

FAMILY ASSESSMENT - FOR USE WITH ALL LICENSE TYPES

DCF - 24-1F (formerly DCF-472)

(Rev. 9/24)

FAMILY LICENSURE ASSESSMENT

<input type="checkbox"/> Foster Care		<input type="checkbox"/> Adoption		<input type="checkbox"/> Relative		<input type="checkbox"/> Fictive Kin		<input type="checkbox"/> Interstate		<input type="checkbox"/> Short-term/Respite	
Family Name:			Link #:		Date Of Application:			Date Training Completed:			
Area Office:				Worker's Name:							
Child Placing Agency Agency Name:				Interstate Compact Sending State:				ICPC Sending State's Worker:			
				Neice #: N/A							
Background Check Statement For Interstate				Date Of CPS Check:				Date Of Fingerprint Checks State: FBI:			

There was no disqualifying information obtained from these background checks.

FAMILY'S SUMMARY INFORMATION

Applicant 1:			Applicant 2: <input type="checkbox"/> Not Applicable		
Name (Last, First, MI):			Name (Last, First, MI):		
Birth Name:	AKA:		Birth Name:	AKA:	
Date of Birth:	Gender/Identity:		Date of Birth:	Gender/Identity:	
Race:	Ethnicity:		Race:	Ethnicity:	
Religion, if any:	Tribal Affiliation:		Religion, if any:	Tribal Affiliation:	
Languages Spoken:			Languages Spoken:		
Primary Contact for Placement:			Primary Contact for Placement:		
Home Phone:	Cell Phone:	Work Phone:	Home Phone:	Cell Phone:	Work Phone:
Email:			Email:		
Occupation/Employer:			Occupation/Employer:		
Work Hours/Days:			Work Hours/Days:		
Emergency Contact:			Emergency Contact:		
Address:					
Mailing Address (if different from above):					

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OTHER ADULTS IN THE HOUSEHOLD			
Adult 1		Adult 2	
Name (Last, First, MI):		Name (Last, First, MI):	
DOB:	Gender/Identity:	DOB:	Gender/Identity:
Relationship to Applicant:	AKA:	Relationship to Applicant:	AKA:
Race:	Ethnicity:	Race:	Ethnicity:
Adult 3		Adult 4	
Name (Last, First, MI):		Name (Last, First, MI):	
DOB:	Gender/Identity:	DOB:	Gender/Identity:
Relationship to Applicant:	AKA:	Relationship to Applicant:	AKA:
Race:	Ethnicity:	Race:	Ethnicity:

CHILDREN IN THE HOUSEHOLD			
Child 1		Child 2	
Name (Last, First, MI):		Name (Last, First, MI):	
DOB:	Gender/Identity:	DOB:	Gender/Identity:
Select one...		Select one...	
Race:	Ethnicity:	Race:	Ethnicity:
Child 3		Child 4	
Name (Last, First, MI):		Name (Last, First, MI):	
DOB:	Gender/Identity:	DOB:	Gender/Identity:
Select one...		Select one...	
Race:	Ethnicity:	Race:	Ethnicity:
Child 5		Child 6	
Name (Last, First, MI):		Name (Last, First, MI):	
DOB:	Gender/Identity:	DOB:	Gender/Identity:
Select one...		Select one...	
Race:	Ethnicity:	Race:	Ethnicity:

MOTIVATION

EACH PARENT'S HISTORY AND PRESENT FUNCTIONING

Parent 1:

Parent 2:

PROPERTY ASSESSMENT/DEMOGRAPHICS

DESCRIPTION OF OTHER ADULT HOUSEHOLD MEMBERS

DESCRIPTION OF CHILD(REN) HOUSEHOLD MEMBERS

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DESCRIPTION OF EACH CHILD PLACED OR TO BE PLACED IN THE HOME

Applicable Only for Child-Specific License (Relative, Fictive Kin and Independent Interstate Compact) Families If not, please type N/A)

FAMILY FUNCTIONING AND ROUTINES

PARENTING AND DISCIPLINE

SUPPORTING IDENTITY, CULTURE AND ETHNICITY

SHARED PARENTING AND PARTNERSHIP TOWARD PERMANENCY

STRENGTHS, GROWTH OPPORTUNITIES AND SUPPORTS

WAIVERS

FINAL ASSESSMENT AND RECOMMENDATIONS

ADDENDUM FOR RELATIVE/KIN TO CORE

ADDENDUM FOR FOSTER CARE TO ADOPTION UPGRADE
(for use with Interstate Compact families)

Reviewed and Approved by:		
Name of Social Worker:	Signature of Social Worker:	Date:
Name of Social Work Supervisor:	Signature of Supervisor:	Date:
Name of Program Manager or Designee:	Signature of Program Supervisor or Designee:	Date: