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|  DCF-472 | **State of Connecticut** |  |
| 9/2015 (Rev.) | **Department of Children and Families** |  |

**CONNECTICUT FAMILY ASSESSMENT**

**FOR USE DURING THE FOSTER CARE/ADOPTION**

**ASSESSMENT PROCESS**

|  |  |
| --- | --- |
| FAMILY NAME:  | WORKER’S NAME: |
| APPROVAL DATE: (for private agency use) | AREA OFFICE:  CHILD PLACING AGENCY:  |
| RESOURCE FAMILY FOR: |  |
| Adoption: [ ]  **LINK #**  | Foster Care: [ ]  **LINK #**  |

CONNECTICUT FAMILY ASSESSMENT

**FAMILY SUMMARY INFORMATION**

**APPLICANTS**

|  |  |
| --- | --- |
| Prospective Parent #1: | Prospective Parent #2: |
| Name: (Last, First, MI) | Name: (Last, First, MI) |
| Date of Birth:  | Date of Birth:  |
| Gender/Identity:  | Gender/Identity:  |
| Race/Ethnicity:  | Race/Ethnicity:  |
| Religion:  | Religion:  |
| Languages Spoken:  | Languages Spoken:  |
| Occupation/Employer:  | Occupation/Employer  |
| Work Hours/Days:  | Work Hours/Days:  |
| Work Phone:  | Work Phone:  |
| Home Phone:  | Home Phone:  |
| Cell phone  | Cell phone  |
| Emergency Contact:  | Emergency Contact:  |
| Email  | Email  |

|  |
| --- |
| Address:  |

|  |
| --- |
| Directions to home: |

**OTHER HOUSEHOLD MEMBERS: (adults and children)**

|  |  |
| --- | --- |
| Name: (Last, First, MI)  | Name: (Last, First, MI) |
| Relationship to Applicant:  | Relationship to Applicant:  |
| Date of Birth:  | Date of Birth:  |
| Gender/Identity:  | Gender/Identity:  |
| Race/Ethnicity:  | Race/Ethnicity:  |
| Religion:  | Religion:  |
| Languages Spoken:  | Languages Spoken:  |

|  |  |
| --- | --- |
| Name: (Last, First, MI)  | Name: (Last, First, MI)  |
| Relationship to Applicant:  | Relationship to Applicant:  |
| Date of Birth:  | Date of Birth:  |
| Gender/Identity:  | Gender/Identity:  |
| Race/Ethnicity:  | Race/Ethnicity:  |
| Religion:  | Religion:  |
| Languages Spoken:  | Languages Spoken:  |

**Other Record Checks- All household members 16 and older**

Criminal Record and/or DUI? [ ]  Yes [ ] No

If yes, please list charges

Protective Service History? [ ]  Yes [ ]  No

If yes, please list history

Daycare provider?[ ]  Yes [ ]  No

If yes, please explain.

**MATCHING AND USAGE OF THE HOME:**

|  |  |
| --- | --- |
| [ ]  Foster Care [ ]  Adoption | Age Range/Preference:  |
| [ ]  Willing to take an emergency placement? | Sex Preference:  |
| [ ]  Willing to accept sibling groups? | Race/ethnicity:  |
| [ ]  Willing to accept LGBTQQI\* youth? | Bed Capacity:  |
| [ ]  Willing to accept infants? |
| [ ]  Willing to accept youth who require outpatient therapy and/or medication management? |
| [ ]  Willing to accept youth who may require hospitalizations due to behavioral health or medical issues? |
| [ ]  Willing to accept children with learning disabilities? |
| [ ]  Willing to accept children with intellectual problems? |
| [ ]  Willing to accept legal risk? |
| [ ]  Willing to accept children with Autism Spectrum Disorders? |
| [ ]  Classification 1: Potential Conditions-Related Risk- not deemed medically complex |
| [ ]  Classification 2: Medically at Risk -Physician has deemed child as Medically Complex |
| [ ]  Classification 3: Intensive Medical Needs - Adaptive Equipment (Wheelchairs, walkers, etc.) |
| [ ]  Classification 4: Technology Dependent or medically Dependent (Feeding Tubes; Tracheotomy Care; etc.) |
| [ ]  CPR Certified? |

 *\* LGBTQQI= Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex*

For all boxes checked above please explain:

**FAMILY DESCRIPTION**

Include: Family structure; description and assessment of home to include sleeping arrangements, the neighborhood and yard, any pets/animals in the home and any specific conditions of the home/applicants as described in Agency Regulations Section 17a-145-130 to 17a-145-160; Include assessment of the family’s income, expenses and ability to meet the financial obligations without DCF’s financial assistance. Address the following: clarity of roles and boundaries, communication, family decision-making, how affection is displayed, recreational activities, religious involvement and cultural activities incorporated into family routines. Worker’s assessment of the impact of placement to this family’s functioning.

**MOTIVATION**

Give the stated and assessed motivation to provide foster care or to adopt.

**PARENT #1**

**History**

**Childhood:** Parent’s relationship, sibling relationships, impression of his/her childhood; how did the applicant spend time with his or her family (positive and negative time). Any history of sexual abuse, domestic violence, substance abuse in family members? How have they dealt with any prior abuses? What, if any, effect has it had on their familial relationships? Childhood health-physical, emotional, mental, any history of substance abuse, counseling, etc. (trauma—what was it and how was it handled). Public or private schools- type of student they were through high school

**Educational History:** Post-secondary education (technical, college or higher levels of education); academics and feelings about school; for certifications and degrees, list type and year. General attitude about school and education.

**Health History:** Include current health; any physical, emotional or medical problems and/or conditions; the impact of these conditions on the applicant’s daily living skills; current medications; experience with counseling; chronic illnesses, diagnosis, prognosis, medications, psychiatric history, historical alcohol or drug use and treatment and note any pregnancy history and/or history of infertility. Is there a physician’s statement on file?

**Significant Losses:** Identify personal losses and how they were dealt with and how applicant will manage the losses related to foster care and adoption i.e. reunification.

**Relationships (i.e. significant intimate relationships, romantic partnerships, marriages and/or co-parenting experiences):** Include current significant relationships and how did the applicant’s spouse/partner describe him or her?

**Employment:** Brief description of the applicant’s current job, job satisfaction and future goals. Describe applicant’s work history to include job title, years of employment and reason for changes in jobs. Discuss the flexibility of applicant’s job, availability to utilize FMLA and applicant’s plan to accommodate child at placement and/or sick days)

**Description of individual:** How does applicant present, general temperament and how does s/he describe him/herself? What is his/her style of communication? What coping mechanisms are used by the parent to handle stressors and when expectations are unmet? What are his/her involvements in and out of the home, hobbies, responsibilities? How does the applicant handle expected and unexpected change? Use examples where applicable. Address any criminal and/or CPS history.

**Parenting:**

Describe the applicant’s relationship and expectations with children for whom they have cared, babysat or parented. Describe the applicant’s level of involvement in these children’s lives. Describe any previous experience with: DCF children and/or children with special needs i.e. behavioral, emotional and physical concerns.

What is the type of discipline that was used on the applicant as a child? Does the applicant use this same discipline with their own children or children in their care? What disciplinary strategies have worked and what has not? Do those strategies fall within regulatory guidelines? What strategies does the applicant plan to implement with any/all children in his or her care? What is the applicant’s understanding of and ability to comply with DCF’s discipline regulations?

**PARENT #2**

**History**

**Childhood:** Parent’s relationship, sibling relationships, impression of his/her childhood; how did the applicant spend time with his or her family (positive and negative time). Any history of sexual abuse, domestic violence, substance abuse in family members? How have they dealt with any prior abuses? What, if any, effect has it had on their familial relationships? Childhood health-physical, emotional, mental, any history of substance abuse, counseling, etc. (trauma—what was it and how was it handled). Public or private schools- type of student they were through high school

**Educational History:** Post-secondary education (technical, college or higher levels of education); academics and feelings about school; for certifications and degrees, list type and year. General attitude about school and education.

**Health History:** Include current health; any physical, emotional or medical problems and/or conditions; the impact of these conditions on the applicant’s daily living skills; current medications; experience with counseling; chronic illnesses, diagnosis, prognosis, medications, psychiatric history, historical alcohol or drug use and treatment and note any pregnancy history and/or history of infertility. Is there a physician’s statement on file?

**Significant Losses:** Identify personal losses and how they were dealt with and how applicant will manage the losses related to foster care and adoption i.e. reunification.

**Relationships (i.e. significant intimate relationships, romantic partnerships, marriages and/or co-parenting experiences):** Include current significant relationships and how did the applicant’s spouse/partner describe him or her?

**Employment:** Brief description of the applicant’s current job, job satisfaction and future goals. Describe applicant’s work history to include job title, years of employment and reason for changes in jobs. Discuss the flexibility of applicant’s job, availability to utilize FMLA and applicant’s plan to accommodate child at placement and/or sick days)

**Description of individual:** How does applicant present, general temperament and how does s/he describe him/herself? What is his/her style of communication? What coping mechanisms are used by the parent to handle stressors and when expectations are unmet? What are his/her involvements in and out of the home, hobbies, responsibilities? How does the applicant handle expected and unexpected change? Use examples where applicable. Address any criminal and/or CPS history.

**PARENTING:**

Describe the applicant’s relationship and expectations with children for whom they have cared, babysat or parented. Describe the applicant’s level of involvement in these children’s lives. Describe any previous experience with: DCF children and/or children with special needs i.e. behavioral, emotional and physical concerns.

What is the type of discipline that was used on the applicant as a child? Does the applicant use this same discipline with their own children or children in their care? What disciplinary strategies have worked and what has not? Do those strategies fall within regulatory guidelines? What strategies does the applicant plan to implement with any/all children in his or her care? What is the applicant’s understanding of and ability to comply with DCF’s discipline regulations?

**OTHER ADULTS IN OR INVOLVED IN THE HOUSEHOLD**

Identify each person (name and relationship to the applicant). Discuss the following: general biographical information to include substance abuse history, psychiatric history, criminal and CPS history; this individual’s experience with his/her own children; other child caring experiences; beliefs about discipline; what influence, if any, does this person have on the household; role in the household; daily interactions with members of the household; feelings about foster care/adoption and to what extent he/she will relate to the new child.

**CHILD/CHILDREN**

Please include for each child: age and general description of the child’s personality and level of development. Discuss the child’s vulnerability with foster or adoptive children being placed in the home. Discuss school and intellectual functioning including school reference. What are the child’s behavioral, mental health, developmental or medical issues to be considered when placing another child in the home? What is the child’s understanding or feeling about having a foster or adoptive child in the home? Describe sibling relationships, if applicable?

**COMMUNITY AND FAMILY Resources**

What are the family’s resources within faith based organizations and clubs etc? What services and resources are available in the community? What resources has the family accessed in the past? What is the family’s willingness to explore enrichment and leisure activities within their community? What is the family’s willingness to engage in recommended services such as therapies, FAST programs, support groups, etc? What are the local schools?

What are the family’s resources within their extended family and friends? If there was an unforeseen emergency, whom would they identify as using for respite, or additionally, for long term planning? Note the applicant’s ability to take emergency placements, adoption/parental leave, time off and child care arrangements.

**PARTNERING TOWARD PERMANENCY**

Discuss the family’s viewpoints on shared parenting and alliance building; how they will build and sustain relationships with birth family and fictive kin; attitudes and ability to incorporate reunification into the plan; ability to meet other permanency plans; ability to work in partnership; attitude towards legal risk and open adoption; ability to support on-going search for identified individuals and family’s intention to share the child’s history with the child.

**SUMMARY AND RECOMMENDATIONS (12 CRITERIA)**

Parent group leaders’ observations, review of group participation, consultations and written materials.

#### FINAL ASSESSMENT: Using the information gathered, present a final assessment or overall picture of this family.

### SIGNATURES

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|  |  |  |
| **Social Worker’s Signature** |  | **Date** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Supervisor’s Signature** |  | **Date** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Program Manager Signature or****Program Director’s Signature** |  | **Date** |