

This assessment will be submitted for review by the Planning Team for final recommendation to transfer guardianship, and will be submitted as the Child and Family Assessment section of the Court Study for the transfer of guardianship.

Child LAST Name		Child FIRST Name		DOB:	Gender:	
LAST Name of Caregiver/Guardian #1		FIRST Name of Caregiver/Guardian #1		LAST Name of Caregiver/Guardian #2		FIRST Name of Caregiver/Guardian #2
Address (No. and Street):			Apartment #:	City:		State: Zip:

Date of Most Recent Foster Care License	Date of Child's Placement with Caregiver	Dates of Assessment Home Visits:	
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Names of Members of Household	DOB	Relationship to Child	Dates Interviewed

HOME Living situation (describe living accommodations, sleeping arrangements, safety issues):

CHILD'S INFORMATION

Placement History:

Medical History (significant birth history, chronic medical conditions, allergies, medications, surgeries, etc.):

Educational information (school, grade, academic progress, special education needs):

Behavioral Health History (personality description, specific problem behaviors, any formal evaluations, therapeutic interventions):

Relationship with the birth parents (frequency of contact, attachment):

Relationship with siblings and reason child has been separated from siblings, if any:

Relationship with the proposed guardian(s) and other household members:

Adjustment to the home and community:

Does the child wish to stay in this home? Yes No. Explain: (Note: discussion required with child age 14 or older)

Does the child go to the proposed guardian(s) for comfort and solace? Yes No. Explain:

If the child is non-verbal, describe the child's interaction with the proposed guardian(s) and other household members:

Steps taken to determine that it is not appropriate for the child to be returned home or adopted:

RELATIVE CAREGIVER(S) / PROPOSED GUARDIAN(S)

Degree of relatedness to the child (aunt, uncle, grandmother, stepparent, etc.): Relationship verified (birth certificates or other documentation): Yes No

Social history (relevant information regarding families of origin):

Health History (current medical problems, medications): Note: a DCF-357, "Physician's Statement for Foster Care or Adoption Applicant," must be obtained for each member of the household. The physician's examination must have been completed within the past 12 months.

Employment:

Finances (monthly income and expenses):

Criminal history (Include dates of most recent police checks:

State and FBI fingerprint-based searches must be completed prior to placement of the child in the home.):

Date Local Police check completed:

Date State Police check completed:

Date FBI check completed:

Protective services history (must be completed prior to placement of the child in the home):

Date of Protective Services Check:

Substantiation
 Yes No

Central Registry:
 Yes No

Relationship with the birth parents (ability to set limits with the parents, willingness to permit contact):

Feelings toward the child:

Social support network (ability to utilize resources; alternative child care plans):

Have day care arrangements been approved by DCF? Yes No

Name of Day Care Provider:	Provider e-mail:	Provider Phone:
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Address (No. and Street):	City:	State:	Zip:
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What arrangements have been made with Day Care Provider?;

Permanency Counseling: Efforts made to discuss adoption by the relative caregiver(s) as a more permanent alternative to guardianship (include explanations of the legal, financial, birth parent and visitation issues and all other efforts)

If the proposed guardian(s) has chosen not to adopt, state their reasons:

Out-of-State Caregiver(s): If the child is placed with a relative caregiver(s) who resides out of state, has the supervising state:

- provided a current progress report regarding the child's placement? Yes No
- agreed to the proposed transfer of guardianship to the relative caregiver(s)? Yes No

BIRTH PARENTS

1. Were efforts made to discuss the guardianship arrangement with the birth parents: Yes No
2. If efforts were made to discuss the arrangement, describe their feelings about it: If efforts were NOT made to discuss the arrangement, state why not:
3. What is the present situation; contact with the child and proposed guardian(s); feelings about the transfer of guardianship):

SIBLINGS					
Sibling LAST Name:	Sibling FIRST Name:	Age	Sibling LAST Name:	Sibling FIRST Name:	Age

Siblings: present living situation; relationship with child and proposed guardian):

Large empty text area for providing details on siblings' living situations and relationships.

BEST INTERESTS OF CHILD

State why permanent placement with the proposed guardian is in the child's best interests:

WAIVER. If a waiver of a regulatory requirement has been granted and will be continued, specify the regulation or requirement being waived and the terms of the waiver:

SIGNATURES

Submitted by, SW LAST Name:	SW FIRST Name:	SW Signature	Date
Approved by, SWS LAST Name:	SWS FIRST Name:	SWS Signature	Date
Approved by, PS LAST Name:	PS FIRST Name:	PS Signature	Date