Licensing Division (LD)

Kinship Home Study

Written by:  DCYF  CPA

Family Name:

Provider Number:

Family Address:

Home Study Type: Choose an item.

Home Study Outcome: Choose an item.

Interstate Compact on the Placement of Children (ICPC) requested home study has Choose an item..

## Applicant(s) Name, Contact, and Background

**Applicant A**

Name:

Chosen/Preferred Name (if applicable):

Pronouns:

Date of Birth:

Cell Phone Number:

E-mail:

Gender:

Identified Race(s):

Hispanic/Latino:

Member of or eligible for membership in a Federally Recognized Tribe:

Tribe(s):

Primary Language:

Secondary Language:

**Applicant B**

Name:

Chosen/Preferred Name (if applicable):

Pronouns:

Date of Birth:

Cell Phone Number:

E-mail:

Gender:

Identified Race(s):

Hispanic/Latino:

Member of or eligible for membership in a Federally Recognized Tribe:

Tribe(s):

Primary Language:

Secondary Language:

Date of Final Interview:

Date of Final Interview:

## Household Information

Adult Household Members

Choose an item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of Birth | Relationship to Applicants | Date Interviewed | Involved in Caregiving |

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Adult Property Members

Choose an item.

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| --- | --- | --- | --- | --- |
| Name | Date of Birth | Relationship to Applicants | Date Interviewed | Involved in Caregiving |

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Child Household Members

Choose an item.

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| --- | --- | --- | --- | --- |
| Name | Date of Birth | Relationship to Applicants | Date Interviewed | Involved in Caregiving |

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Child Property Members

Choose an item.

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| --- | --- | --- | --- | --- |
| Name | Date of Birth | Relationship to Applicants | Date Interviewed | Involved in Caregiving |

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Child-Specific Information

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| --- | --- | --- | --- |
| Name | Date of Birth | Prior Relationship | Placed in Home |

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## Children or Youth Served

Child-specific information:

Trauma informed care:

Services:

Training:

## Caregiver Health and Wellbeing Applicant A

Health conditions:

Counseling/therapy:

Alcohol/drug use:

Supportive relationships:

Relationship conflict or violence:

Domestic violence and understanding of domestic violence:

## Caregiver Health and Wellbeing Applicant B

Health conditions:

Counseling/therapy:

Alcohol/drug use:

Supportive relationships:

Relationship conflict or violence:

Domestic violence and understanding of domestic violence:

## Current Relationships (Shared by Applicant A & B if applicable)

Relationships:

Children

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| --- | --- | --- |
| Name of Child | Date of Birth | Applicant’s Relationship to Child |

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| --- | --- | --- |
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Description of children & interview/observation:

Other adults:

## Behavior Management (Shared by Applicant A & B if applicable)

Parenting challenging behaviors:

Discipline:

## Resources (Shared by Applicant A & B if applicable)

Resources:

## Home Environment (Shared by Applicant A & B if applicable)

Meeting the basic and specific needs of children or youth:

Conditions of the home:

Outbuildings:

Sleeping space:

Storage of medications, substances, toxic products, firearms, and other weapons:

Transportation:

Emergency preparedness:

## Collateral (Shared by Applicant A & B if applicable)

Collaterals:

## Clearances (Shared by Applicant A & B if applicable)

DCYF completes background checks for all household members age 16 or older, including others living on the property who have unsupervised access to the children or youth in the home. DCYF may also complete background checks on individuals younger than 16 in situations where it may be warranted to ensure the safety of children. Background checks for adults age 18 and older include fingerprints through the Federal Bureau of Investigation and child abuse and neglect history checks of each state the adult individual has lived in the five years preceding their background application. Individuals age 16 or 17 who have lived outside of Washington State in the three years preceding their background application must complete fingerprints.

The background check decision is based on a review of the individual’s background information compared to the [DCYF Secretary's List of Crimes and Negative Actions](https://www.dcyf.wa.gov/sites/default/files/pdf/secretaryslist.pdf). It may include a suitability assessment for crimes that are not federally disqualifying.

Every individual in the home or on the property, as defined above, must pass a background check. These individuals include:

|  |  |  |
| --- | --- | --- |
| Name | Results | Date |

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Background checks

## Core Concepts of Permanency (Shared by Applicant A and B if applicable)

The following Core Concepts of Permanency were discussed with the applicants:

[Permanency Planning Matrix Publication CWP\_0088](https://www.dcyf.wa.gov/publications-library?combine_1=CWP_0088&combine=&field_program_topic_2_value=All&field_languages_available_value=All)

Concept of adoption/guardianship/long term foster care as a lifelong developmental process and commitment.

The potential for the children or youth to have feelings of identity confusion and loss regarding separation from the birth parents.

The relevance of the children or youth’s relationship with siblings and the potential benefit to the children or youth of providing for a continuing relationship and contact between the children or youth and known siblings.

Disclosure of the fact of adoption/guardianship/foster care to the children or youth.

The children or youth’s possible questions about birth parents and relatives.

The relevance of the children or youth’s racial, ethnic, and cultural heritage. Race cannot be used in determining the fitness, character or suitability of an applicant.

Not applicable for this assessment.

Adoption:

The following sources of information were used in this home study assessment:

## Legal Permanency (Shared by Applicant A and B if applicable)

Legal permanency and contingency plan:

## Evaluation (Shared by Applicant A and B if applicable)

Evaluation:

## Licensor Qualifications Statement

I am an employee of the Department of Children, Youth, and Families (DCYF) or an employee of an agency licensed by DCYF as a child placing agency (CPA). I am assigned to provide home study services including the completion of pre-placement reports. I meet the required qualifications as defined in RCW 26.33.

I am the author of this report, know the contents, and believe the statements included to be true. The recommendation is based on the information available to me at the time. Additional information may change my recommendation.

Name of Worker:  Title:

Signature of Worker: Date:

## Supervisor Statement

I have reviewed the contents, believe the statements included to be true, and agree with the recommendations based on the information available to me at the time. Additional information may change my recommendation.

Name of Supervisor:  Title:

Signature of Supervisor: Date: