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| NAME OF APPLICANT(S): |
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NEW APPLICATION **CHANGES (Interim Home Study)**

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
FINAL ASSESSMENT AND DETERMINATION

This form is a written analysis and summary of the entire certification/approval process. Home finder completes this form for each new application and reviews with supervisor. For changes (Interim Home Study), update sections IV-VI. Determinations must be shared with applicant(s) for review.

| I. DEMOGRAPHICS | | | |
|---|-------------------|-------------|-------------------|
| APPLICANT 1: | | | |
| APPLICANT 2: | | | |
| ADDRESS: | | | |
| HOUSEHOLD MEMBERS: | | | |
| Name | DOB / / | Name | DOB / / |
| Name | DOB / / | Name | DOB / / |
| Name | DOB / / | Name | DOB / / |
| II. REGULATORY REQUIREMENTS | | | |
| Compliance with regulations 18 NYCRR 443 and/or 18 NYCRR 420 and 18 NYCRR 421 | | | |
| <p>1. Each foster parent is over the age of 21.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Foster parent 1 DOB: / /</p> <p>Foster parent 2 DOB: / /</p> <p>Document(s) used to verify:</p> <p>As verified by:</p> | | | |
| <p>2. Each member of the household is in good physical and mental health, and free from communicable diseases, infection, or illness, or any physical condition that might affect the proper care of a foster child.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Explain:</p> <p>Document(s) used to verify:</p> <p>As verified by:</p> | | | |
| <p>3. There is a suitable plan for the care and supervision of the child in foster care at all times.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Explain:</p> | | | |
| <p>4. The current marital status of the applicant(s) affects the ability of the parent(s) to provide adequate care.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Explain:</p> <p>The applicant(s) current marital status is:</p> <p>Document(s) used to verify:</p> <p>As verified by:</p> | | | |

NAME OF APPLICANTS:

5. Three personal references were submitted attesting to each of the applicants' moral character, mature judgement, ability to manage financial resources, and capacity to develop a meaningful relationship with children.

No Yes

Explain:

Date(s) of most current references: / / ,

6. Employment references were:

a. Provided? No Yes NA

b. Checked? No Yes

c. Acceptable? No Yes

Explain:

Date of most current reference: / / ,

7. Applicant(s) understand(s) role of a foster parent and demonstrates the ability, motivation, and psychological readiness.

No Yes

Explain:

8. Does at least one applicant in the home have functional literacy (in their primary language)?

No Yes

Explain:

9. Other family members understand foster care and the foster child's role in the family.

No Yes

Explain:

10. List the dates received and results of all applicant's and applicable household member's background checks:

a. Staff Exclusion List (SEL)

Dates and Results: / / ,

b. Statewide Central Register (SCR)

Dates and Results: / / ,

c. Out-of-State Child Abuse Register N/A

Dates and Results: / / ,

d. NYS Division of Criminal Justice (DCJS)

Dates and Results: / / ,

e. Federal Bureau of Investigation (FBI)

Dates and Results: / / ,

11. Applicant's/Applicants' history as foster and/or adoptive parent(s) has been:

a. Verified? No Yes N/A

b. Is acceptable? No Yes

Explain:

Document(s) and/or methods used to verify:

NAME OF APPLICANTS:

12. Were the applicant(s) approved for an exception by a supervisor?

No Yes

If yes, provide date of approval and approver's name: / / ,

Explain the exception:

13. FOR LETTERS OF APPROVAL ONLY

Were the applicant(s) approved for a waiver by the LDSS?

No Yes NA

If yes, provide date of approval and approver's name: / / ,

Explain the waiver:

III. APPROVED EMERGENCY FOSTER HOME

Are the applicant(s) approved emergency foster parent(s)? No Yes

If NO, Section III does not need to be completed; proceed to Section IV

If YES, complete Section III, in addition to the remaining sections.

| FIRST NAME OF CHILD List all children in foster care currently placed in the home. | AGE | DATES OF PLACEMENT IN THE HOME To and from | CHILD INTERVIEW DATE If still in home | FOSTER CARE WORKER AND CONTACT DATE |
|---|-----|---|--|-------------------------------------|
| | | / / - / / | / / | / / |
| | | / / - / / | / / | / / |
| | | / / - / / | / / | / / |

Based on the analysis of information gathered during the interview and observation of the child(ren), describe how the child(ren)'s physical, emotional, developmental, and educational needs are being met by the emergency approved foster parent(s) since being placed in this home:

Summarize the emergency approved foster parent(s) overall ability to work with the birth family, school/service providers, and partner with the LDSS/agency since the child(ren) have been placed in the home:

IV. ASSESSMENT OF HOME STUDY COMPONENTS

PARTNER RELATIONSHIPS

Based on the information provided by the family and your analysis of the applicant(s), summarize each area below as it impacts the ability to foster and/or adopt.

STRENGTHS:

CONSIDERATIONS:

SUPPORTS NEEDED:

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|---------------------|
| NAME OF APPLICANTS: |
|---------------------|

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|--|
| PARENTING |
| Based on the information provided by the family and your analysis of the applicant(s), summarize each area below as it impacts the ability to foster and/or adopt. |
| STRENGTHS: |
| CONSIDERATIONS: |
| SUPPORTS NEEDED: |
| FAMILY RELATIONSHIPS |
| Based on the information provided by the family and your analysis of the applicant(s), summarize each area below as it impacts the ability to foster and/or adopt. |
| STRENGTHS: |
| CONSIDERATIONS: |
| SUPPORTS NEEDED: |
| CHILD INTERVIEWS, IF APPLICABLE |
| Based on the analysis of information gathered during the interview(s) and the observation(s) of the child(ren), describe how the child(ren)'s physical, emotional, and developmental needs are being met in this home. |
| STRENGTHS: |
| CONSIDERATIONS: |
| SUPPORTS NEEDED: |
| PSYCHOSOCIAL |
| Based on the information provided by the family and your analysis of the applicant(s), summarize each area below as it impacts the ability to foster and/or adopt. |
| STRENGTHS: |
| CONSIDERATIONS: |
| SUPPORTS NEEDED: |
| V. CHANGES (INTERIM HOME STUDY ONLY) |
| The following changes have occurred prior to the reauthorization period: |

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| NAME OF APPLICANTS: |
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AGENCY TRANSFER:

Effective date: / /
 Explain:

HOME ADDRESS (*Safety Review* form, OCFS-5183E required):

Effective date: / /
 Explain:

HOUSEHOLD COMPOSITION (Fingerprinting is required when new adult enters household or turns 18.):

Effective date: / /
 Explain:

CRIMINAL RECORDS RESULT:

Effective date: / /
 Explain:

MARITAL STATUS (New application required if adult spouse of foster parent enters home):

Effective date: / /
 Explain:

AGE RANGE OR GENDER:

Effective date: / /
 Explain:

CAPACITY:

Effective date: / /
 Explain:

PROGRAM TYPES:

Effective date: / /
 Explain:

LEVEL OF CARE:

Effective date: / /
 Explain:

REOPEN A HOME:

Effective date: / /
 Explain:

If any of the above changes are made, summarize the effect on the children in foster care:

CHILD(REN)'S NAME(S):

Explain:

VI. AGENCY DETERMINATION

Home finder should not submit the Final Assessment and Determination in CONNECTIONS until it has been reviewed with the supervisor, the determination is shared with the applicant(s), and applicant's comments are received and entered in CONNECTIONS.

Based on the application, home study, safety review form, medical report(s), references, and background checks, is this applicant(s) ready to parent a child in foster care?

Issue Certificate or Letter of Approval/Approved Changes (Interim Home Study)

Yes: Foster/Adoptive

Placement considerations, if applicable:

OR

Yes: Foster only

Placement considerations, if applicable:

OR

No

Explain the reason(s) for denial:

NAME OF APPLICANTS:

| | |
|--------------------------------------|--------------|
| HOME FINDER'S SIGNATURE: X | DATE: / / |
| SUPERVISOR'S SIGNATURE: X | DATE: / / |
| VII. APPLICANT'S COMMENTS | |
| Enter applicant's comments here: | |
| APPLICANT'S SIGNATURE: X | DATE: / / |
| APPLICANT'S SIGNATURE: X | DATE: / / |
| HOME FINDER'S SIGNATURE: X | DATE: / / |
| SUPERVISOR'S SIGNATURE: X | DATE: / / |