**Multipurpose Home Study Report – Couples / Single**

**(With Instructions)**

**Use of form:** The Multipurpose Home Study Report is used to document the results of the Structured Analysis Family Evaluation (SAFE) home study assessment. The SAFE home study assessment is the approved standardized assessment tool prescribed by DCF. The SAFE home study assessment is required for the approval of a placement for adoption, recognition of a foreign adoption, and issuance of a license to operate a foster home pursuant to Wis. Admin. Code s. DCF 56.16(1)(n). Personal information provided may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wis. Stats].

**Instructions:** The multipurpose home study report is completed by a SAFE certified home study practitioner with a licensing agency. Applicants shall be provided the opportunity to review the home study report. Applicants shall sign the home study report once it has been reviewed. If an applicant chooses not to sign the home study report, the licensing agency shall document in the provider record that the applicant had the opportunity to review and sign the home study report.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Home study was completed by: | Name of SAFE Certified Home Study Pracitioner  Name of Agency  Number and Street  City, State, Zip Code | | | | | |
| Name of Family | | | | Additional Licensee(s), if applicable | | |
| Licensed by | | | Level of Care Certification | | | |
| Family Address – (Street, City, State, Zip Code) | | | | | | |
| Telephone – Home: | | | | | | |
| **APPLICANT(S) DISPOSITION** | | | | | | |
| Application received on: | | Home study completed on: | | | | |
| **FUTURE PLACEMENT**  The Applicant(s) applied to become a(n)  placement of between the ages of | | | | | | |
| The Applicant(s) open to placement of a sibling group. If open to a sibling group, how many? | | | | |  |  |
|  | | | | |  |  |
| **CHILD SPECIFIC PLACEMENT**  The Applicant(s) applied to become  for      . | | | | | | |
| **APPLICANT INFORMATION** | | | | | | |
| **Applicant 1 Full Name** | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Last Name (if applicable) | Alias / Nickname(s) | Gender | Race |
| Birthdate | Birthplace | | |
| Weight | Height | Hair | Eye Color |
| Indian Ancestry | Tribe | Religion | |
| Language(s) | Education | Occupation | |
| Telephone – Work | Cell Phone | Email Address | |
| Employer | Gross Annual Income | Sources of Additional Income | |

|  |
| --- |
| **Applicant 2 Full Name** |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Last Name (if applicable) | Alias / Nickname(s) | Gender | Race |
| Birthdate | Birthplace | | |
| Weight | Height | Hair | Eye Color |
| Indian Ancestry | Tribe | Religion | |
| Language(s) | Education | Occupation | |
| Telephone – Work | Cell Phone | Email Address | |
| Employer | Gross Annual Income | Sources of Additional Income | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MARITAL / PARTNERSHIP INFORMATION** | | | | |
| Date of Current Marriage / Partnership | | | | |
| **PAST MARRIAGE(S) / PARTNERSHIP(S)** | | | | |
| **Applicant 1 Full Name** | | **Date Begun** | **Date Ended** | |
| [Full Name of Past Spouse / Partner] | |  |  | |
| [Full Name of Past Spouse / Partner] | |  |  | |
| **Applicant 2 Full Name** | | **Date Begun** | **Date Ended** | |
| [Full Name of Past Spouse / Partner] | |  |  | |
| [Full Name of Past Spouse / Partner] | |  |  | |
| **DATES OF CONTACT** | | | | |
| **Date** | **Person(s) Interviewed** | **Length of Interview**  **(Hours and Minutes)** | | **Location** |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHILDREN OF APPLICANT(S) | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | **Birthdate** | | | | **Age** | | | **DOD, if Deceased** | | | | | **Location and Living Situation**  **(Adult children must be interviewed. Provide contact information if not living in the home. Include date of death if deceased.)** | | | | | | | | | **Receiving Care** | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
|  |  | | | |  | | |  | | | | |  | | | | | | In Home  Out of Home | | | Yes  No | |
| OTHERS RESIDING OR FREQUENTLY IN THE HOME (INCLUDING OTHER PERSONS RECEIVING CARE) | | | | | | | | | | | | | | | | | | | | | | | |
| Foster children placed in the home or children placed in the pre-adoptive home are not included here.  The definition of adults frequently in the home is any adult who is in the home on a regular basis and has substantial contact with children placed in the home or any adult who while in the home would have access to be alone with children placed in the home. | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | | **Age** | | | | | **Relationship** | | | | | **Current Situation** | | | | **Receiving Care** | | | |
|  | | | | | |  | | | | |  | | | | |  | | | | Yes  No | | | |
|  | | | | | |  | | | | |  | | | | |  | | | | Yes  No | | | |
|  | | | | | |  | | | | |  | | | | |  | | | | Yes  No | | | |
|  | | | | | |  | | | | |  | | | | |  | | | | Yes  No | | | |
|  | | | | | |  | | | | |  | | | | |  | | | | Yes  No | | | |
|  | | | | | |  | | | | |  | | | | |  | | | | Yes  No | | | |
| EXTENDED FAMILY MEMBERS: Applicant 1 Full Name | | | | | | | | | | | | | | | | | | | | | | | |
| Include Applicant‘s birth parents, adoptive parents, stepparents, siblings and other prominent extended family members (living or deceased). | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | **Age** | | **DOD, if Deceased** | | | | | **Relationship** | | | | | | **Frequency of Contact** | | | **Location** | | | **Source of Supportive Relationship** | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | |  | | | | | |  | | |  | | | Yes  No | | | |
| EXTENDED FAMILY MEMBERS: Applicant 2 Full Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Include Applicant’s birth parents, adoptive parents, stepparents, siblings, and other prominent extended family members (living or deceased). | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | **Age** | | **DOD, if Deceased** | | | | | | **Relationship** | | | | | **Frequency of Contact** | | | **Location** | | | **Source of Supportive Relationship** | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
|  | |  | |  | | | | | |  | | | | |  | | |  | | | Yes  No | | | |
| REFERENCES | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | | | | | | | | | | | **Relationship to Applicant(s)** | | | | | | | | | **Date Received** |
|  | | | | | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | |  |
| MEDICAL / SCHOOL REPORTS | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Reports** | | | | | | | | | | | | | | | | | | | | | | | |
| Health evaluation from       pertaining to       completed on: | | | | | | | | | | | | | | | | | | | | | | | |
| Health evaluation from       pertaining to       completed on: | | | | | | | | | | | | | | | | | | | | | | | |
| Health evaluation from       pertaining to       completed on: | | | | | | | | | | | | | | | | | | | | | | | |
| Health evaluation from       pertaining to       completed on: | | | | | | | | | | | | | | | | | | | | | | | |
| **School Reports** | | | | | | | | | | | | | | | | | | | | | | | |
| School report from       pertaining to       received on: | | | | | | | | | | | | | | | | | | | | | | | |
| School report from       pertaining to       received on: | | | | | | | | | | | | | | | | | | | | | | | |
| School report from       pertaining to       received on: | | | | | | | | | | | | | | | | | | | | | | | |
| School report from       pertaining to       received on: | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT’S / OTHER’S CRIMINAL / CPS RECORDS CHECK** | | | | | | | | | | | | | | | | | | | | | | | |
| The required criminal record and child abuse / neglect checks (including all the States the Applicant(s) or other adults living in the home have resided in for the past 5 years) were completed for Applicant 1 Full Name and Applicant 2 Full Name along with any adult(s) living in the Applicant(s)’s home. The determination of whether an offense or finding is substantially related to caring for children in foster care, from the results found in the checks listed below, as required under Ch. DHS 12.06 is elaborated on in the section below. | | | | | | | | | | | | | | | | | | | | | | | |
| **Foster Home** | | | | | | | Sex offender address check | | | | | | | | | | Completed: | | | | | | | |
| **Applicant 1 Full Name** | | | | | | | Adam Walsh / FBI | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | CCAP | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | CPS records | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | DMV | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | DOJ | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | IBIS / Caregiver | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Local law enforcement | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Out of state (if applicable) | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Other (if applicable) | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Other (if applicable) | | | | | | | | | | Completed: | | | | | | | |
| **Applicant 2 Full Name** | | | | | | | Adam Walsh / FBI | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | CCAP | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | CPS records | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | DMV | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | DOJ | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | IBIS / Caregiver | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Local law enforcement | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Out of state (if applicable) | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Other (if applicable) | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Other (if applicable) | | | | | | | | | | Completed: | | | | | | | |
| **Others Screened** | | | | | | | Adam Walsh / FBI | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | CCAP | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | CPS records | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | DMV | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | DOJ | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | IBIS / Caregiver | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Local law enforcement | | | | | | | | | | Completed: | | | | | | | |
|  | | | | | | | Out of state (if applicable) | | | | | | | | | | Completed: | | | | | | | |
| **EXPLANATION OF BACKGROUND CHECKS** | | | | | | | | | | | | | | | | | | | | | | | |
| For any individual with results or findings, you must discuss those results or findings under the history section of the Psychosocial Evaluation Report. Be sure to discuss the results or findings that warranted a Desk Guide Rating of 3, 4, or 5 and all mitigation that Reduces the Final Desk Guide Rating.  List any results from all of the background checks completed. If there were no results or findings, provide that indication for each applicant / sons / daughters / other adults residing or frequently in the home.    For any individual with results or findings provide a determination of whether the offense(s) or finding(s) substantially relate to caring for children as required under Ch. DHS 12.06, remember to include information about fostering, the offense, and the person (see Ch. DHS 12.06 for an explanation of the required information). | | | | | | | | | | | | | | | | | | | | | | | |
| **MOTIVATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Future Placement Families  Indicate the Applicant(s)’s stated reasons for wanting to become a foster parent or adoptive family.    Indicate whether or not the Applicant(s) has / have any adoption or foster care experience and the response of each adult member of the household as to whether they ever been rejected or deferred as a prospective adoptive parent or foster parent or has been the subject of an unfavorable home study with any licensing agency. | | | | | | | | | | | | | | | | | | | | | | | |
| Child Specific Families  *Please keep in mind that any information written in this section is confidential and must be redacted should the home study be shared with a third party.*  Provide the name(s), DOB, gender, family, circumstances, and legal situation of the child(ren) being considered.    Physically describe each child / youth involved in the home study: name, gender, age, date of birth, height, weight, eye, and hair color.    If the child / youth is currently in the home, discuss his or her adjustment since placement. If not currently placed with the Applicant(s), discuss the nature and character of the Applicant(s)’s relationship(s) with the child(ren) or youth(s).    Describe the strengths, personality, interests, emotional / physical development, and medical history of each child or youth being considered.    Discuss the level of understanding each child / youth has about such issues as reunification, maintaining connections, adoption, etc.    Identify and take into account the special considerations identified on the Compatibility Inventory or by other means; e.g., placement with siblings, special diet, accommodations for a physical disability, needs a stay-at-home parent, etc.    Describe the challenging child / youth issues identified on the Compatibility Inventory or by other means; e.g., attachment issues, difficult temperament, problem behaviors, etc. Indicate whether therapeutic services are being used or needed. | | | | | | | | | | | | | | | | | | | | | | | |
| **HOME AND COMMUNITY** | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of residence (House, apartment, condominium, etc.)** | | | | | | | | | | | | **Length of time in current residence** | | | | | | | | | | | |
| **Square footage** | | | **Number of bedrooms** | | | | | | | | | **Number of bathrooms** | | | | | | | | | | | |
| Describe the home and community so that a reader can picture the home and surrounding community. This should be a strength-based description pointing out what makes the home unique to the Applicant(s) (special decorations, color schemes, projects, etc.).    Describe the neighborhood as well as the community surrounding the residence and focus on resources in the area: hospitals / specialized medical providers, schools, special education programs, places of worship, mental health services, etc. | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT PROFILE: Applicant 1 Full Name | | | | | | | | | | | | | | | | | | | | | | | |
| Describe how the Applicant presents themselves - assured, hesitant, physically active, sedate, thoughtful, etc. Briefly describe any special interests, hobbies, expertise, or talents the Applicant possesses. Also, describe what the Applicant shared regarding their aspirations and goals in life. You may also include something their spouse / partner has said about them that describes their personality. | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT PROFILE: Applicant 2 Full Name | | | | | | | | | | | | | | | | | | | | | | | |
| Describe how the Applicant presents themselves - assured, hesitant, physically active, sedate, thoughtful, etc. Briefly describe any special interests, hobbies, expertise, or talents the Applicant possesses. Also, describe what the Applicant shared regarding their aspirations and goals in life. You may also include something their spouse / partner has said about them that describes their personality. | | | | | | | | | | | | | | | | | | | | | | | |
| FAMILY LIFESTYLE | | | | | | | | | | | | | | | | | | | | | | | |
| This is your opportunity to introduce this family to the home study reader.  Describe typical work and non-workday routines and rituals. Describe how the Applicant(s) feel(s) their routines and rituals will or have changed with the placement of a child or children.    What are the basic household rules, roles, and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, etc.?    Describe what recreational, cultural, social, and religious activities the Applicant(s) participate(s) in?    If the Applicant(s) has / have pets, describe them. Who is responsible for pet care? Who ensures their well-being (vaccinations, check-ups, etc.)? | | | | | | | | | | | | | | | | | | | | | | | |
| **Child Care**  Describe current and proposed childcare arrangements. Who will be or has been designated the substitute caregiver? What is their relationship to the Applicant(s)? What measures have been or will be taken to assure the substitute caregiver(s) is responsible and sensitive to a child’s needs? What are the Applicant(s)’s short and long-term emergency substitute childcare plans? | | | | | | | | | | | | | | | | | | | | | | | |
| **Privacy**  Describe the sleeping arrangements and how the family deals with privacy and nudity in the home. Describe how they have or will modify this behavior with / since the placement of children in the home. | | | | | | | | | | | | | | | | | | | | | | | |
| LEGAL / FINANCIAL NOTIFICATIONS AND ADVISEMENTS | | | | | | | | | | | | | | | | | | | | | | | |
| The Applicant(s) has / have been provided with information concerning the different roles, responsibilities, legal and financial rights and benefits of relative caregivers, foster parents, and adoptive parents. The Applicant(s) has / have also been advised of their duty of honest disclosure and candor along with their ongoing duty of disclosure of new events or information which may require an updated or amended home study. The agency’s grievance review hearing procedures  been explained to the Applicant(s). | | | | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **PSYCHOSOCIAL NARRATION RATING DESCRIPTION** |
| For all nine (9) Sections of the Psychosocial Evaluation Report, use the following guidelines each time it indicates “Follow Evaluation Instructions.”  EVALUATION  **If the Final Desk Guide Rating is a 2:**  In a narrative for each section, bundle all your Final Desk Guide Ratings of 2 and indicate that nothing remarkable was identified for these factors. Write one to two paragraphs discussing all of the 2's and why the 2’s are strengths.  **If the Final Desk Guide Rating is a 1, provide a narrative that includes the following:**  Describe the basis for each factor that is an exceptional strength including any historical data.  Indicate how each exceptional strength would or could support safe and effective parenting of a child or children.  **If the Final Desk Guide Rating is a 3, 4, or 5 provide a narrative that includes the following:**  What issues / behavior or event warranted the Desk Guide Rating of 3, 4 or 5? State what the issue / behavior or event is / was.  Describe the societal, personal, cultural and / or family dynamic that contributed to or set the stage for the issue / behavior or event.  Describe the frequency and severity or intensity of the issue / behavior or event.  Describe how the issue / behavior or event influenced the Applicant’s ability to function, both in the past and currently.  **All mitigation that Reduces or Erases a Final Desk Guide Rating must include supporting evidence or documentation – facts, observations, analyses, and/or examples**.  REMEMBER**:**  **Sustaining**: If an issue / behavior or event is not resolved and you are sustaining the Desk Guide Rating, please indicate how it affects the Applicants’ current functioning, ability to parent and how it would or does affect children in the home.  **Reducing**: If an issue / behavior or event is partially resolved and you are reducing the Desk Guide Rating, please provide evidence that indicates how the issue / behavior or event was reduced, how it would or does affect current functioning, ability to parent, and how it would or does affect children in the home.  **Erasing**: If you believe that an issue/behavior or event no longer affects the Applicants and you are erasing the SAFE Desk Guide Rating, please provide evidence to support your assessment that the issue/behavior or event no longer affects the Applicants’ current functioning or ability to parent.  **Never reference numbers or ratings in your narration.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PSYCHOSOCIAL EVALUATION REPORT | | | | | | | | | | | | | | |
| HISTORY: Applicant 1 Full Name | | | | | | | | | | | | | | |
| Historical Information Provide a one paragraph narrative describing the Applicant’s history: where and when they were born, who they were born to, siblings, schooling, marriages, civil unions, domestic partnerships, deaths, divorces, etc. Do not include issues you have identified in the Psychosocial Inventory with Desk Guide Ratings. This is a factual description of the Applicant’s history. | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions | | | | | | | | | | | | | | |
| HISTORY: Applicant 2 Full Name | | | | | | | | | | | | | | |
| Historical Information Provide a one paragraph narrative describing the Applicant’s history: where and when they were born, who they were born to, siblings, schooling, marriages, civil unions, domestic partnerships, deaths, divorces, etc. Do not include issues you have identified in the Psychosocial Inventory with Desk Guide Ratings. This is a factual description of the Applicant’s history. | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions | | | | | | | | | | | | | | |
| PERSONAL CHARACTERISTICS: Applicant 1 Full Name | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions    If the Applicant is taking any medications (prescribed or over-the-counter), please list and indicate the medical reasons for which they are being taken. | | | | | | | | | | | | | | |
| PERSONAL CHARACTERISTICS: Applicant 2 Full Name | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions    If the Applicant is taking any medications (prescribed or over-the-counter), please list and indicate the medical reasons for which they are being taken. | | | | | | | | | | | | | | |
| MARITAL / PARTNERSHIP RELATIONSHIP | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions    Provide a brief description of the Applicant(s)’s Marriage / Partnership highlighting their roles in the relationship, division of duties, strengths, and skills. | | | | | | | | | | | | | | |
| CHILDREN / OTHERS RESIDING OR FREQUENTLY IN THE HOME | | | | | | | | | | | | | | |
| MINOR CHILDREN | | | | | | | | | | | | | | |
| For each minor child of the Applicant(s), provide the minor’s name, age, and gender followed by a description of their personality, interests, school, and living situation. | | | | | | | | | | | | | | |
| Follow Evaluation Instructions  Is the minor’s behavior age-appropriate? Does the minor present any health, developmental, educational or mental health issues? How secure, well-adjusted, and adaptable is the minor? Are their needs being well met? Does the minor exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Does the minor have a secure attachment to both their parents? Does the minor have any alcohol or drug involvement? How prepared is the minor for the arrival of a new child into the family? | | | | | | | | | | | | | | |
| OTHER MINORS RESIDING OR FREQUENTLY IN THE HOME | | | | | | | | | | | | | | |
| Provide the name, age, and gender of any other minors residing or frequently in the home. Describe the nature of the relationship of each minor to the Applicant(s) followed by a description of their personality, interests, school, and circumstances. | | | | | | | | | | | | | | |
| Follow Evaluation Instructions  Is the minor’s behavior age-appropriate? Does the minor present any health, developmental, educational or mental health issues? How secure, well-adjusted, and adaptable is the minor? Are their needs being well met? Does the minor exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Does the minor have any alcohol or drug involvement? How prepared is the minor for the arrival of a new child into the family? | | | | | | | | | | | | | | |
| ADULT CHILDREN | | | | | | | | | | | | | | |
| If the Applicant(s) has / have adult children, provide the name, age, gender, marital / partnership status, occupation, circumstances and place of residence of any adult child. Also indicate if they have children and the type of contact they would have with a child placed in the Applicant(s)’s home. | | | | | | | | | | | | | | |
| Follow Evaluation Instructions  How positive and supportive are they about having a new child come into the family? How much and how frequently do they consume alcohol? Do they use illegal drugs or abuse prescriptive / over-the-counter drugs? How well do they accept differences? Do they exhibit responsible behavior and emotional stability? Do they exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Do they have a history of criminal arrests, convictions or allegations of child sexual / physical abuse, child neglect, child exploitation or failure to protect? | | | | | | | | | | | | | | |
| ADULTS RESIDING OR FREQUENTLY IN THE HOME | | | | | | | | | | | | | | |
| If there are other adults residing or frequently in the home, provide the name, age, gender and marital / partnership status of each adult identified. Indicate each individual’s occupation, circumstances, the nature of their relationship with the Applicant(s) and the amount and type of contact they would have with a child placed in the Applicant(s)’s home. | | | | | | | | | | | | | | |
| Follow Evaluation Instructions  How positive and supportive are they about having a new child come into the family? How much and how frequently do they consume alcohol? Do they use illegal drugs or abuse prescriptive / over-the-counter drugs? How well do they accept differences? Do they exhibit responsible behavior and emotional stability? Do they exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Do they have a history of criminal arrests, convictions or allegations of child sexual / physical abuse, child neglect, child exploitation or failure to protect? | | | | | | | | | | | | | | |
| EXTENDED FAMILY RELATIONSHIPS: Applicant 1 Full Name | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions    Describe if and how the extended family is positive regarding the Applicant’s desire to foster or adopt. Has anyone in the extended family had any experience as foster or adoptive parents? | | | | | | | | | | | | | | |
| EXTENDED FAMILY RELATIONSHIPS: Applicant 2 Full Name | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions    Describe if and how the extended family is positive regarding the Applicant’s desire to foster or adopt. Has anyone in the extended family had any experience as foster or adoptive parents? | | | | | | | | | | | | | | |
| PHYSICAL / SOCIAL ENVIRONMENT | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions    Finances: Indicate what the family’s gross and net monthly income is. Is the income reliable and sufficient to meet the family’s needs? Is / Are the Applicant(s) able to budget, organize, and spend money within their budget? Does / Do the Applicant(s) manage their debts responsibly and do they live within their available finances? Are there adequate resources available for emergencies?    Safety: Provide the information that your regulations, rules and statutes require pertaining to the residence such as swimming pool / fountains, other water features, guns, trampolines, etc. Please provide the Risk Management Plan if appropriate. Describe all pets and discuss their comfort level with children and if required their vaccinations. Indicate if anyone in the household smokes and if so, indicate the designated smoking areas. | | | | | | | | | | | | | | |
| GENERAL PARENTING | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions    How was / were the Applicant(s) disciplined as a child and how does that impact the way they discipline their children and / or will discipline any future children? What kind of discipline does / do the Applicant(s) intend to use? Does / Do the Applicant(s) have good knowledge of appropriate and effective forms of discipline?    Parental Style: Describe how the Applicant(s) would parent a child with few or no issues. | | | | | | | | | | | | | | |
| SPECIALIZED PARENTING | | | | | | | | | | | | | | |
| Family Preparation and Training Activities Identify and describe all adoption and / or foster care education activities including pre-service training the Applicant(s) has / have participated in. If applicable, indicate how the preparation process addressed issues specific to the special needs of a child. | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions | | | | | | | | | | | | | | |
| ADOPTION / FOSTER CARE ISSUES | | | | | | | | | | | | | | |
| Maintaining Connections with Birth Families: Does / Do the Applicant(s) understand and accept the importance of maintaining birth family connections for a child in foster care and / or adoption? Are they secure in their parental role as foster / adoptive parents and ready, willing, and able to support contact with birth parents and other significant connections such as siblings, grandparents, and foster parents based on the best interest of the child? Is / Are the Applicant(s) willing to be involved in family interaction, family team meetings, and working as a team member to meet the permanency goal for a child? | | | | | | | | | | | | | | |
| Evaluation Follow Evaluation Instructions | | | | | | | | | | | | | | |
| PSYCHOSOCIAL EVALUATION CONCLUSIONS | | | | | | | | | | | | | | |
| Discuss each of the strengths and concerns you have covered earlier in the home study. Please make a determination how each issue together and separately could or does affect the Applicant(s)’s current functioning or ability to parent. | | | | | | | | | | | | | | |
| PLACEMENT CONSIDERATIONS | | | | | | | | | | | | | | |
| Future Placement Considerations Indicate the age range, gender and background of the children or youth that you believe are compatible with this family. Indicate whether or not the family is prepared to accept a legal risk placement. Specify any child / youth special needs, considerations, behaviors, conditions or issues the Applicant(s) is / are uniquely qualified to address along with those which they are not ready, willing, or able to manage or consider. | | | | | | | | | | | | | | |
| Child Specific Placement Considerations Discuss each child’s or youth’s goodness of fit with this family and whether or not the Applicant(s) is / are ready, willing and able to address each of the child’s / youth’s needs, special considerations and issues as identified on the Compatibility Inventory or by another means. | | | | | | | | | | | | | | |
| RECOMMENDATION | | | | | | | | | | | | | | |
| It is recommended that       and       be  for . Based on my review of this home study report and the recommendation cited above, the Applicant(s) is / are  for . | | | | | | | | | | | | | | |
| **SAFE Certified Home Study Practitioner** | | | |  |  | | **SAFE Certified Home Study Supervisor** | | | | | | |
| I certify that I am authorized by the laws of the state of Wisconsin to prepare home studies by virtue of my status or employment with      .  I affirm that the factual statements in the home study are true and correct to the best of my knowledge and the home study recommendation was arrived at with professional due diligence and judgment. | | | |  | |  | This home study was prepared in accordance with the requirements that apply to foster care and adoption in the state of Wisconsin. I this home study and certify that this is a true and accurate copy. | | | | | | | |
|  | |  |  |  | |  |  | | | |  |  | | |
| **SIGNATURE** – SAFE Certified Home Study Practitioner | |  | Date Signed |  | |  | **SIGNATURE** – SAFE Certified Home Study Supervisor | | | |  | Date Signed | | |
|  | | | |  | |  |  | | | | | | | |
| Full Name – SAFE Certified Home Study Practitioner | | | |  | |  | Full Name – SAFE Certified Home Study Supervisor | | | | | | | |
|  | | | |  | |  |  | | | | | | | |
| Title | | | |  | |  | Title | | | | | | | |
| **RECEIPT OF COPY OF HOME STUDY REPORT** | | | | | | | | | | | | | | |
| By signing below, I acknowledge and affirm that the information I have provided is accurate and truthful.  I acknowledge that I have read a copy of this home study. | | | | | | | | | | | | | | |
| **SIGNATURES** | | | | | | | | | | | | | | |
|  |  | | | | | | |  |  | | | |
|  | Full Name – Applicant 1 | | | | | | |  |  | | | |
|  |  | | | | | | |  |  |  | | |
|  | **SIGNATURE** – Applicant 1 | | | | | | |  | Date Signed |  | | |
|  |  | | | | | | |  |  | | | |
|  | Full Name – Applicant 2 | | | | | | |  |  | | | |
|  |  | | | | | | |  |  |  | | |
|  | **SIGNATURE** – Applicant 2 | | | | | | |  | Date Signed |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PSYCHOSOCIAL INVENTORY RESULTS** | | | | | | |
| **#1** | **#2** | **Applicant #1:** **Applicant Full Name** |  | **#1** | **#2** | **Applicant #2: Applicant Full Name** |
| **HISTORY** | | |  | **EXTENDED FAMILY RELATIONSHIPS** | | |
|  |  | Childhood Family Adaptability |  |  |  | Extended Family Cohesion |
|  |  | Childhood Family Cohesion |  |  |  | Extended Family Adaptability |
|  |  | Childhood History of Deprivation / Trauma |  |  |  | Relationship with Own Extended Family |
|  |  | Child History of Victimization |  |  |  | Relationship with Spouse / Partner Family |
|  |  | Adult History of Victimization / Trauma |  | **PHYSICAL / SOCIAL ENVIRONMENT** | | |
|  |  | History of Child Abuse / Neglect |  |  |  | Cleanliness / Orderliness / Maintenance |
|  |  | History of Alcohol / Drug Use |  |  |  | Safety |
|  |  | Crime / Arrest / Allegations / Violence |  |  |  | Furnishings |
|  |  | Psychiatric History |  |  |  | Play Area / Equipment / Clothing |
|  |  | Occupational History |  |  |  | Finances |
|  |  | Marriage / Partnership History |  |  |  | Support System |
| **PERSONAL CHARACTERISTICS** | | |  |  |  | Household Pets |
|  |  | Communication |  | **GENERAL PARENTING** | | |
|  |  | Commitment and Responsibility |  |  |  | Child Development |
|  |  | Problem Solving |  |  |  | Parenting Style |
|  |  | Interpersonal Relations |  |  |  | Disciplinary Methods |
|  |  | Health and Physical Stamina |  |  |  | Child Supervision |
|  |  | Self-esteem |  |  |  | Learning Experiences |
|  |  | Acceptance of Differences |  |  |  | Parental Role |
|  |  | Coping Skills |  |  |  | Child Interactions |
|  |  | Impulse Control |  |  |  | Communication with Child |
|  |  | Mood |  |  |  | Basic Care |
|  |  | Anger Management and Resolution |  |  |  | Child’s Play |
|  |  | Judgment |  | **SPECIALIZED PARENTING** | | |
|  |  | Adaptability |  |  |  | Expectations |
| **MARITAL / PARTNERSHIP RELATIONSHIP** | | |  |  |  | Effects of Abuse / Neglect |
|  |  | Conflict Resolution |  |  |  | Effects of Sexual Abuse |
|  |  | Emotional Support |  |  |  | Effects of Separation and Loss |
|  |  | Attitude Toward Spouse / Partner |  |  |  | Structure |
|  |  | Communication Between Couple |  |  |  | Therapeutic / Educational Resources |
|  |  | Balance of Power |  |  |  | Birth Sibling Relationships |
|  |  | Stability of the Marriage / Partnership |  |  |  | Child Background Information |
|  |  | Sexual Compatibility |  |  |  | Birth Parent Issues |
| **CHILDREN / OTHERS RESIDING OR FREQUENTLY IN THE HOME** | | |  | **ADOPTION / FOSTER CARE ISSUES** | | |
|  |  | Minor Children |  |  |  | Infertility |
|  |  | Minors Residing or Frequently in the Home |  |  |  | Telling Child about Adoption |
|  |  | Adult Children |  |  |  | Openness in Adoption |
|  |  | Adults Residing or Frequently in the Home |  |  |  | Adoptive Parent Status |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PSYCHOSOCIAL INVENTORY RESULTS** | | | | | |
| **#3** | **#4** | **Applicant #3: Applicant Full Name** | **#3** | **#4** | **Applicant #4: Applicant Full Name** |
| **HISTORY** | | | **EXTENDED FAMILY RELATIONSHIPS** | | |
|  |  | Childhood Family Adaptability |  |  | Extended Family Cohesion |
|  |  | Childhood Family Cohesion |  |  | Extended Family Adaptability |
|  |  | Childhood History of Deprivation / Trauma |  |  | Relationship with own Extended Family |
|  |  | Child History of Victimization |  |  | Relationship with Spouse / Partner Family |
|  |  | History of Child Abuse / Neglect | GENERAL PARENTING | | |
|  |  | History of Alcohol / Drug Use |  |  | Child Development |
|  |  | Crime / Arrest / Allegations / Violence |  |  | Parenting Style |
|  |  | Psychiatric History |  |  | Disciplinary Methods |
|  |  | Occupational History |  |  | Child Supervision |
|  |  | Marriage / Partnership History |  |  | Learning Experiences |
| PERSONAL CHARACTERISTICS | | |  |  | Child Interactions |
|  |  | Communication |  |  | Communication with Child |
|  |  | Commitment and Responsibility |  |  | Basic Care |
|  |  | Problem Solving |  |  | Child’s Play |
|  |  | Health and Physical Stamina | SPECIALIZED PARENTING | | |
|  |  | Self-esteem |  |  | Expectations |
|  |  | Acceptance of Differences |  |  | Effects of Abuse / Neglect |
|  |  | Coping Skills |  |  | Effects of Sexual Abuse |
|  |  | Impulse Control |  |  | Effects of Separation and Loss |
|  |  | Mood |  |  | Structure |
|  |  | Anger Management and Resolution |  |  | Therapeutic / Educational Resources |
|  |  | Judgment |  |  | Birth Sibling Relationships |
|  |  | Adaptability |  |  | Child Background Information |
|  | | |  |  | Birth Parent Issues |
|  | | | ADOPTION / FOSTER CARE ISSUES | | |
|  | | |  |  | Infertility |
|  | | |  |  | Telling Child about Adoption |
|  | | |  |  | Openness in Adoption |
|  | | |  |  | Adoptive Parent Status |

|  |
| --- |
| **I affirm that each psychosocial factor listed above was considered and rated with due professional diligence on the SAFE Psychosocial Inventory during the course of this home study. The ratings above represent the Final Desk Guide Ratings and corresponding Mitigation Ratings for all Final Desk Guide Ratings of 3, 4, or 5.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNATURES** | | | | |
|  |  |  |  | |
|  | Full Name – SAFE Certified Home Study Practitioner |  |  | |
|  |  |  |  |  |
|  | **SIGNATURE** – SAFE Certified Home Study Practitioner |  | Date Signed |  |
|  |  |  |  | |
|  | Full Name – SAFE Certified Home Study Supervisor |  |  | |
|  |  |  |  |  |
|  | **SIGNATURE** – SAFE Certified Home Study Supervisor |  | Date Signed |  |