**Child Specific Home Study Report**

**Use of form:** The Child Specific Home Study Report is used when the applicant is a relative of the child OR they have a prior relationship with the child or the child’s family. The Structured Analysis Family Evaluation (SAFE) home study assessment tool is used when completing a child specific home study report. 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 child specific 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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Type | | | | | | Date (mm/dd/yyyy) | |
| Applicant Full Name | | | | | | Provider Number | |
| Applicant Address (Street, City, State, Zip Code) | | | | | | | |
| Home Telephone Number | | | | | Cellular Telephone Number | | |
| Worker Full Name | | | | | | | | |
| Application Date (mm/dd/yyyy) | | | | Approval Date (mm/dd/yyyy) | | | | |
| **APPLICATION DISPOSITION** | | | | | | | | |
| The Applicants applied specifically to be considered for the placement of      on      . | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | |
| **Applicant Number 1** | | | | | | | | |
| Full Name (Last, First, MI) | | | | | | | | |
| Alias / Nickname(s) | | | | Previous Last Name (s) | | | | |
| Birthdate (mm/dd/yyyy) | | | | Birthplace | | | | |
| Race | | | | Gender | | | | |
| Religion | | | | Occupation | | | | |
| Language(s) | | | | Education | | | | |
| Indian Ancestry | | | | Tribe | | | | |
| Date of health questionnaire / report | | | | TB test results | | | | |
| **Applicant Number. 2** | | | | | | | | |
| Full Name (Last, First, MI) | | | | | | | | |
| Alias / Nickname(s) | | | | Previous Last Name (s) | | | | |
| Birthdate (mm/dd/yyyy) | | | | Birthplace | | | | |
| Race | | | | Gender | | | | |
| Religion | | | | Occupation | | | | |
| Language(s) | | | | Education | | | | |
| Indian Ancestry | | | | Tribe | | | | |
| Date of health questionnaire / report | | | | TB test results | | | | |
| **MARITAL / PARTNERSHIP INFORMATION** | | | | | | | | |
| Date of Current Marriage / Partnership (mm/dd/yyyy) | | | | Marriage / Partnership Verification | | | | |
| Place of Marriage / Partnership | | | | | | | | |
| **DATES OF CONTACT** | | | | | | | |
| **Date** | | **Person(s) Interviewed** | **Location** | | | | |
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| **CHILD** **OR** **YOUTH** **BEING** **CONSIDERED** **FOR** **PLACEMENT** | | | | | | |
| Provide the full name(s), DOB, gender, reason for protective custody and legal status of child(ren) or youth(s) being considered; e.g., reunification, reunification termination, TPR hearing pending, freed for adoption, etc. | | | | | | |
| If the child(ren) or youth(s) is / are currently placed in the home, discuss their adjustment since placement. If not currently placed with the applicant(s), discuss the nature and character of the applicants’ relationship(s) with the child(ren) or youth(s). | | | | | | |
| Describe the strengths, personality, interests and emotional / physical development 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 noted on the SAFE Matching Inventory; e.g., placement with siblings, special diet, accommodations for a physical disability, maintain connections with birth family, needs a stay-at-home parent, etc. | | | | | | |
| Describe the challenging child / youth issues identified on the SAFE Matching Inventory; e.g., difficult temperament, problematic behaviors, attachment issues, etc. Indicate whether or not therapeutic services are being used or are needed. | | | | | | |
| MOTIVATION | | | | | | |
| Provide the Applicants' stated reasons for wanting the child(ren) or youth(s) placed with them and the parenting responsibilities they are willing to assume; e.g., foster parent, legal risk parent, adoptive parent or shelter parent. | | | | | | |
| **HOME AND COMMUNITY** | | | | | | |
| Type of residence (house, apartment, condo, etc.): | | | | | | |
| Square footage: | | | | | | |
| Bedrooms: | | | | | | |
| Bathrooms: | | | | | | |
| Length of time in current residence: | | | | | | |
| Describe general characteristics of the Applicants' home and neighborhood. Indicate the type of residence (house, apartment, condo, etc.) and square footage. Describe the floor plan including the number of bedrooms and bathrooms. | | | | | | |
| Describe the yard space and indicate if there is a pool, pond, fountain, spa, etc. Describe the sleeping arrangements and also indicate whether or not there are guns or pets in the home. | | | | | | |
| The interior and exterior of the home was inspected for health and safety hazards. The inspection was completed on: | | | | | | |
| **FAMILY** | | | | | |
| **Applicant No. 1** | | | | | |
| 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. | | | | | |
| Provide a one paragraph factual description of the applicant's childhood history that includes childhood family constellation, where raised, schools attended, religious affiliation, family culture or tribal affiliation, activities engaged in, etc. | | | | | |
| Identify parents, siblings, their location and circumstances plus type and frequency of contact. | | | | | |
| Indicate full name(s) and length of time of previous marriages and / partnerships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation. | | | | | |
| **Applicant No. 2** | | | | | |
| 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. | | | | | |
| Provide a one paragraph factual description of the applicant's childhood history that includes childhood family constellation, where raised, schools attended, religious affiliation, family culture or tribal affiliation, activities engaged in, etc. | | | | | |
| Identify parents, siblings, their location and circumstances plus type and frequency of contact. | | | | | |
| Indicate full name(s) and length of time of previous marriages and/or partnerships. Include how relationships were terminated; e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation. | | | | | |
| **Applicant’s Children** | | | | | |
| Indicate "None" or provide full name(s), DOB and gender. Describe their personality, interests, school or occupational situation, general health and living situation. | | | | | |
| **Other Children or Youth Living or Frequently in the Home** | | | | | |
| Indicate "None" or provide full name(s), DOB, gender. Provide description of their personality, interests, school report information if any, general health. Indicate nature of relationship to Applicants, and living situation. | | | | | |
| **Other Adults Residing or Frequently in the Home** | | | | | |
| Indicate full name of any adult who is living in the home or who is in the home on a regular basis. Describe the amount and type of contact they would have with a child or youth being considered. | | | | | |
| Indicate each individual's occupation, general health, TB results (if they live in the home) and the nature of their relationship to the Applicants. | | | | | |
| **Family Lifestyle** | | | | | |
| Describe current and proposed childcare arrangements and work and non-workday routines and rituals. | | | | | |
| What are the basic household rules and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, etc.? Describe how the family deals with privacy and nudity in the home. | | | | | |
| What kind of recreational, social and religious activities does the family engage in? Does the family celebrate holidays; which ones and how are they spent? | | | | | |
| **Previous Adoptions or Foster Care Experience** | | | | | |
| Indicate "None" or discuss the circumstances and the adjustment of the child(ren) or youth(s) to the family. | | | | | |
| **FINANCES** | | | | | |
| Combined annual gross earned income: $ | | | | | |
| Specify sources of additional income: | | | | | |
| **CRIMINAL / CHILD ABUSE RECORD** | | | | | |
| The required criminal record and Child Abuse Index checks were completed for      . Indicate the full name(s) of any other individuals who were screened. | | | | | |
| **State Automated System, IBIS, DOJ Clearance Findings** (Indicate the findings for each individual screened.) | | | | | |
| **Other Findings** Indicate who was screened for each of the following and the findings for each person: DMV (optional), local law enforcement (optional) and CPS records. Provide results of any previous foster or adoptive home files. Indicate any previous Child Abuse or Neglect reports or investigations.) | | | | | |
| **CHILD CARE PLAN** | | | | | |
| **Short-term substitute child care plan:** Indicate what arrangements have been made for the provision of short-term emergency child care. | | | | | |
| **Long-term substitute child care plan:** In case of an incapacitating illness or death of the Applicant(s), indicate whom the designated caretaker(s) will be and the nature of their relationship to the Applicant(s). | | | | | |
| Indicate if these arrangements have been discussed with the designated caretaker(s), how willing they are to assume this responsibility and whether arrangements have been formalized in a will or trust. | | | | | |
| CONTACT WITH FAMILY OF ORIGIN AND SIGNIFICANT OTHERS | | | | | | | |
| Foster Care Contact: Describe the type of relationship and contact the applicant(s) is / are ready, willing and able to provide to support the reunification plan, e.g. transportation to services, visitation with birth family, etc. | | | | | | | |
| **Post Adoption Contact:** Describe the type of relationship and contact the Applicant(s) is / are willing to have with the birth parents and other significant connections such as siblings, grandparents, foster parents, etc. Describe any written post-adoption contact agreement(s). | | | | | | | |
| **REFERENCES** | | | | | | | |
| Yes  No All references have been received. | | | | | | | |
| **FAMILY PREPARATION AND TRAINING ACTIVITIES** | | | | | | |
| Identify and describe agency family preparation activities. Include Applicants' statement(s) regarding their participation and benefits derived from these activities. | | | | | | |
| **LEGAL / FINANCIAL RIGHTS AND RESPONSIBILITIES** | | | | | | |
| has been provided with information concerning the different roles, responsibilities, legal and financial rights and benefits of relative / fictive kin caregivers, foster parents, legal guardians and adoptive parents. Also, should he file a petition to adopt,       that understands he will be accepting full legal and financial parental responsibility for       once an adoption is finalized. | | | | | | |
| The agency’s grievance review hearing procedures were explained to the Applicant(s). | | | | | | |

**PSYCHOSOCIAL INVENTORY RESULTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Note**: Below is a list of the psychosocial factors found on the Multi-Purpose Psychosocial Inventory. Using the Psychosocial Inventory, each factor was considered and rated several times by the social worker during the course of this home study. The ratings below represent the final ratings. The ratings are defined as follows: 1 = an exceptional strength, 2 = a strength, 3 = an issue of concern, 4 = a major issue of concern and 5 = very serious problem. The OVERALL EVALUATION OF SECTION ratings reflect the degree to which all issues of concern identified in the section were either resolved, mitigated or the prognosis for change. | | | | | |
|  | | |  | | |
| **#1** | **#2** | **HISTORY** | **#1** | **#2** | **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 |
|  |  | Childhood History of Victimization |  |  | Relationship with Spouse’s/Partner’s Family |
|  |  | Adult History of Victimization / Trauma |  |  | OVERALL EVALUATION OF SECTION |
|  |  | History of Child Abuse / Neglect |  |  |  |
|  |  | History of Alcohol / Drug Use | **#1** | **#2** | PHYSICAL / SOCIAL ENVIRONMENT |
|  |  | History of Crime / Arrest / Allegations / Violence |  |  | Cleanliness/Orderliness/Maintenance |
|  |  | Psychiatric History |  |  | Safety |
|  |  | Occupational History |  |  | Furnishings |
|  |  | Marriage / Partnership History |  |  | Play Area / Equipment / Clothing |
|  |  | OVERALL EVALUATION OF SECTION |  |  | Finances |
|  |  |  |  |  | Support System |
| **#1** | **#2** | PERSONAL CHARACTERISTICS |  |  | Household Pets |
|  |  | Communication |  |  | OVERALL EVALUATION OF SECTION |
|  |  | Commitment and Responsibility |  |  |  |
|  |  | Problem Solving | **#1** | **#2** | GENERAL PARENTING |
|  |  | Interpersonal Relations |  |  | Child Development |
|  |  | Health and Physical Stamina |  |  | Parenting Style |
|  |  | Self-esteem |  |  | Disciplinary Methods |
|  |  | Acceptance of Differences |  |  | Child Supervision |
|  |  | Coping Skills |  |  | Learning Experiences |
|  |  | Impulse Control |  |  | Parental Role |
|  |  | Mood |  |  | Child Interactions |
|  |  | Anger Management and Resolution |  |  | Communication with Child |
|  |  | Judgment |  |  | Basic Care |
|  |  | Adaptability |  |  | Child’s Play |
|  |  | OVERALL EVALUATION OF SECTION |  |  | OVERALL EVALUATION OF SECTION |
|  |  |  |  |  |  |
| #1 | #2 | MARITAL / PARTNERSHIP RELATIONSHIP | **#1** | #2 | SPECIALIZED PARENTING |
|  |  | Conflict Resolution |  |  | Expectations |
|  |  | Emotional Support |  |  | Effects of Abuse / Neglect |
|  |  | Attitude toward Spouse / Partner |  |  | Effects of Sexual Abuse |
|  |  | Communication between Couple |  |  | Effects of Separation and Loss |
|  |  | Balance of Power |  |  | Structure |
|  |  | Stability of the Marriage or Partnership |  |  | Therapeutic / Educational Resources |
|  |  | Sexual Compatibility |  |  | Birth Sibling Relationships |
|  |  | OVERALL EVALUATION OF SECTION |  |  | Child Background Information |
|  |  |  |  |  | Birth Parent Issues |
|  |  |  |  |  | OVERALL EVALUATION OF SECTION |
| #1 | #2 | CHILDREN / OTHERS RESIDING OR FREQUENTLY IN HOME |  |  |  |
| **#1** | **#2** | ADOPTION 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 |
|  |  | OVERALL EVALUATION OF SECTION |  |  | OVERALL EVALUATION OF SECTION |

**PSYCHOSOCIAL EVALUATION REPORT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HISTORY** | | | | | | | | | | |
| Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and degree of resolution. | | | | | | | | | | |
| **PERSONAL CHARACHTERISTICS** | | | | | | | | | | |
| Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change. | | | | | | | | | | |
| **MARITAL / PARTNERSHIP RELATIONSHIP** | | | | | | | | | | |
| Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change. | | | | | | | | | | |
| **CHILDREN / OTHERS RESIDING OR FREQUENTLY IN THE HOME** | | | | | | | | | | |
| For each person identified in this section, provide full narration that relates to each of the Desk Guide examples for the rating given. | | | | | | | | | | |
| **EXTENDED FAMILY RELATIONSHIPS** | | | | | | | | | |
| Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change. | | | | | | | | | |
| **PHYSICAL / SOCIAL ENVIRONMENT** | | | | | | | | | |
| Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change. | | | | | | | | | |
| **GENERAL PARENTING** | | | | | | | | | |
| Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change. | | | | | | | | | |
| **SPECIALIZED PARENTING** | | | | | | | | | | |
| Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change. | | | | | | | | | | |
| **ADOPTION ISSUES** | | | | | | | | | | |
| Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 and 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change. | | | | | | | | | | |
| **PSYCHOSOCIAL EVALUATION CONCLUSIONS** | | | | | | | | | | |
| Provide your conclusions regarding the Applicants’ commitment, ability and readiness to parent. Highlight the strengths in any section given a rating of 1 and describe the effect any section rated as 3, 4 or 5 will have on parenting. | | | | | | | | | | |
| **CHILDREN THE FAMILY CAN BEST SERVE** | | | | | | | | | | |
| Indicate the age range, gender and number of children the Applicants are ready to accept. | | | | | | | | | | |
| Discuss the Applicants’ ability to meet a child’s special needs or considerations and level of competency to manage the characteristics, behaviors, conditions and issues of the children being considered for placement with them. | | | | | | | | | | |
| Specify any child’s special needs, considerations, characteristics, behaviors, conditions or issues that the Applicants are uniquely qualified to address. Also indicate what they are unable and / or unwilling to consider. | | | | | | | | | | |
| **PLACEMENT COMPATABILITY** | | | | | | | | | | |
| Discuss each child’s or youth’s goodness of fit with this family in the context of the applicants’ competency to address each of the child’s / youth’s needs, special considerations and issues as identified and described on the SAFE Matching Inventory. | | | | | | | | | | |
| Illuminate any special needs, considerations, characteristics, behaviors, conditions or issues of the child(ren) or youth(s) that the Applicant(s) is / are uniquely qualified to address or unable to manage. | | | | | | | | | | |
| **RECOMMENDATION** | | | | | | | | | |
| It is recommended that       be  for . | | | | | | | | | |
| **SIGNATURES** | | | | | | | | | | |
|  | | |  | |  | | |  | |  |
|  | | | **SIGNATURE** – Home Study Practitioner | |  | | | Date Signed | |  |
|  | | |  | |  | | |  | |  |
|  | | | **SIGNATURE** – Supervisor | |  | | | Date Signed | |  |
|  | | |  | |  | | | | | |
|  | | | Additional Attachments (Indicate None or list attachments.) | |  | | | | | |
|  | | |  | |  | | | | | |
| **REVIEW 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. | | | | | | | | | | |
|  | |  | |  |  | | | |
|  | | Full Name – Applicant 1 | |  |  | | | |
|  | |  | |  |  | |  | |
|  | | **SIGNATURE** – Applicant 1 | |  | Date Signed | |  | |
|  | |  | |  |  | | | |
|  | | Full Name – Applicant 2 | |  |  | | | |
|  | |  | |  |  | |  | |
|  | | **SIGNATURE** – Applicant 2 | |  | Date Signed | |  | |