Connecticut Department of Children and Families ICPC PARENT HOME ASSESSMENT DCF-2228 5/19 (New)



Instructions: Complete Each Question, Provide Examples When Possible. Use Additional Pages If Necessary. Submit 3 Copies								
IDENTYIFYING DATA CHIL								
Child's LAST Name:		Child	's FIRST Name	Child ID#:	DOE	3:	Relationship to Proposed Caregiver:	
Child's LAST Name:		Child's FIRST Name		Child ID#:	DOE	3:	Relationship to Proposed Caregiver:	
Child's LAST Name:		Child's FIRST Name		Child ID#:	DOE	3:	Relationship to Proposed Caregiver:	
Child's LAST Name:		Child	's FIRST Name	Child ID#:	DOE	B:	Relationsh	ip to Proposed Caregiver:
			DADENIT INI	FORMATION				
Parent #1 LAST Name:		PARENT INF Parent #2 FIRST Name		Parent #2 LAST Name:		Parent #2 FIRST Name		
Parent #1 Maiden Name, Previously Married Name			s, AKA's (If Applicable): Parent #2 Maiden Name, Previousl		Previously Marr	Married Names, AKA's (If Applicable):		
P1 Home Phone:	P1 Cell Phone:		P1 Work Phone:	P2 Home Phone	::	P2 Cell Phone	e:	P2 Work Phone:
Parent 1 & 2 Address (No. and Street)			Apt. #:	City:		State:		Zip:
ALL HOUSEHOLD	MEMBERS AND F	REQU	JENT VISITORS TO THE	HOME (i.e. chi	ldren, o	ther relatives	, boyfrienc	ls, babysitters etc.)
List Name(s):			DOB	SS #:			Relationship	to Applicant
		_						

REVIEW OF CHILD PROTECTIVE SERVICES (CPS) and CRIMINAL HISTORY OF HOUSEHOLD MEMBERS AGES 16 AND OLDER (please attach copies):					
State police criminal checks-results and dates:					
Clare pence diminial checkle recalle and dates.					
Local police criminal checks-results and dates;					
CPS checks-results and dates:					
of o onodio results and dates.					
		ED CHILDREN NOT RESIDING IN TH			
List Name(s):	DOB:	School	Grade	Criminal Record?	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
<u></u>	D.	ATES OF HOME VISITS			
	DES	CRIPTION OF THE HOME:			
Physical Conditions and Sleeping Arrangements	: (Will the child sleep in	n a separate bedroom, or will he/she be sha	ring a bedroom with someon	e else? If so, with	
whom? Will the child sleep in his/her own bed?)	:				
A II (1) (7) //	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			1	
Are there any safety concerns noted? (Describe	in detail any safety col	ncerns in the nome and now the parent prop	oses to resolve these concei	rns):	

BACKGROUND INFORMATION					
Family/Social/Educational/ and Marital History of Parent(s):					
Health Status and Issues of Parent(s):					
I Financial and Employment Situation of Parent (s) <i>(Specity all sources of income, including name of employer, length of employment, work schedule, and salary and if</i>					
the family's finances are sufficient to meet the household expenses)					
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the family's finances are sufficient to meet the household expenses). Major Problems (Describe any marital, psychiatric, drug/alcohol, financial, or other problems, and how these problems are being dealt with the parent):					

FAMILY'S FUNCTIONING AS A UNIT				
Child-Rearing and Discipline Practices:				
Recreational Activities:				
Religious Affiliation and Participation (if any):				
Cultural and/or Language Differences (If different from the child(ren) being placed):				
Extended Family Resources and Other Sources of Support:				

CHILD OR CHILDREN TO BE PLACED:					
How long has/have the child(ren) been placed been in foster care? What were the circumstances surrounding his/her removal from the home? What are the special behavioral, medical, or developmental needs of the child(ren) to the placed with the Parent?:					
What is the Parent's understanding of the child(ren)'s special needs and what is his/her ability to meet those needs? Does the Parent see a need for supportive					
services and is he/she willing to accept services in the home? (Describe in detail):					
Is the Parent able to provide for the child financially and medically? (If so, describe how):					
What are the child care arrangements if the Parent works? If using a friend or other relative as a babysitter, please provide results of criminal and child protection					
checks for these alternate caretakers:					

Other Pertinent Information:				
Fuglishing And Decommendations				
Evaluation And Recommendations:				
Submitted by SW LAST Name:	SW FIRST Name:	SW Signature:	SW Phone	Date:
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Reviewed by SWS LAST Name:	SWS_FIRST Name:	SWS Signature:	SWS Phone	Date:
Approved by PS LAST Name:	PS FIRST Name:	PS Signature:	PS Phone	Date:
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DCF Office:				