

[illegible]

### CHILD & PARENT DEMOGRAPHICS

*Provide basic demographic information of the children in need of placement with the caregiver/s.*

Name of Child	Date of Birth	Name of Mother	Name of Father
Child #1			
Child #2			
Child #3			
Child #4			
Child #5			
Child #6			
Child #7			

Brief information about the child/ren's mom (Where is mom/s, what is the caregiver's involvement with mom/s, what are mom's strengths/challenges, etc.):

Brief information about the child/ren's dad (Where is dad/s, what is the caregiver's involvement with dad/s, what are dad's strengths/challenges, etc.):

Detail the visitation plan (if any) set up with the child/ren and their bio parents. Will the caregiver be assisting in maintaining these visits?

### CAREGIVER ASSESSMENT

*Provide basic assessment of the caregiver's knowledge of the child's circumstance, understanding of their role, their involvement with bio family.*

**Describe your understanding of why the child/ren are in need of out of home placement?**

*Caregiver/s Response:*

**What is your relationship to and involvement with the child/ren and family?**

*(How long have you been involved, how often do you see him/her, how is the relationship and feelings toward one another, etc.)*

*Caregiver/s Response:*

**Describe your interest in providing care to the child/ren:**

*Caregiver/s Response:*

**Are the child's parent(s) aware of your interest in providing care for the child/ren?**

*Caregiver/s Response:*

**Are the child's parent(s) in agreement with you providing care to the child/ren?**

*Caregiver/s Response:*

**Are the children in agreement and in support of temporarily living in your home?**

*Caregiver/s Response:*

**Describe your understanding of your role to safety plan and protect the child until the agency can reunify with the parent/s?**

*Caregiver/s Response:*

**Describe your personal strengths that will assist in providing care to the child/ren?**

*Caregiver/s Response:*

**Describe any challenges you predict might occur when providing care to the child/ren?**

*Caregiver/s Response:*

## CAREGIVER PERSONAL EXPERIENCE

*Provide basic assessment of the caregiver's current lifestyle, beliefs and their history and connections to supports.*

**Describe your work/employment status.** Where do you work? What is your schedule: FT, PT, weekdays, weekends, overnights, etc.  
*Caregiver/s Response:*

**Describe any concerns or impacts the caregiver's work schedule noted above may have on their ability to care for the child/ren?**  
*Caregiver/s Response:*

**Describe your relationship with your own parent, siblings, extended family members.**  
*Caregiver/s Response:*

**Describe your personal support systems available to you (close friendships, family, co-workers, church, etc.)**  
*Caregiver/s Response:*

**Describe your cultural beliefs/traditions you and your family believe in and engage.**  
*Caregiver/s Response:*

**Describe your religious beliefs and affiliations.**  
*Caregiver/s Response:*

**When you were a child, were you ever involved with the child welfare system** (*Child protection, Foster Care, Adoption*)?  
**If yes, please describe your experience.**  
*Caregiver/s Response:*

**Describe your understanding of appropriate discipline.** Caregivers shall follow the ND foster care licensing standards noted in 622-05-30-05. Cruel and unusual punishment is prohibited, caregivers shall not kick, bite, punch, spank, shake, pinch, etc.  
*Caregiver/s Response:*

**Describe how you were disciplined as a child?**

**CAREGIVER MEDICAL HISTORY**  
*Provide basic assessment of the caregiver's current physical/mental health needs and availability to seek services as determined necessary.*

**Describe your general health ... do you feel well enough to care for and supervise children in your home?**  
*(Specifically questioning the needs of the child/ren, ages, etc.)*  
*Caregiver/s Response:*

**Are you currently taking prescription medications?** *(Why are you taking these medications.)*  
*Caregiver/s Response*

**Are you currently engaged in treatment or therapeutic services?** *(Individual or family therapy, substance use treatment, AA, etc.)*  
*Caregiver/s Response*

**Describe alcohol or drug use by yourself or members of your household?**  
**If yes, please explain and discuss how this will be managed to minimize risk when caring for the child/ren.**  
*Caregiver/s Response:*

## CAREGIVER - CRIMINAL BACKGROUND

*Provide basic assessment of the caregiver's history and involvement with child protection, criminal activity, etc.*

Have you ever been convicted of a crime?

**Caregiver #1** ☐ No ☐ Yes-Explain below:

Explain here:

**Caregiver #2** ☐ No ☐ Yes-Explain below: ☐ NA

Explain here:

**Adult Household Member/s:** ☐ No ☐ Yes-Explain below: ☐ NA

Explain here:

Have you successfully completed a fingerprint-based criminal background check by HHS CBCU?

**Caregiver #1** ☐ No ☐ Yes

**Caregiver #2** ☐ No ☐ Yes ☐ NA

**Adult Household Member/s:** ☐ No ☐ Yes ☐ NA

Have there ever been reports of child abuse or neglect on you or an adult member of your household?

**Caregiver #1** ☐ No ☐ Yes

**Caregiver #2** ☐ No ☐ Yes ☐ NA

**Adult Household Member/s:** ☐ No ☐ Yes ☐ NA

As an employee of the agency, I have verified involvement of the caregivers and all adult household members by looking in FRAME at the CPS Index (SFN 433) and if there is any CPS report history:

- ☐ No Findings  
☐ History, but no current action  
☐ Current CPS Involvement

*Comments:*

As an employee of the agency, I have verified involvement of the caregivers and all adult household members by looking in FRAME to see if there are any current or historical in-home or foster care programs open:

- ☐ No Findings  
☐ History, but no current action  
☐ Current CPS Involvement

*Comments:*

As an employee of the agency, I have verified involvement of the caregivers and all adult household members by checking the ND Court System via public search:

- ☐ No Findings  
☐ History, but no current action  
☐ Current CPS Involvement

*Comments:*

As an employee of the agency, I have verified involvement of the caregivers and all adult household members by checking the ND sex offender registry:

☐ No Findings

☐ History, but no current action

☐ Current CPS Involvement

Comments:

**PHYSICAL SPACE - HOME ASSESSMENT**  
*Provide basic safety assessment of the home.*

Describe the physical aspects of the home and premises (Ex: Single family dwelling, apartment, trailer house with fenced in yard, swimming pool, trampoline, hot tub, floors, bedroom, attached garage, outdoor sheds/buildings, etc.)

Describe the condition of the home, specifying if there are any health or safety hazards:

If there are health or safety concerns, describe what may be needed to support the caregiver in effort to provide care to the child/ren:

Number of Bedrooms in the Home	Number of Beds in Each Room
Will each child have their own bed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what are the sleeping arrangements?

Describe in detail if more than two children will reside in one room: Ages, gender, sleeping spaces, behaviors, risks, proximity to adults, etc.:

Describe the types of beds available for children (EX: Twin, full, bunk beds, crib, air mattress, pack n' play, hide-a-bed couch.)

Describe any concerns with sleeping accommodations.

Are there any firearms in the home or on property?  
☐ Yes    ☐ No

Detail where the firearms are stored compared to ammunition:

Discussed fire safety in the home?

☐ Yes ☐ No

Does the caregiver feel their home is well-equipped with smoke alarms, carbon monoxide detectors, fire extinguishers, and an escape plan of where to go in the event of a fire. Caregivers are not required; but are encouraged to take fire safety training located on the CFSTC website?

### FINANCIAL SUPPORT NEEDS (Select One Category)

*Specify the need for financial support to assist in the care of the child/ren. Check which category (A or B) the child may be eligible for. Once determined, make a referral to the appropriate program administrator.*

☐ **A. Child is involved with CPS or In-Home, but is not in foster care.**

**Financial options for an unlicensed caregiver include if eligible:**

- ☐ Kinship ND – Reimbursement (limited \$)  
☐ Kinship ND – Allowance (6 months maximum)

☐ **B. Child is in foster care under the public custody of a Zone, Tribal Nation, or DJS.**

**Financial options for an unlicensed caregiver include if eligible:**

- ☐ Kinship ND – Reimbursement (limited \$)  
☐ TANF Kinship Care – Child Only (Economic Assistance)  
☐ Guardianship Subsidy (monthly)

**\*\* If the child is in foster care, a caregiver can choose to pursue foster care licensing. Reimbursement is based on the age of the child and issued monthly to licensed providers.**

**Financial Need Discussion/Notes**

### SAFETY DETERMINATIONS

*Specify the safety determinations regarding the child's involvement with the caregiver(s) and the agency's decision to continue to have the child placed or choose to place the child in the caregiver(s) home long-term.*

After assessment, it is clear the caregiver/s: (check **all** that apply)

- ☐ Have a suitable home. Caregiver rents/owns this physical residence.  
☐ Home is calm and consistent with regular and known people coming and going.  
☐ Are capable and willing to work with the agency.  
☐ Are capable and willing to support the treatment and needs of the child/ren.

After assessment of the child, caregiver and household, it is clear the child is: (check **only** one)

- ☐ Not applicable – Unable to assess as the child is not currently placed in the caregiver home  
☐ Fully embraced as part of the caregiver's household/family  
☐ Accepted as part of the caregiver's household/family  
☐ Accommodated as part of the caregiver's household/family  
☐ Tolerated and minimally included as part of caregiver's household/family  
☐ Not accepted by the caregiver's household/family



After assessment, it is clear the caregiver has these parental capacities to care for the child/ren: (check **all** that apply)

**Behavioral:**

☐ Able to protect

☐ Able to take action

☐ Able to demonstrate impulse control

☐ Is physically able to carry on with daily living and tasks

☐ Possesses adequate energy

☐ Demonstrates adequate skill to fulfill caregiver responsibilities

☐ Sets aside his/her own needs in favor of a child

☐ Is adaptive

☐ Is assertive

☐ Uses resources necessary to meet the child/ren's basic needs

☐ Supports the child/ren

**Emotional:**

☐ Is able to meet his/her own emotional need

☐ Is emotionally able to intervene and protect the child/ren

☐ Is resilient as a caregiver

☐ Is tolerant as a caregiver

☐ Displays concern for the child and the child's experience and is intent on emotionally protecting the child

☐ Have a strong bond and the caregiver is clear that the number one priority is the well-being of the child

☐ Expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings

**Cognitive:**

☐ Able to fulfill caregiving responsibilities and tasks

☐ Is reality oriented; perceives reality accurately

☐ Is self-aware as a caregiver

☐ Is able to plan and articulate a plan to protect the child

☐ Is aligned with the child/ren

☐ Has accurate perceptions of the child/ren

☐ Understands his/her caregiving protective role

Comments

**CASE MANAGEMENT SUMMARY**

Summarize the caregiver/s motivation and Interest to provide care to the child/ren (Assess involvement, commitment to the child/family, describe family strengths and summary of the plan for supporting this kinship placement.

I have compiled the information in this study and have toured the home of the caregiver/s. I believe this information to be accurate. Based on the information documented in this study, I recommend:

☐ The caregiver be approved for placement of the child/ren.

☐ The caregiver be approved with recommendations of:

☐ The caregiver be denied for placement of the child/ren.

Agency Worker Signature	Date
Agency Supervisor/Director Signature	Date