HOME STUDY FOSTER CARE FOR CHILDREN AND YOUTH

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 889 (Rev. 8-2010)

Clear Fields

Thoroughly discuss all information with applicants and complete ALL blanks. Attach supplemental information as necessary. Secure all necessary signed releases of information.

I. PART ONE

A. IDENTIFYING INFORMATION

MOTHER

Name: (First, Last)		Social Security Number:	Race:
Age:	Birth Date: (mm/dd/yy)	Birthplace: (City/State)	
Present Occupation:		Date Employed:	Hrs Worked Per Week:
Employer's Name:		Employer's Address: (1st Line)	
Employer's Address: (City/State)		Work Telephone Number:	

FATHER

Name: (First, Last)		Social Security Number:	Race:
Age:	Birth Date: (mm/dd/yy)	Birthplace: (City/State)	
Present Occupation:		Date Employed:	Hrs Worked Per Week:
Employer's Name:		Employer's Address: (1st Line)	
Employer's Address: (City/State)		Work Telephone Number:	
Applicant's Home Address: (1st line)	City/State:	Home Telephone Number:	
How Long at Present Address?			

List residences in the past 10 years and length of stay at each:

Residence: (City/State)	Length of Stay:
Residence: (City/State)	Length of Stay:
Residence: (City/State)	Length of Stay:

B. INTEREST IN FOSTER CARE AND CHILD CARE BACKGROUND

1. Describe applicant's interest in providing foster care:

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

2. CONTACTS WITH AGENCY

Inquiry Date(s):	Family Learned About Foster Care Through:
Interviews:	

	DATE	DATE	DATE	DATE	DATE	DATE
Mother						
Father						
Children						
Collaterals						
(Name)						
Extended Family						
(Name)						

3. PRIOR CHILD CARE EXPERIENCE (Foster Care, Day Care, etc.)

Has applicant held a license to provide foster care, day care, etc., in or outside of North Dakota? ☐ Yes ☐ No
(If YES, applicant must provide complete information about all child care licensure experience and sign release of information allowing agency to access information.)

Name(s) on License:		
Agency:	Contact Person:	
Address (1st line):	City/State:	Telephone Number:
Licensure Dates: From: To:	Ages: To:	
Licensure Types: ☐ Foster Care ☐ Day Care ☐ Other	Sex of Children: ☐ Male ☐ Female ☐ Both	

Name(s) on License:		
Agency:	Contact Person:	
Address (1st line):	City/State:	Telephone Number:
Licensure Dates: From: To:	Ages: To:	
Licensure Types: ☐ Foster Care ☐ Day Care ☐ Other	Sex of Children: ☐ Male ☐ Female ☐ Both	

****ATTACH ADDITIONAL SHEETS AS NECESSARY****

Has applicant ever received a notice of correction, revocation, or denial of a license to provide foster care, day care, or other type of child care? ☐ Yes ☐ No (If YES, provide name of agency, contact person, dates, and details in addition to a signed release of information.)

Has applicant been employed in any capacity at a group home, residential child care facility, residential treatment facility, day care group or center? ☐ Yes ☐ No
(If YES, provide facility name, dates, contact person, reason for termination of employment, and other pertinent information)

C. STUDY OF FAMILY

1. FOSTER MOTHER

Name Preferred:

Maiden Name:

Present Marriage: (Date)

Have There Been Any Separations During This Marriage?
☐ Yes ☐ No If YES, When and For How Long?

PRIOR MARRIAGE

Name of Former Spouse:

Length of Marriage: (Give Dates)

How did Marriage End?
☐ Divorce (Date):_____ ☐ Death (Date): _____
☐ Other (specify):

Children of this Marriage: (Names, Birthdates)

PRIOR MARRIAGE

Name of Former Spouse:

Length of Marriage: (Give Dates)

How did Marriage End?
☐ Divorce (Date):_____ ☐ Death (Date): _____
☐ Other (specify):

Children of this Marriage: (Names, Birthdates)

Effects of Prior Marriages on Current Marriage:

2. FOSTER FATHER

Name Preferred:

Maiden Name:

Present Marriage: (Date)

Have There Been Any Separations During This Marriage?
☐ Yes ☐ No If YES, When and For How Long?

PRIOR MARRIAGE

Name of Former Spouse:

Length of Marriage: (Give Dates)

How did Marriage End?
☐ Divorce (Date):_____ ☐ Death (Date): _____
☐ Other (specify):

Children of this Marriage: (Names, Birthdates)

PRIOR MARRIAGE

Name of Former Spouse:

Length of Marriage: (Give Dates)

How did Marriage End?
☐ Divorce (Date):_____ ☐ Death (Date): _____
☐ Other (specify):

Children of this Marriage: (Names, Birthdates)

Effects of Prior Marriages on Current Marriage:

1.	FOSTER MOTHER	2.	FOSTER FATHER
	Religious Preference:		Religious Preference:
	Ethnic Origin:		Ethnic Origin:
	Highest level of education achieved: ☐ Less than High School ☐ High School Diploma ☐ GED ☐ Some College ☐ College Degree (Specify BA, MA, PhD)		Highest level of education achieved: ☐ Less than High School ☐ High School Diploma ☐ GED ☐ Some College ☐ College Degree (Specify BA, MA, PhD)
	Languages Other Than English:		Languages Other Than English:
	Special Training:		Special Training:
	Employment: (work schedule)		Employment: (work schedule)
	Significant Previous Work Experience:		Significant Previous Work Experience:
	Special Activities, Hobbies, Interests:		Special Activities, Hobbies, Interests:

HEALTH - FOSTER MOTHER	HEALTH - FOSTER FATHER
Physical Problems:	Physical Problems:
Emotional Problems:	Emotional Problems:
Alcohol & Other Drug Use/Abuse:	Alcohol & Other Drug Use/Abuse:
What Stress/How Handled:	What Stress/How Handled:
Describe your personality and how you communicate your feelings:	Describe your personality and how you communicate your feelings:
With whom do you talk?	With whom do you talk?

1. **MOTHER**

Significant personal growth in past five years and where do you **want to be** five years from now?

What types of losses have you experienced?

Have you ever been a victim of emotional, physical, or sexual abuse or neglect?
☐ Yes ☐ No If yes, explain.

2. **FATHER**

Significant personal growth in past five years and where do you **want to be** five years from now?

What types of losses have you experienced?

Have you ever been a victim of emotional, physical, or sexualabuse or neglect?
☐ Yes ☐ No If yes, explain.

3. COMBINED (Foster Mother/Foster Father)

Evaluation of role religious preference plays in a family:

Special family activities, hobbies, and interests:

What is the typical weekday and weekend in your family?

Parenting roles (capacity to share in the care of children):

Discipline methods used by the family:

Has any member of your household had a drug/alcohol problem? ☐ Yes ☐ No - If yes, explain.

Has any member of your family been in counseling or therapy?
☐ Yes ☐ No - Explain.

Has any member of your family been in foster care?
☐ Yes ☐ No - If yes, explain.

Does anyone smoke in your home?
☐ Yes ☐ No - If yes, explain.

Does your family have pets? ☐ Yes ☐ No

Are pets friendly to children?
☐ Yes ☐ No

4. OWN CHILDREN IN THE HOME

	(1)	(2)	(3)
a. Name			
b. Birthdate			
c. Sex	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
d. Health			
e. Educational level and functioning mark appropriate one	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ Beyond BA	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ Beyond BA	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ Beyond BA
f. Special activities, hobbies, and interests			
g. Relationship with parents and siblings			
h. Any special problems that would affect ability to relate to a foster child			
i. How child feels about having foster child in the family			
j. How are feelings expressed by this child			

Have applicants child(ren) ever been victim(s) of child abuse and/or neglect perpetrated by a neighbor, relative, day care provider, etc.?

☐ Yes ☐ No

If Yes, explain by whom, when, circumstances and resolution.

D. RELATIONSHIPS

1. MOTHER	2. FATHER
Mother's childhood relationship and current relationship with own parents and siblings:	Father's childhood relationship and current relationship with own parents and siblings:
Mother's relationship and expectation of her own children	Father's relationship and expectation of his own children

How do the applicants see their own marriage adjustment and relationship with one another?
How do applicants resolve problems in their marriage and in their family?
What do foster parents/applicants anticipate foster children need from them?

Other members in the household: (Name) Discuss relationship and attitude toward having a foster child in the home.
Own children **outside** the home: (Name, age, sex, relationships and attitude toward having a foster child in the home.)

II. PART TWO

A. PHYSICAL STUDY OF HOME/NEIGHBORHOOD

☐ Dwelling ☐ Mobile home ☐ Apartment			
Describe:			
1. Neighborhood Type: ☐ Urban ☐ Rural ☐ Commercial ☐ Other			

2. Distance in miles to:

Counseling Services	Medical Care	Parks	Stores

3. School Discuss.
Distances to: (Miles)

Special Education	Elementary School	Junior High School	High School
Type of Transportation	Type of Transportation	Type of Transportation	Type of Transportation

4. Home: (Social Worker's description and observations)
a. Physical aspects/conditions of home and premises (ie fencing in yard)

b. Occupants with whom foster child will share room (names):

B. HOME STANDARDS CHECKLIST

	Yes	No
Do bathing facilities have grab bars or non-skid pads?		
Can bathroom doors be unlocked from outside?		
Do exterior doors permit easy exit?		
Are interior doors designed to prevent children from being trapped?		
Can every closet door be opened from inside?		
Are basement rooms used for child care equipped with more than one exit?		
Are basement rooms used for child care?		
Are basement rooms used for bedrooms?		
Are basement rooms used for playrooms?		
Is indoor play space comfortably furnished?		

SLEEPING ACCOMMODATIONS FOR FOSTER CHILD:

	Yes	No
Adequate space for storage of personal items?		
Access to bathing & toilet facilities?		
Do bedrooms have windows?		
Are windows curtained?		
Can windows be used for fire exit?		
Are bedrooms adequately heated?		
Are bedrooms adequately ventilated?		
Is foster child within call of an adult?		
Do all foster children have individual beds?		
Is child over one year sleeping in same room as adult?		
Is child over six years sleeping in room with person of opposite sex?		
Do sleeping arrangements require a child under 12 to use bedroom located in a basement whose floor is 30" or more below ground level?		

Are there more than three persons sleeping in one room? Explain. ☐ Yes ☐ No

Will sleeping arrangements for foster child force upon any member of the family sleeping arrangements not in reasonable conformity with the standards? If yes, Explain? ☐ Yes ☐ No

Is there 3 feet of floor space between beds? ☐ Yes ☐ No

C. SAFETY

1. Fire inspection report ☐ Yes ☐ No ☐ N/A	Deficiencies Corrected? ☐ Yes ☐ No
2. Fire/safety self declaration ☐ Yes ☐ No ☐ N/A	Date

3. Evacuation procedures (explain how home would be cleared, what exits would be used, what explanation is given to the children, fire drills, etc.)

4. Do you have firearms? ☐ Yes ☐ No Locked Kept Where

5. Emergency numbers posted? ☐ Yes ☐ No

6. Water supply: ☐ Municipal ☐ Private Well Testing required for private supply.

7. Is raw milk used? ☐ Yes ☐ No Testing required for raw milk.

8. Family members trained in First Aid/CPR:

Name:	First Aid:	Date:
	CPR:	Date:
Name:	First Aid:	Date:
	CPR:	Date:

9. Are all vehicles covered by liability insurance? (written documentation must be provided) ☐ Yes ☐ No	Insurance Carrier:

10. Required use of child restraint devices in motor vehicles for children under age 11:
Information supplied to applicant ☐ Yes ☐ No

III. PART THREE

A. RELATIONSHIP WITH FOSTER CHILDREN

	MOTHER		FATHER	
Applicant's understanding of:	Yes	No	Yes	No
1. Distinction: foster/adoptive care?				
2. Reasons for children needing care?				
3. Child's needs regarding own family?				
4. Able to work with child who will return home?				
5. Able to allow return to their home child who has runaway?				
6. Child's need for love and attention				
7. Reasons for abnormal behavior				
Attitudes toward behavior/problems. Ability of applicants to work with:				
1. Lying				
2. Stealing				
3. Soiling				
4. Food fads				
5. Smoking				
6. Swearing				
7. Poor school adjustment				
8. Poor social adjustment				
9. Destructiveness				
10. Physical/mental handicaps				
11. Sexually abused child				
12. Truancy				
13. Sex play				
14. Bedwetting				
15. Alcohol or other drug use/abuse				
16. Masturbation				

Explain negative responses:

B. CHILD CARE

1. Arrangements for substitute caregiver in foster parent's absence

2. Nutrition/Meal Planning

IV. PART FOUR

A. RELATIONSHIP WITH THE SUPERVISING AGENCY/UNDERSTANDING OF POLICY & PROCEDURE:

	Yes	No
1. Applicant's understanding of: (checklist) (Discussion with applicants)		
a. Agency's responsibility & function		
b. Agency supervision of foster care children		
c. Provisions for clothing/medical care		
d. Reasons for home study/licensure		
e. Notification to agency in event of:		
1. Changes in home		
2. Any illness or injury to child		
3. Inability to keep child		
f. Responsibility to communicate and consult with agency regarding:		
1. Taking child on a trip		
2. Authorization for expenditures		
g. Release child only to agency		
h. Agency discipline policy		
i. While providing foster care for agency, accept no other children without consultation with agency social worker		
j. Agency policy, procedure & guidelines as follows:		
1. NDDHS Chapter 622-05. Licensing		
2. NDDHS Chapter 623-05. Payment		
3. NDDHS Chapter 624-05. Permanency Planning		
4. Foster Parent Orientation Handbook/Pkt		
5. NDAC 75-03-12. Foster Parent Grievance		
6. NDAC 75-03-14. Foster Home Licensing		
7. NDCC 50-11. Foster Care		
k. Confidentiality requirements		
l. Other		
1. _____		
2. _____		
3. _____		

Summarize significant reactions to specific topics:

V. PART FIVE

A. CONCLUSIONS

WHAT TYPE FOSTER CHILD WOULD FIT IN THIS HOME:

	FOSTER PARENT PREFERENCE	SOCIAL WORKER ASSESSMENT	SOCIAL WORKER COMMENTS
Ages			
Sex			
Number			
Physical Handicap			
Technologically Dependent			
Mentally Retarded			
Emotionally Disturbed			
Racial Preference			
Unruly			
Delinquent			
Shelter Care			

In emergency situation, family would provide care for

Number of Children:	Number of Days:

PLACEMENT RECOMMENDATION ON CCWIPS SYSTEM:

Ongoing Placements:	+	Emergency Placements (outside limit)	=	License Family for Total

Overall Impressions/Final Comments:

VI. PART SIX

A. AGENCY RECOMMENDATION

1. RECOMMENDATION TO LICENSE

I have compiled the information in this study and have toured the home of the applicants. I believe this information to be accurate. Applicants/home meet or exceed the minimal requirements for licensure as a family foster home for children (NDAC 75-03-14). I recommend licensure for 24 hour foster care for children for:

Number of Children:	☐ Male ☐ Female	Ages: From To

OR

Licensure Specifically for: (Name of Child Only)	
Age:	For the Period: From To
Social Worker/s/:	Date:
Agency:	

Complete study and submit to the Regional Supervisor, with the following attachments:

- ☐ Application Form SFN 893
- ☐ Medical reports/self certification
- ☐ Fire inspection report
- ☐ References
- ☐ C/AN check has been completed
- ☐ Lab reports
  - ☐ Water (Private well)
  - ☐ Milk
- ☐ Other _____

2. RECOMMENDATION TO DENY LICENSE

I have compiled the information in this study and have toured the home of the applicants. I believe this information to be accurate. Applicants/home do not meet the minimal requirements for licensure as a family foster home for children (NDAC 75-03-14).

I recommend that this application be denied based on:

(Attach supplemental documentation as necessary)

Date	Social Worker/s/
Agency	

Complete study and submit to the Regional Supervisor, with the following attachments:

- ☐ Application Form SFN 893
- ☐ Medical reports/self certification
- ☐ Fire inspection report
- ☐ References
- ☐ C/AN check has been completed
- ☐ Lab reports
- ☐ Water (Private well)
- ☐ Milk
- ☐ Other _____

VII. PART FIVE

REGIONAL OFFICE USE ONLY

A. RECEIPT AND REVIEW OF STUDY

Study Received (date):	Study Review Completed:
Missing/Incomplete Information:	
Child Abuse/Neglect Register Check:	
Contact with Agency for Further Information:	

B. RECEIPT AND REVIEW OF STUDY

Number of Children Licensed For	☐ Male ☐ Female	Ages: From To	Expiration Date:

OR

Licensure Specifically for: (Name of Child Only)	
Age:	For the Period: From To
Application Denied Based On:	

(Denial process must be implemented.)

Regional Supervisor:	
Region:	Date: