



ICPC Parent Home Study Information

NAME

Child(ren) to be placed:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

It is important that the case worker completing your home study gets to know you. The questions about your family, events leading to out of home care of your child(ren), parenting, and what services the sending state case worker and court requested you complete are a starting point for this. Please be honest and thorough. The case worker assigned to complete your home study will review this information before your home visit. Withholding information may result in denying placement of your child(ren).

Each parent for a child, if the child is being considered for return to both parents that reside together, is required to complete this form. If you need assistance completing this form, please contact the case worker assigned to complete your home study.

1. Please describe the events that led to your child(ren) being placed in out of home care. If the child(ren) was not in your custody when this occurred, please describe your understanding of the situation.

2. How often do you visit and where do visits take place? Have you had any overnight visits? Please describe what occurs during a typical visit.

3. Please describe what services you participated in. What services have you completed? What services are you still participating in?

4. If there is another adult living in the home, please answer the questions below:

A. Will the other adult be responsible for caregiving of the child? Will they be responsible for discipline?

B. Have you known this adult to have issues with (current or in the past):

- Mental Health Criminal history Probation/parole Drugs Alcohol
 Child Protective Services interventions / investigation

Please explain:

<p>5. If the child(ren)'s other parent does not live with you, is there a parenting plan? If not, has the child(ren)'s case worker discussed getting a parenting plan initiated?</p>
<p>6. Describe any behaviors of children already in the home, such as physical aggression, tantrums, sexual acting out, age appropriate etc. (please list child(ren) and behaviors).</p>
<p>7. Have any of the children in the home been on parole, probation or diversion currently or in the past? Please explain.</p>
<p>8. 8. Who lives in your home? What is your relationship to them? How well does your child(ren) know the other household members (have they met once, have they never met etc.)?</p>
<p>9. Where will your child (ren) attend school / daycare?</p>
<p>10. Does your child participate in services (counseling, drug and alcohol treatment etc.)? Where will they attend services?</p>
<p>11. What discipline practices do you use or will you begin using (be specific)? For what types of situations would discipline be necessary (give some examples)?</p>
<p>12. What types of activities do you do with your child(ren)?</p>
<p>13. Are you employed? Do you attend school? If yes, where? What are your hours? Who will watch your children when you are away from home?</p>

14. Who is your support system? How can they help you if your child(ren) is placed?

15. Please list your income, and your monthly bills (include housing, utilities, car, phone, food, loans etc.). How will your budget need to be adjusted if your child(ren) is placed in your home?

16. What are you most looking forward to when your child(ren) is returned home?

17. It is natural to be nervous or concerned when a child is returning home. What concerns do you have when your child(ren) is returned home?

18. What do you think your child(ren) is concerned about regarding coming home?

19. Please provide three references that can speak to your involvement in your children's lives and/or your progress in services (not more than one reference can be a family member; one reference must be a treatment provider, counselor etc.)

NAME	ADDRESS	EMAIL	PHONE NUMBER

20. Is there anything else you would like the case worker to know about you?

SIGNATURE	DATE	PRINT NAME
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