



UNIFIED HOME STUDY

Provider ID:		Counselor Name:	
FSFN Case ID:	Intake/ Investigation ID:	Date Completed:	

Child(ren)'s Name:	Child(ren)'s relationship to caregiver (if any):

I: DEMOGRAPHICS

A. Please note that caregiver Social Security Numbers are NOT to be included on this home study; document number elsewhere in FSFN.

Contact/Identifying Information

Caregiver 1:	Caregiver 2:
DOB:	DOB:
Viewed Social Security Number Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Viewed Social Security Number Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Address:
City:	City:
County, State & Zip Code	County, State & Zip Code
Home Phone: () -	Home Phone: () -
Work Phone: () -	Work Phone: () -
Work Schedule:	Work Schedule:
Cell:	Cell:
E-mail Address:	E-mail Address:
Fax: () -	Fax: () -
Primary Language:	Primary Language:
Race:	Race:
Ethnicity:	Ethnicity:

Comment [amj1]: The "Purpose" pre-fills in the header to indicate the type of Unified Home Study being documented. All fields within this notification/template pre-fill from the Unified Home Study page.

Comment [amj2]: Pre-fills if a FSFN Case was selected on the Demographics tab of the Unified Home Study page.

Comment [amj3]: Pre-fills if an Investigation ID was selected on the Demographics tab of the Unified Home Study page.

Comment [amj4]: Pre-fills with the Completed Date, if applicable.

Comment [AB5]: Pre-filled from the children Associated group box of Demographic Tab of the Home Study page.

Comment [amj6]: This is only those children for whom the associated check box is selected within the Children Associated group box.

Comment [AB7]: Pre-fills from the Contact and identifying information group box of Demographic Tab of the Unified Home Study page.



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FL Residence Length:	FL Residence Length:
Other states of residence and approximate dates lived there:	Other states of residence and approximate dates lived there:
State: Dates: to	State: Dates: to
State: Dates: to	State: Dates: to

B. Other Household Members						
This includes biological children.						
Do NOT document Social Security Numbers on this form; record elsewhere in FSN.						
Name of Member	Role	Date of Birth/Age	Social Security # Verified	Race/Ethnicity	Gender	Primary Language Spoken
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Comment [AB8]: Pre-fills from the Other Household Members group box of Demographic Tab of the Unified Home Study page

C. All Children Currently Placed OR Exited within 1 Year from Initiate Date								
Other Children Placed in the Home (by the Department or Other Agency)								
First Name/Last Initial Only	Date of Birth/Age	Date Placed in Home	Date Exited Home	Race/Ethnicity	Gender	Primary Language Spoken	Special Needs or Concerns	Type of Placement

Comment [AB9]: Pre-fills from the All Children Currently Placed OR Exited within 1 Year from Home Evaluation Date Initiated group box of Demographic Tab of the Unified Home Study page

D. Non-Household Members						
Name of Member	Role	Date of Birth/ Age	Social Security # Verified	Race/ Ethnicity	Gender	Primary Language Spoken
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Comment [AB10]: Pre-fills from the Non-Household Members group box of Demographic Tab of the Unified Home Study page



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II. BACKGROUND/QUALIFICATIONS

Background Checks:

Criminal Record and Child Abuse records have been checked for the caregiver(s), all adults and other persons living in the home as required.

Name	Age	Last Background Check	Local Effective Date	Fingerprint Results Received	Date Received	Fingerprint Status
		Date:	Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Comment [AB11]: Pre-fills from the Criminal Background Check Request group box of Background Check Information Tab of the Unified Home Study page

Additional background checks not listed above [include name of check, (e.g. driving record, civil court) name of individual's screened and date of results]:

Comment [AB12]: Pre-fills from the Criminal Background Check Request group box of Background Check Information Tab of the Unified Home Study page

Clearance Issues:

III. FINANCIAL SECURITY, RESOURCES AND CHILD CARE ARRANGEMENTS

	Caregiver 1	Caregiver 2	Household	
	Name:	Name:		
1. Current Employer			7. Combined Monthly Income	\$
2. Employer's Address				
			8. Monthly Expenses	
3. Length of Current Employment	Yrs: Mons:	Yrs: Mons:	• Housing	\$
4. Hours and Shifts Worked			• Utilities	\$
5. Net Monthly Salary (after	\$	\$	• Transportation	\$

Comment [AB13]: Pre-fills from the Financial Breakdown group box of Financial Security, Resources and Child Care Arrangement Tab of the Unified Home Study page



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taxes) (if paid weekly or bi-weekly, calculate into monthly amount)				<ul style="list-style-type: none"> • Food/Supplies \$
6. Additional Support or Income				<ul style="list-style-type: none"> • Medical \$ • Child Care \$ • Car Payment \$ • Car Insurance \$
• Social Security Benefits	\$	\$		
• Retirement Benefits	\$	\$		
• Temporary Cash Assistance	\$	\$		
• Disability Benefits	\$	\$		
• Other	\$	\$		<ul style="list-style-type: none"> • Other Bills (list)
				\$
Total Monthly Support or Income	\$	\$	Total Monthly Expenses	\$
			Net Monthly Income	\$

Comment [amj14]: Pre-fills with the applicable number of rows inserted on the Unified Home Study page.

FAMILY SITUATION
1. Does the family have sufficient funds to support their current expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will child care or after-school care be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. What new expenses are anticipated for the child(ren) to be placed in the home?
4. Will the family be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the family want to be referred for determining eligibility for assistance programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. What services will the family need in order to help ensure placement stability? (List all)
7. Is the family willing to adopt this child without subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comment [AB15]: Pre-fills from the Family Functioning group box of Financial Security, resources and Child Care Arrangement Tab of the Unified Home Study page



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IV. ASSESSMENT

A. The purpose of this section is to assess the caregiver(s) ability to provide a safe and nurturing environment in accordance with licensing requirements and the Partnership Plan for Children in Out-of-Home Care.

<p>1. Explain how any current or past experiences with child abuse or neglect, alcohol and/or substance abuse, alcohol and/or substance abuse treatment, or domestic violence may impede the caregiver(s)' ability to meet the expectations set out in the Partnership Plan in caring for a child.</p>	
<p>2. Explain any health or mental health conditions, including medication(s), that may interfere with the caregiver(s)' ability to meet the expectations set out in the Partnership Plan.</p>	
<p>3. Explain how the caregiver(s) will participate in a professional team supporting the child by:</p> <ul style="list-style-type: none"> a) Sharing necessary information with other professionals on the team and maintaining the confidentiality of the child and caregiver as required by law, regulation and professional ethics. b) Participating in planning activities, court hearings, staffings and other key meetings. 	
<p>4. Explain how the caregiver(s) are willing and able to make a loving commitment to the child(ren)'s safety and well being by:</p> <ul style="list-style-type: none"> a) providing appropriate supervision and positive methods of discipline. b) encouraging the child in his/her strengths, and respecting the child's individuality and likes and dislikes. c) providing opportunities to develop the child's interests and skills. d) maintaining awareness of the impact of trauma on behavior. e) involving the child in family and community activities. f) providing transportation to school, child care, extracurricular activities, etc. g) ensuring the child's safety by employing appropriate physical safety measures, including in the household, for transportation, and with pets. 	

Comment [AB16]: Pre-fills from the Assess Caregiver(s) group box of Narrative Family Assessment Tab of the Unified Home Study page



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<p>5. Explain how the caregiver(s) are willing and able to:</p> <p>a) respect and honor any child's culture, religion and ethnicity</p> <p>b) meet any child's special, physical or psychological needs</p> <p>c) adapt to and support any child's individual situation, including sexual orientation and family relationships</p> <p>If the caregiving family's religion, culture, or other factors will impair their ability to meet the needs of any child, please explain what the family's limitations are, and how limitations could impact any child placed in their home.</p>	
<p>6. Explain how the caregiver(s) are willing and able to commit to maintaining any child they accept in their home until such time as it is in the child's best interest to leave the home.</p>	
<p>7. Explain how the caregiver will address challenges in caring for any child, including available supports and resources. These challenges may include fire setting, sexually reactive behaviors, mental health, substance abuse, etc. and may potentially require a safety plan.</p>	
<p>8. Explain how the caregiver(s) are willing and able, in appropriate circumstances, to participate in transition planning for any child, as well as maintaining a relationship with the child after he or she leaves the home.</p>	
<p>9. Explain how the caregiver(s) are willing and able to assist the biological caregivers in improving their ability to care for and protect their children and to provide continuity for the child after reunification.</p>	
<p>10. Explain how the caregiver(s) are willing and able to assist any child in family time/visitation and other forms of communication with family members when appropriate.</p>	
<p>11. Explain how the caregiver(s) will:</p> <p>a) maintain records that are important to any child's well being including child resource records, medical records, school records, photographs, and records of special events and achievements.</p> <p>b) ensure that these records are made available to other partners in the child welfare system and to the child and family, as appropriate.</p>	



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<p>12. Explain how the caregiver(s) are willing and able to advocate for children in their care as needed with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. Describe previous parenting experience, if applicable.</p>	
<p>13. Explain how the caregiver(s) are willing and able to participate fully in any child's medical, psychological and dental care, including providing transportation to, attending appointments and communicating with professionals.</p>	
<p>14. Explain how the caregiver(s) are willing and able to support any child's school success by:</p> <ul style="list-style-type: none">a) participating in school activities and meetings, including disciplinary and/or IEP (Individualized Education Plan) meetings.b) assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities.c) for any child who has a disability, or is suspected of having a disability, to attend Educational Surrogate Parent training, if needed or recommended by the court; and thereafter advocate for the child(ren) in the school system.d) maintaining the child(ren) in the school of origin, if it is in the child(ren)'s best interest to do so.e) maintaining the child(ren) in the school of origin until an appropriate grading break in the academic year, if not possible or not in the child(ren)'s best interest to remain in the school of origin for the remainder of the school year.	



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B. This section is intended to be a descriptive narrative assessment to further describe the overall functioning of the family and their capacity to provide (or to continue to provide) a safe and appropriate placement for children.

MOTIVATION:

Describe the motivation to foster, adopt or be approved as a relative/non-relative caregiver. Give details of participation in pre-service training. If this is for placement of a specific child, describe any prior knowledge/relationship that exists between the child and caregiver. If a two-parent household, address both caregivers' mutual desire to care for the child.

Comment [AB17]: Pre-fills from the Motivation group box of Narrative Family Assessment Tab of the Unified Home Study page

EDUCATION AND EMPLOYMENT:

Briefly describe/discuss education and employment history as it relates to placement and stability.

Comment [AB18]: Pre-fills from the Education and Employment group box of Narrative Family Assessment Tab of the Unified Home Study page

FAMILY LIFE:

Describe/discuss relationships between household members and extended family and friends. Identify the family's formal and informal support systems, including current and anticipated child care arrangements. Describe the family's cultural and religious beliefs and their willingness to accommodate children of different faiths, beliefs, ethnicities and/or cultures. Describe attitudes towards children and parents involved in the child welfare system.

Discuss each child separately, including developmental history/issues, personality, health, education level, special needs and behavioral challenges. In addition, describe/discuss the adjustment and integration of children previously adopted by or placed with the family. Discuss with all family members any failed placements in terms of the cause, resolution, and any differences or changes that will be made as a result of lessons learned.

Comment [AB19]: Pre-fills from the Family Life group box of Narrative Family Assessment Tab of the Unified Home Study page

PHYSICAL ENVIRONMENT:

Discuss the physical environment, including a description of the home; address the interior, exterior, number of rooms, bathrooms, etc., sleeping arrangements, and accommodations for child(ren)'s personal belongings. Are there any changes needed in order to accommodate child(ren)?

Comment [AB20]: Pre-fills from the Physical Environment group box of Narrative Family Assessment Tab of the Unified Home Study page



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Prospective Caregiver Attestation and Acknowledgement

To the best of my knowledge, I have given () truthful information on all questions asked of me.

()

Agency Name

Comment [AB21]: Pre-fill with Counselor Name

Comment [AB22]: User entered

In addition, I acknowledge receipt of the following (check all that apply):

- Water Safety Advisory
- Firearms Safety
- Sudden Infant Death Syndrome and Ways to Help Prevent It

Prospective Caregiver #1

Prospective Caregiver #2

()

()

Printed Name Date

Printed Name Date

Signature Date

Signature Date

Comment [AB23]: Pre-fill Prospective Caregiver #1 Name

Comment [AB24]: Pre-fill Prospective Caregiver #2 Name

A. APPROVAL/DENIAL AND RECOMMENDATIONS

Family Name: ()

Based upon all materials submitted, interviews held, observations made during training, review of all references and background clearances, it is the recommendation of () that the following course of action be taken on this placement/license:

() Approved Denied N/A

Approval/Denial is DEFERRED pending the family's decision whether to proceed with an improvement plan to overcome the conditions and utilize the identified services, as provided in attached supporting documentation.

Comment [AB25]: Appropriate checkbox is checked based on the purpose and Outcome values selected in the General Information group box on the header

Comment [AB26]: Pre-fills with Prospective Caregiver #1 Name

Comment [AB27]: User Entered because this captures the "Agency Name" not the Counselor Name

Comment [amj28]: Pre-fills with the Purpose from the Unified Home Study page



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APPROVAL: Licensed for children.

DENIAL: State reasons for denial or non-approval. The reasons must be documented in the home study (address concerns.) Be specific as to the conditions needing improvement and the services directed at each of these conditions. Include a date and a process for evaluation of the improvement plan.

Comment [AB29]: User entered



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B. SIGNATURE PAGE

SIGNATURES ARE REQUIRED OF THE PERSONS COMPLETING AND APPROVING THE HOMESTUDY

Signature (Required)	Date	Signature (Required)	Date
Child Protective Investigator		Child Protective Investigator Supervisor	

Signature (Required)	Date	Signature (Required)	Date
Case Manager		Case Manager Supervisor	

AGENCY SIGNATURES (Each agency will determine which of the following signatures are required for each type of placement):

Signature	Date	Signature	Date
Licensing Specialist		Licensing Specialist	

Signature	Date	Signature	Date
Program Director		Executive Director	