

Department of Children and Families
**ASSESSMENT FOR LICENSURE FOR A RELATIVE, FICTIVE KIN OR
 INDEPENDENT (INTERSTATE COMPACT) FOSTER HOME**

DCF-805
 6/17 (Rev.)



<p style="text-align: center;">FOR DCF USE ONLY</p> <p><input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Independent (Interstate Compact)</p>	Worker's Name:
	DCF Office:
	Phone:

APPLICANTS SUMMARY INFORMATION

Applicant 1					Applicant 2				
Last Name:		First Name:		M.	Last Name:		First Name:		M.
Birth Name:		AKA:			Birth Name:		AKA:		
DOB:		Gender/Identity/Expression:			DOB:		Gender/Identity/Expression:		
Home Phone	Work Phone:		Cell Phone:		Home Phone	Work Phone:		Cell Phone:	
E-mail:					E-Mail:				
Race:		Ethnicity:			Race:		Ethnicity:		
Social Security:		Religion, if any:			Social Security:		Religion, if any:		
Address: (No. and Street):					City:		State:	Zip:	
Mailing Address (If different from above):					City:		State:	Zip:	
Protective Services History Checks	Check completed	Attached	Pending	Date completed	Protective Services History Checks	Check completed	Attached	Pending	Date completed
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 Checks:					Criminal 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"/>	
Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Local Police	<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"/>	

OTHER ADULTS IN THE HOUSEHOLD									
Adult 1					Adult 2				
Last Name:		First Name:		M.	Last Name:		First Name:		M.
DOB:		Gender/Identity/Expression:			DOB:		Gender/Identity/Expression:		
Home Phone	Work Phone:		Cell Phone:		Home Phone	Work Phone:		Cell Phone:	
E-mail:					E-Mail:				
Race:		Ethnicity:			Race:		Ethnicity:		
Language(s):		Religion, if any			Language(s):		Religion, if any		
Relationship to Applicant:					Relationship to Applicant:				
Address: (No. and Street):					City		State		Zip
Protective Services History Checks	Check completed	Attached	Pending	Date completed	Protective Services History Checks	Check completed	Attached	Pending	Date completed
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 Checks:					Criminal 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"/>	
Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Local Police	<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"/>	
Adult 3					Adult 4				
Last Name:		First Name:		M.	Last Name:		First Name:		M.
DOB:		Gender/Identity/Expression:			DOB:		Gender/Identity/Expression:		
Home Phone	Work Phone:		Cell Phone:		Home Phone	Work Phone:		Cell Phone:	
E-mail:					E-Mail:				
Race:		Ethnicity:			Race:		Ethnicity:		
Language(s):		Religion, if any			Language(s):		Religion, if any		
Relationship to Applicant:					Relationship to Applicant:				
Address: (No. and Street):					City		State		Zip
Protective Services History Checks	Check completed	Attached	Pending	Date completed	Protective Services History Checks	Check completed	Attached	Pending	Date completed
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 Checks:					Criminal 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"/>	
Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fingerprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Local Police	<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"/>	

CHILDREN IN HOME: [Please attach a separate page(s) for additional children (if needed)]:							
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange.	Race:	Ethnicity:
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange	Race:	Ethnicity:
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange	Race:	Ethnicity:
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange	Race:	Ethnicity:
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange	Race:	Ethnicity:
Last Name:	First Name:	M:	DOB:	Gender:	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Guardianship <input type="checkbox"/> Fam. Arrange	Race:	Ethnicity:

EACH APPLICANT'S PAST AND PRESENT HISTORIES:

Childhood: Describe family of origin, siblings, education, employment, stability, significant accomplishments and history of relationships. Any history of sexual abuse, domestic violence, substance use in family members? How he or she dealt with any prior domestic violence or substance use? What, if any, effect has domestic violence or substance use had on his or her familial relationships?

Describe the applicant's relationship with their biological parents.

Explain and assess major problems, including criminal history, protective service history, substance use, violence, marital problems, psychiatric hospitalizations, medications take or chronic physical health problems.

DESCRIPTION OF EACH CHILD PLACED IN THE HOME:

Name, date of birth, name of Social Worker, reason for child's placement, previous placements, permanency planning goal, specialized needs, please note medical, mental health, physical, behavioral and educational needs:

Describe the child's relationship with the applicant; child's attitude about the placement; and interaction between the child, this family and the birth family.

How will the family meet the child's religious (if applicable), ethnic and cultural needs?

Discuss this family's ability to cooperate with the child's case plan, including visitation and services.

DESCRIPTION OF OTHER HOUSEHOLD MEMBERS:

Describe each person who lives in the home (other children, adult boarders, etc.) in terms of their physical and mental health, school or work situations, coping skills and their roles as caregivers to the foster child.

Explain and assess any criminal history or protective service history of these household members.

Discuss the impact of the foster child's placement on each of these household members and their reactions to the child.

FAMILY FUNCTIONING AND ROUTINES:

Describe the family's pattern of communication, work and school schedules, recreation, child care, decision-making, support network, significant influences on the household and persons having frequent access to the children in the home.

Identify relative or natural support persons who will be a back-up caregiver for the child.

PARENTING AND DISCIPLINE::

Describe parenting experiences, child care beliefs, level of supervision, demonstrated parenting abilities and expectations.

Does the family:

- agree to abide by DCF's disciplinary policy? Yes No
- exhibit an understanding of separation and loss, age-appropriate behaviors and behavioral approaches? Yes No
- agree to participate in required training? Yes No
- identify issues for which they request additional information or training (for example, foster child's hyperactivity, medications, history of fire-setting)? Yes No

DEMOGRAPHICS (See DCF-0043, "Verification of Requirements for Licensure"):

Describe the home, neighborhood, finances, family stressors, accessibility of resources and understanding of the financial and medical services provided by DCF.

DEMOGRAPHICS (Continued):

Specify the sleeping arrangements.

Assess the child's safety in this home.

STRENGTHS AND WEAKNESSES:

Describe what you perceive to be this family's strengths and weaknesses.

NEEDS AND SUPPORTS

Identify what you perceive to be this family's needs and supports:

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

FINAL ASSESSMENT AND RECOMMENDATIONS:

Based upon an assessment of all materials and interviews, it is recommended that a license to provide foster care be granted to

and

Authorization for the care of the child(ren) named below is hereby: GRANTED DENIED

Type of License: Relative Fictive Kin Independent Interstate Compact

Child's Name	Child's DOB
Child's Name	Child's DOB
Child's Name	Child's DOB

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