



DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
CHILDREN'S ADMINISTRATION  
**Family Home Study**

FAMILY NAME
ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)
DAYTIME TELEPHONE NUMBER
EVENING TELEPHONE NUMBER
DATES OF CONTACTS
REASON FOR APPLYING
<b>A. BACKGROUND OF APPLICANT(S)</b>
FAMILY FACTS
EDUCATION
EMPLOYMENT HISTORY, OCCUPATION, AND WORK SCHEDULE

CULTURE
<b>B. RELATIONSHIPS</b>
SPOUSE/PARTNER
CHILDREN
OTHER
<b>C. PARENTING AND EXPERIENCE WITH CHILDREN</b>
DISCIPLINE
PARENTING AND EXPERIENCE WITH CHILDREN AND TRAINING
ATTITUDES ON PARENTING
FAMILY ROLES / ACTIVITIES
<b>D. RELIGIOUS / SPIRITUAL AFFILIATION &amp; PRACTICES</b>

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<b>E. MEDICAL/PSYCHOSOCIAL</b>
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GENERAL MEDICAL
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ABUSE HISTORY
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DOMESTIC VIOLENCE
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DRUG/ALCOHOL
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MENTAL HEALTH/COUNSELING
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<b>F. HOME AND NEIGHBORHOOD</b>
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<b>G. SUPPORT SYSTEM</b>
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<b>H. FAMILY FINANCIAL</b>
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<b>I. POTENTIAL FOR PERMANENCY</b>
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Concept of adoption / guardianship / long term foster care as a lifelong developmental process and commitment:
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The potential for the child to have feelings of identity and confusion and loss regarding separation from the birth parents:
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The relevance of the child's relationship with siblings and the potential benefits to the child of providing for a continuing relationship and contact between the child and known siblings:
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Disclosure of the fact of adoption / guardianship / foster care to the child:
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The child's possible questions about birth parents and relatives:
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The relevance of the child's racial, ethnic, and cultural heritage. Race cannot be used in determining fitness, character or suitability of an applicant.
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<b>J. CHILD PREFERENCE AND COMPETENCY TO MEET THE CHILD'S NEEDS</b>
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**K. CHILD SPECIFIC**

**L. SUPPORTING DOCUMENTATION**

REFERENCES

**CRIMINAL HISTORY AND FAMLINK CHECK**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Name and date of birth check (NCIC) when applicable
<input type="checkbox"/>	<input type="checkbox"/>	Criminal history background check completed through BCCU
<input type="checkbox"/>	<input type="checkbox"/>	Finger print check
<input type="checkbox"/>	<input type="checkbox"/>	FamLink check
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse and neglect check in other states where an applicant has resided in the previous five years if applicable

Describe results of each check completed (WSP, FBI, and/or Out of State Child Abuse / Neglect):

ADDITIONAL INFORMATION

**M. EVALUATION**

**N. RECOMMENDATION**

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The recommendation of this Family Home Study is made based upon the information provided at the time of the Family Home Study. Additional information not known to the social worker may change the recommendation.

The recommendation of this Family Home Study by \_\_\_\_\_ is based on the facts and information provided to me by the prospective foster, adoptive or relative care giver and their references during the home study process. The home study may be updated and the recommendation may change if the family's circumstances change or if additional facts become available.

THIS REPORT WAS COMPLETED ON

NAME OF CA WORKER

DIVISION/PRIVATE AGENCY

CA WORKER'S SIGNATURE

NAME OF SUPERVISOR / MANAGER APPROVED BY

SIGNATURE OF SUPERVISOR / MANAGER

DATE

**STATEMENT OF QUALIFICATIONS AND VERIFICATION OF ISSUES DISCUSSED**

I, _____, make the following declaration:	
<b>QUALIFICATIONS STATEMENT</b>	
<p>I am the author of this report, know the contents thereof, and believe the statements included therein to be true. The recommendation is made based on the information available to me at the time of the home study. Additional information may change my recommendation.</p> <p>I discussed the following material with _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The concept of adoption/guardianship/long term foster care as a lifelong developmental process and commitment;</li> <li><input type="checkbox"/> The potential for the child to have feelings of identity confusion and loss regarding separation from the birth parents;</li> <li><input type="checkbox"/> The relevance of the child's relationship with siblings and the potential benefit to the child of providing for a continuing relationship and contact between the child and known siblings;</li> <li><input type="checkbox"/> Disclosure of the fact of adoption/guardianship/foster care to the child;</li> <li><input type="checkbox"/> The child's possible questions about birth parents and relatives;</li> <li><input type="checkbox"/> The relevance of the child's racial, ethnic and cultural heritage.</li> </ul> <p>The following information has been provided to the above named applicants:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Permanency Planning Benefits and Limitations (DSHS 16-231)</li> </ul> <p>I am an employee of the Department of Social and Health Services as a Social Worker III, assigned to provide home study services including completion of Pre-Placement Reports.</p> <p>This report was completed on _____.</p> <p>I declare under penalty of perjury, under the laws of the State of Washington, that the forgoing is true and correct. Signed on _____ at _____, Washington.</p>	
NAME OF SOCIAL WORKER	
SIGNATURE OF SOCIAL WORKER	DATE