

Foster Home Re-Assessment

<input type="checkbox"/> Renewal <input type="checkbox"/> Change of Circumstance <input type="checkbox"/> Move			
COMPLETED BY			DATE
NAME ON LICENSE			
ADDRESS ON LICENSE	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
DATE CURRENT LICENSE EXPIRES	CAPACITY	GENDER	AGE
Length of time family has been licensed:			
1. Is the family planning on adopting an identified child within the next twelve months? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Have there been any changes in:			
a. Family composition <input type="checkbox"/> YES <input type="checkbox"/> NO			
b. Health of any family member <input type="checkbox"/> YES <input type="checkbox"/> NO			
c. Mental health of any family member <input type="checkbox"/> YES <input type="checkbox"/> NO			
d. Family income <input type="checkbox"/> YES <input type="checkbox"/> NO			
e. Physical structure of the home <input type="checkbox"/> YES <input type="checkbox"/> NO			
f. Marital / partner status <input type="checkbox"/> YES <input type="checkbox"/> NO			
If the answer to any of the above is yes, please provide details below:			
3. Has anyone on the property had problems with drugs and/or alcohol during the last licensing period? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			
4. Has anyone on the property been arrested during the last licensing period? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			

5. Did the foster parents have any DLR / CPS intakes in the last licensing period? YES NO
If yes, please explain (provide date, intake number, outcomes, recommendations, corrective measures, etc.):

6. Did the foster parents have any licensing intakes in the last licensing period? YES NO
If yes, please explain (provide date, intake number, outcomes, recommendations, corrective measures, etc.):

7. Describe any Administrative Approvals, Waivers or Exceptions to Policy during the last licensing period.

8. Have the foster parents completed the mandatory training hours (36 hours during the first licensing period, 30 hours during the second licensing period, and 24 hours for all subsequent licensing periods)? YES NO

- Do they have training appropriate for children in their care, such as physically aggressive or sexually aggressive youth? YES NO
If no, what is the plan for obtaining the specific training?
- Is the Individual Training Plan (DSHS 06-166) or hand written training plan completed?..... YES NO
If so, please attach.
- Is the training verified in the licensing file and FamLink? YES NO
- What further training is requested or recommended?

CA Worker Name:

Comments:

CA Worker Name:

Comments:

9. Have the foster parents describe their foster parenting experiences, including the impact on the family and any issues with any of the children in the home (foster children or the foster parents' children).

10. What suggestions does the foster family have for program improvement?

11. How has the family disciplined children in the home? If this is a change from the prior licensing period, please provide details below.

12. If there has been a change in residence, describe the new home and neighborhood. Include the number of bedrooms and describe the sleeping arrangements and play area.

13. Describe any hazards on the property and how they are mitigated.

14. Identify the strengths and limitations of the foster parents based on information collected for re-assessment. Include preferred ages of the children that foster parents would like to provide care for, and any assistance desired or needed by the foster parents:

15. Licensors' evaluation of the family and recommendation for future licensing:

Recommendation to License

The applicants and the home meet or exceed the minimum licensing requirements (WAC 388-148) for licensure as a Family Foster Home.

I recommend licensing for:

Number of children: Male Female Either

Ages: to

For the period of: to

LICENSOR SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

Comments: