KINSHIP CARE STUDY

ND DEPARTMENT OF HUMAN SERVICES
CFS-ECONOMIC ASSISTANCE
SFN 426 (1-2008)

Clear Fields

Name of Child(ren)	Date of Birth
1.	
2.	
3.	
4.	

Mother's Name		Date of Birth	
Address	City	State	Zip Code
Father's Name		Date of Birth	
Address	City	State	Zip Code

List the reason(s) the child(ren) were removed from the care of the parents, include dates.
This study is looking at kinship placement with the following:

Caregiver #1

Name (First, Last)		Social Security Number	Marital Status
Relationship to the Child(ren) (i.e. aunt, uncle, grandparent)			
Place of Birth (City/State)	Date of Birth	Age	Race
Present Occupation		Date Employed	Hours of Work
Employer's Name			Daytime Telephone Number
Employer's Address	City	State	Zip Code

Caregiver #2

Name (First, Last)		Social Security Number	Marital Status
Relationship to the Child(ren) (i.e. aunt, uncle, grandparent)			
Place of Birth (City/State)	Date of Birth	Age	Race
Present Occupation		Date Employed	Hours of Work
Employer's Name			Daytime Telephone Number
Employer's Address	City	State	Zip Code

A. INTEREST IN KINSHIP CARE AND BACKGROUND

Describe applicant's reasons, motivation, and interest in providing Kinship Care. (Assess the caregiver's motivation to be involved, loyalty to child/family, obligation, penance, rescue, anger over system, etc.)

Caregiver #1

Caregiver #2

Check the appropriate box that best describes the length of commitment of the applicant (attach your case plan to this document)

☐ Short Term ☐ Completion of Case Plan ☐ Pursuit of Guardianship ☐ Pursuit of Adoption

B. CAREGIVER'S ASSESSMENT OF SITUATION

How did you hear about the child's situation?

Caregiver #1

Caregiver #2

What is your understanding of the situation that leads to this placement?

Caregiver #1

Caregiver #2

Define your understanding of a role of a parent and effective approaches to discipline/nurturing.

Caregiver #1

Caregiver #2

What are your/your family's strengths that can assist in providing care?

Caregiver #1

Caregiver #2

CAREGIVER'S ASSESSMENT OF SITUATION (continued)

What are the specific cultural beliefs or needs of this family?

Caregiver #1

Caregiver #2

C. CAREGIVER'S BACKGROUND

Have there ever been any reports of child abuse/neglect against your immediate family? If yes, please explain.

Caregiver #1 ☐ Yes ☐ No

Caregiver #2 ☐ Yes ☐ No

Do you have a criminal history including incarcerations? If yes, please explain.

Caregiver #1 ☐ Yes ☐ No

Caregiver #2 ☐ Yes ☐ No

Have you ever been exposed to domestic violence? If yes, please explain.

Caregiver #1 ☐ Yes ☐ No

Caregiver #2 ☐ Yes ☐ No

C. CAREGIVER'S BACKGROUND (continued)

Were you ever maltreated or neglected as a child? If yes, please explain.

Caregiver #1 ☐ Yes ☐ No

Caregiver #2 ☐ Yes ☐ No

Are you on any medications? (Look at the reasons for the medication for both physical and mental health, and whether they may interfere with the care of the child.)

Caregiver #1 ☐ Yes ☐ No

Caregiver #2 ☐ Yes ☐ No

Do you see anyone for counseling?

Caregiver #1 ☐ Yes ☐ No

Caregiver #2 ☐ Yes ☐ No

Are there any concerns of drug or alcohol use or abuse within your household? If yes, please explain and talk about how this will be handled around the child/children.

Caregiver #1 ☐ Yes ☐ No

Caregiver #2 ☐ Yes ☐ No

C. CAREGIVER'S BACKGROUND (continued)

What are your problem-solving strategies and/or methods for resolution in your family system?

Caregiver #1

Caregiver #2

Did you experience any childhood trauma growing up?

Caregiver #1 ☐ Yes ☐ No

Caregiver #2 ☐ Yes ☐ No

D. CAREGIVER'S ASSESSMENT OF SITUATION

What is your ability to protect the child from the parent/subject and describe your safety plan?

What needs might you/your family have in providing care and describe your safety plan?

E. CAREGIVER'S CARE PLAN

List others that may be in secondary care-giving role

Name	Relationship	Type of Role	Number

E. CAREGIVER'S CARE PLAN (continued)

List the services that are needed to assist in the placement

1.
2
3.
4.
5.
6.

F. CHILDREN IN THE HOME

	(1)	(2)	(3)
Name of Child			
Birthdate			
Gender	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Education Level and Functioning			
Special Needs that May Impact the Kinship Placement			
Childrens Feelings Toward This Placement			

G. PHYSICAL STUDY OF HOME/NEIGHBORHOOD

Living Quarters ☐ Home ☐ Mobile Home ☐ Apartment ☐ Other
Describe the number of bedrooms, bathrooms, aand ccommodations for the child/children

G. PHYSICAL STUDY OF HOME/NEIGHBORHOOD (continued)

Condition of Home (SW description and observations)

a. Physical aspects/condition of home and premises:

b. Accommodations for child/children (sleeping/closets/homework):

c. Health/Safety "Hazards":

d. Before and after school arrangements (if needed):

Home Standard Checklist

Is there access to functioning bathing and toilet facility? ☐ Yes ☐ No	Can bathroom be unlocked from outside? ☐ Yes ☐ No	Do exterior doors permit easy exit? ☐ Yes ☐ No
Are basement rooms used for child care equipped with adequate exits? ☐ Yes ☐ No		
Are there pets in the home? ☐ Yes ☐ No	List the kind(s) of pet(s)	Where are pets housed?
List Shots and Vaccinations of Pets	What type of contact do the pets have with the child?	
Do bedrooms have windows? ☐ Yes ☐ No	Are these windows equipped to use as exits? ☐ Yes ☐ No	Are bedrooms adequately heated/vented? ☐ Yes ☐ No
Is there a safety plan posted? ☐ Yes ☐ No		
Do the children have separate beds? ☐ Yes ☐ No	Who are the children sleeping with?	Who is sleeping in the same room?
Where is the bedroom located in the home?	List other concerns regarding sleeping arrangements	Is there adequate bedding and beds? ☐ Yes ☐ No
Are there working fire alarms? ☐ Yes ☐ No	Are there firearms within the home? ☐ Yes ☐ No	Are firearms stored properly? ☐ Yes ☐ No
If providing transportation to child, does the driver have a driver's license and proof of insurance? ☐ Yes ☐ No		
Name of Insurance Company		

Address	City	State	Zip Code

If needed, is there adequate child restraint devices for vehicles? ☐ Yes ☐ No
Describe alternative child care arrangements, if necessary:
Other Comments:

H. ATTITUDES TOWARD BEHAVIOR/PROBLEMS (ability to work with): (Optional)

Behavior/Problem	Caregiver #1		Caregiver #2	
	Yes	No	Yes	No
1. Lying				
2. Stealing				
3. Soiling				
4. Food Fads				
5. Smoking				
6. Alcohol/Drug Use				
7. Swearing				
8. Poor School Adjustment				
9. Poor Social Adjustment				
10. Destructiveness				
11. Physical/Mental Handicaps				
12. Sexually Abused Child				
13. Truancy				
14. Sex Play				
15. Bedwetting				
16. Challenging or Oppositional Behavior				
17. Other Specific to This Child (Specify):				

Explain negative responses or impressions

I. NATURAL PARENT AND CHILD COMMENTS

Parents: Explain your feelings about the placement with caregiver(s)

Parents: What are your expectations of the caregiver?
Explain Child's Response to the Plan

J. CONCLUSIONS/RECOMMENDATIONS OF SOCIAL WORKER:

Describe family strengths, recommendations and next step, and plan for supporting this kinship placement

Based on the information documented in this study, I recommend:

- ☐ The kinship placement be approved.
- ☐ The kinship placement not be approved.

Social Worker Signature	Date
Social Work Supervisor Signature	Date

County Social Service Office

K. ADDENDUM FOR ADDITIONAL INFORMATION