

Connecticut Department of Children and Families  
**EMERGENCY HOME ASSESSMENT FOR CHILD-SPECIFIC PLACEMENT**

DCF-008

11/18 (Rev.)

Note: For use when a relative or fictive kin caregiver is not yet licensed or approved pursuant to Conn. Gen. Stat. §17a-114(c).



Page 1 of 5

Name(s) of Child(ren) to be placed:				DOB	LINK Case #:	First Time Placed?				
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
Prospective Foster Parent #1				Prospective Foster Parent #2						
Birth Name:				Birth Name:						
Previous Married Names (if applicable):				Previous Married Names (if applicable):						
AKA (if applicable):				AKA (if applicable):						
DOB:		Home Phone:		DOB:		Home Phone:				
Work Phone:		Cell Phone:		Work Phone:		Cell Phone:				
E-mail:				E-mail:						
Current Address: (No. and Street):				City:		State:		Zip:		
REQUIRED Checks:		Check Completed?:			REQUIRED Checks:			Check Completed?:		
Protective Services History Checks		Yes	Attached	Pending	Protective Services History Checks:			Yes	Attached	Pending
LINK Case Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LINK Case Search			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINK CMS Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LINK CMS Search			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINK Perpetrator Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LINK Perpetrator Search			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINK Person Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LINK Person Search			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINK Provider Search		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LINK Provider Search			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal History Checks:				Criminal History Checks:						
COLLECT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLLECT			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DMV			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPH (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DPH (if applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingerprints		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fingerprints			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judicial (Pending Arrests, if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judicial (Pending Arrests, if applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Police (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local Police (if applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex Offender		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sex Offender			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Police		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Police			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Member(s) Name(s): (e.g., children, other relatives, significant others, babysitters)	DOB:	Social Security #	Relationship To Applicant
Frequent Visitors To The Home: (e.g., children, other relatives, significant others, babysitters)	DOB:	Social Security #	Relationship To Applicant
Home will require immediate daycare if child(ren) is (are) placed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
BASIC ASSESSMENT OF HOME (See Regulations for further explanation of each category)			
1	Dwelling and furnishings are reasonably clean, comfortable and in good repair.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Dwelling is reasonably determined to be safe from fire and has working smoke detectors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	The home and grounds are reasonably free from anything that would constitute a hazard to children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	There is sufficient indoor and outdoor space, ventilation, toilet facilities, light and heat to ensure the health and comfort of all members of the household.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Sleeping arrangements:		
	a. The bedroom for the child(ren) is enclosed on all sides, has a window that opens and a door that leads into a hallway or other common living area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Each child will have his or her own bed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. If sharing a bedroom, each child will share a room with children of the same sex.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d. If sharing a bedroom, each child will share a room with children of the same age.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e. If child is under five years old, he or she will sleep on same floor as foster parent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	The home has a pool.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	The home has a working telephone.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	The home has well water.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Sewage and garbage facilities are adequately maintained.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Firearms or other types of dangerous weapons are secured.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Pets are safely supervised; vaccinations and licenses for cats and dogs are current.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Finances are sufficient to meet the needs of the family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	There is peeling paint inside or outside.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments or any other concerns noted with the family including mental health concerns, medications, hospitalizations, therapy or medical restrictions for a household member and the condition of home. Please explain, be brief and succinct:

If you need additional space, please use the next page:

...continued from previous section:

Based on the information submitted and the results of a home inspection, this home:

Meets  Does NOT Meet

Minimum licensing requirements. (NOTE: This DOES NOT constitute approval of licensing.)

Date of proposed or actual placement:

**A WAIVER is necessary for the following regulatory concerns in order to authorize placement.**  
 (NOTE: A DCF-001, "Request for Waiver of Foster Home Licensing Regulation(s)," MUST be completed and attached.)

TYPE of Waiver Needed	DCF Approval Needed	Check if Applicable
Physical requirements of the home (egress, pools, lead paint for children less than six years old)	CPS and FASU Program Manager	<input type="checkbox"/>
Telephone	CPS and FASU Program Manager	<input type="checkbox"/>
Children's bedroom, clothing and privacy	CPS and FASU Program Manager	<input type="checkbox"/>
In-home daycare	CPS and FASU Program Manager	<input type="checkbox"/>
Financial condition	CPS and FASU Program Manager	<input type="checkbox"/>
Food and water	CPS and FASU Program Manager	<input type="checkbox"/>
Animals	CPS and FASU Program Manager	<input type="checkbox"/>
Health standards	CPS and FASU Program Manager	<input type="checkbox"/>
Simultaneous licensing by the DDS (Developmental Services) or another child placing agency	OChYP Director	<input type="checkbox"/>
Criminal history and pending criminal cases	DCF Commissioner	<input type="checkbox"/>
Substantiated child protective services history or pending CPS cases	DCF Commissioner	<input type="checkbox"/>
Over-capacity	Regional Administrator (RA)	<input type="checkbox"/>
More than one therapeutic foster care placement	RA & notification to OChYP Director	<input type="checkbox"/>

Authorization for waiver is hereby:  GRANTED  DENIED

Name of SW who conducted the "walk-through":	Signature of SW (if applicable):	Date:
Name of FASU SWS (if applicable):	Signature of FASU SWS (if applicable):	Date:
Name of FASU PM (or Designee):	Signature of FASU PM (or Designee):	Date: