ARRANGEMENTS

Employment Information

Member Name	Employer Name	Employer Address
Length of Employment Yrs: Mons:	Hours and Shifts Worked	Net Monthly Salary (after taxes) (if paid weekly or bi-weekly, calculate into monthly amount) \$
Member Name	Employer Name	Employer Address

Commented [AJ22]: Pre-fills from the Financial Security, Resources and Child Care Arrangements tab – Employment Information section. Each record from the tab will pre-fill the 6 fields that make a block.



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Length of Employment Yrs: Mons:		Hours and Shifts Worked	Net Monthly Salary (after taxes) (if paid weekly or bi-weekly, calculate into monthly amount) \$
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Additional Monthly Support or Income		
Member Name	Income Type	Income Amount
		\$

Commented [AJ23]: Pre-fills from the Financial Security, Resources and Child Care Arrangements tab – Additional Monthly Support or Income section. Each record from the tab will pre-fill a row here.

Commented [AJ24]: Income Type pre-fills with whatever the value is selected in the drop down. However, if Other is selected as the Type, it will pre-fill Other with a dash and then include whatever is documented in the associated text field. Example: Other – Income from Stepson

Monthly Expenses		
Member Name	Expense Type	Expense Amount
		\$

Commented [AJ25]: Pre-fills from the Financial Security, Resources and Child Care Arrangements tab – Expenses section. Each record from the tab will pre-fill a row here.

Commented [AJ26]: Expense Type pre-fills with whatever the value is selected in the drop down. However, if Other Expense is selected as the Type, it will pre-fill Other with a dash and then include whatever is documented in the associated text field. Example: Other Expense – Credit Card Payment

Combined Monthly Income: \$

Total Monthly Expenses: \$

Net Monthly Income: \$



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FAMILY SITUATION

1. Does the family have sufficient funds to support their current expenses? ☐ Yes ☐ No
2. Will child care or after-school care be needed? ☐ Yes ☐ No
3. What new expenses are anticipated for the child(ren) to be placed 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
5. Does the family want to be referred for determining eligibility for assistance programs? ☐ Yes ☐ No
6. What services will the family need in order to help ensure placement stability? (List all)
7. Is the family willing to adopt this child without subsidy? ☐ Yes ☐ No

Commented [KLR27]: Prefills from the Family Functioning group box of Financial Security, Resources and Child Care Arrangement Tab of the Unified Home Study page.

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)
2. 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

Commented [AJ28]: This question is not enabled or required for ANY Purpose other than Adoption and Adoption Addendum. Therefore, this question will display but not populate if one of the other Purposes. NOT USER SELECTED/ ENTERED ON THIS TEMPLATE.

Commented [AJ29]: Pre-fills from the Narrative Family Assessment tab of the Unified Home Study page.



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<p>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)**</p>	
<p>3. 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)**</p>	
<p>4. 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)**</p>	
<p>5. 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 individual situation, including sexual orientation and family relationships.</p> <p>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)**</p>	



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<p>6. 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)**</p>	
<p>7. Explain how the caregiver(s) will address challenges in caring for the child(ren) to be placed, including available supports and resources.</p> <ul style="list-style-type: none"> 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. <p>**Reference any other household members (if applicable)**</p>	
<p>8. 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)**</p>	
<p>9. 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)**</p>	
<p>10. 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)**</p>	
<p>11. Explain how the caregiver(s) will:</p> <ul style="list-style-type: none"> a) Maintain records and ensure that these records are made available to other partners that are important to in the child welfare system and to the child and family, that are important to any child's well being including child resource records, medical records, school records <p>**Reference any other household members (if applicable)**</p>	
<p>12. 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)**</p>	



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13. 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)**	
14. 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)**	
15. Is the family willing and able to provide placement for any siblings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Decide	

Commented [AJ30]: Pre-fills based on the radio button selected.



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B. This section is intended to be a descriptive narrative assessment to further describe the overall functionality 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:

- What is the alignment of the caregiver(s) with the child?
- What is the understanding of the caregiver(s) of the danger threats that make the child unsafe?
- What is the commitment of the caregiver(s) to implement and adhere to the safety plan?
- What is the willingness of the caregiver(s) to help the child achieve permanency?

Commented [KLR31]: Prefills from the Motivation group box of Narrative Family Assessment Tab of the Unified Home Study page.

EDUCATION AND EMPLOYMENT:

Briefly describe/discuss the caregiver(s) educational background which supports placement stability of the child. In addition, describe the employment stability of the supplements and employment history as it relates to placement and stability of the caregiver.

Commented [KLR32]: Prefills from the Education and Employment group box of Narrative Family Assessment Tabs of the Unified Home Study page.

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. 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 issues by the family members and any coping mechanisms used to manage such loss.

Commented [KLR33]: Prefills from the Family Life group box of Narrative Family Assessment Tabs of the Unified Home Study page.

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.

Commented [KLR34]: Prefills from the Family Life group box of Narrative Family Assessment Tabs of the Unified Home Study page.



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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)?

Commented [KLR35]: Prefills from the Physical Environment group box of Narrative Family Assessment Tabs of the Unified Home Study page.



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Prospective Caregiver Attestation and Acknowledgement

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

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

Prospective Caregiver #1

Prospective Caregiver #2

Printed Name

Date

Printed Name

Date

Signature

Date

Signature

Date

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:

Recommendation: ()

Outcome: ()

Commented [KLR36]: Prefills with the Worker Name selected on the UHS page in the header group box.

Commented [AJ37]: Pre-fills with the Agency Name related to the Unit, based on the Worker Name above.

Commented [KLR38]: Does not pre-fill and is NOT user selected on this template. These 3 check boxes will be user checked with a pen and page uploaded back to FSFN with the signatures.

Commented [KLR39]: Prefills Caregiver 1 from the Contact/Identifying Information group box on the Demographics Tab of the Unified Home Study page.

Commented [KLR40]: Prefills Caregiver 2 from the Contact/Identifying Information group box on the Demographics Tab of the Unified Home Study page.

Commented [KLR41]: Prefills Caregiver 1 from the Contact/Identifying Information group box on the Demographics Tab of the Unified Home Study page.

Commented [AJ42]: Pre-fills with the Agency Name related to the Unit, based on the Worker Name above. This is the Worker Name selected in the header group box of the Unified Home Study page.

Commented [AJ43]: Pre-fills with the Purpose of Home Study selected in the General Information group box on the Unified Home Study page.

Commented [AJ44]: Pre-fills with the Recommendation documented in the Recommendation group box on the Outcomes/ Attachments to the Unified Home Study tab.

Commented [AJ45]: Pre-fills with the comments documented in association with the Recommendation group box.

Commented [AJ46]: Pre-fills with the Outcome selected on the Unified Home Study page – Outcomes/ Attachments to the Unified Home Study tab – Outcomes group box.

Commented [AJ47]: Pre-fills with the comments documented in association with the Outcome group box.

****We removed the referral for approval/ denial check box since we now have the recommendation and outcome group boxes and only once the final approval/ denial decision has been made will they document it in FSFN. In addition, we removed the statement about how many children the provider is licensed for since this is captured through the Licensing page in FSFN.**



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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	