

# Unified Home Study

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*Initial Licensing or Re-licensing  
Unified Home Study*



## **Participant Guide**

Office of Child Welfare

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*4/1/2018*



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## Initial Licensing or Re-licensing Unified Home Study

**Learning Objectives:**

1. Identify what information needs to be gathered and assessed in the Initial Licensing and Re-licensing Unified Home Studies.
2. Demonstrate how to gather the necessary information for the Initial Licensing and Re-licensing Unified Home Studies in accordance with laws and regulations.
3. Demonstrate how to document an Initial Licensing Unified Home Study using FSFN.

## Foster Home Licensing

The Initial Licensing and Re-licensing Unified Home Studies enable Licensing Specialists to make a thorough assessment of the foster parents' living environment, family and social history, relationships, and criminal history, if any. In addition, for the initial foster home license and re-license, the home study determines the number of children that the caregiver(s) will be able to care for and supervise.

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## Parent Preparation Training

Training includes the following subjects:

- Reasonable and prudent parenting standards
  - Social and emotional development of children and youth
  - The role of mentors and other helpers
  - Development of life skills for teens in care
  - Caregiver's role in supporting and promoting the educational progress of the child
  - Trauma-informed care
  - Multiethnic Placement Act and Americans with Disabilities Act
  - Administration of psychotropic medication
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## Exemptions for Parent Preparation Training

A prospective foster parent can be exempt from completing the parent preparation training if they have successfully completed parent preparation training equivalent to the parent preparation training offered by the supervising agency.

If there have been changes or updates in the curriculum, the prospective foster parent is required to complete those portions of the course.

The Regional Licensing Authority must approve the exemption.

## Documentation

Completion of the parent preparation training is documented in the provider notes in FSFN and a copy of the certificate is uploaded into the Provider File Cabinet.

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## Completion of Parent Preparation Training

Once prospective foster parents have been identified and have completed the parent preparation training, Licensing Specialists continue their information gathering by speaking to the prospective foster parents to gather demographic information.

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State of Florida  
Department of Children and Families

**APPLICATION FOR LICENSE TO PROVIDE  
OUT-OF-HOME CARE FOR DEPENDENT CHILDREN**

Date: \_\_\_\_\_

I / We \_\_\_\_\_  
Applicant One: First Name Middle Name Last Name

also known as \_\_\_\_\_

Applicant Two: First Name Middle Name Last Name

also known as \_\_\_\_\_

Residing at \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Hereby apply for a license to provide Licensed Out-Of-Home Care for children in accordance with the provisions of Section 409.175, Florida Statutes, and agree to cooperate with the study of our home to determine if it meets standards of the Department for licensed out-of-home care for dependent children.

\_\_\_\_\_  
Applicant One Signature Social Security Number<sup>1</sup>

\_\_\_\_\_  
Applicant Two Signature Social Security Number<sup>1</sup>

(All applicants living in the home must sign the application in his/her own handwriting.)

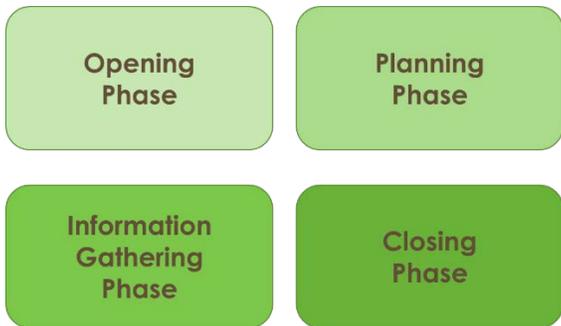
This application may be withdrawn at any time the applicant(s) desires.

**IMPORTANT NOTE:** Pursuant to the Multi-Ethnic Placement Act of 1994 and the Small Business Job Protection Act of 1996, Section 1808, Removal of Barriers to Interethnic Adoption, "race, culture or ethnicity may not be used as a basis for any denial of placement, nor may such factors be used as a reason to delay any foster or adoptive placement. Discrimination is not to be tolerated, whether it is directed toward adults who wish to serve as foster or adoptive parents, toward children who need safe and appropriate homes, or toward communities or populations which may have previously been under-utilized as a resource for placing children."

<sup>1</sup>Disclosure of this information is required for background screening according to Section 409.175(2)(k), F.S.

### The UHS Interview Process

- Goes beyond reading questions and documenting caregivers' responses.
- Requires information gathering beyond yes/no responses.
- Qualitative interview skills must be used to gather the necessary information to assess the relative/non-relative caregiver(s).



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## Demographic Information

Questions that may be asked in gathering this information include:

- What are their full names?
- Did they have any other last names or aliases before?
- What are the dates of birth and social security numbers for all household members?
- Did the prospective foster parent or household members ever live out of state? If so, how long ago and where?
- Do they have frequent visitors?
- Do they have adult children that no longer reside with them? If so, what are their names, dates of birth, addresses and contact information?

Once the demographic information is gathered and documented in FSFN and the UHS is created, the demographic page captures the following information:

- **Case(s) Associated:** Child Welfare Professionals can search for the relevant cases pertaining to the participants.
- **Children Associated:** Based on the case that was selected, any child under 18 years of age and active in a case is also displayed as long as the child has a role designation of “child receiving services”. Child Welfare Professionals must select the child associated with the UHS being completed. Only the child checked as part of the UHS is displayed when the UHS is launched /printed.
- **Contact/Identifying Information** (for caregiver 1 and 2): This populates from the Provider Inquiry page which will be discussed shortly. Child Welfare Professionals must ensure that the social security numbers are verified and that dates of birth, addresses, phone numbers, and length of time in Florida is collected.
- **Other States of Residence and Approximate Dates Lived There:** For both caregiver 1 and 2, Child Welfare Professionals need to enter all of the states that they lived in and the time periods.
- **Home Evaluation:** The Date Initiated field is system derived based on the date that the UHS is launched and required to initially save the UHS page. The Date Completed field is user entered and should capture the date the user completed the home study.





**FSFN Screens**

UHS Demographics tab:

*Florida Safe Families Network* Hand Book Print Audit Spell Check Help ?

**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

**Demographics** | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study

**Case Information**  
 Case(s) Associated

Case ID	Case Name	Investigation ID	Action
Insert			

**Children Associated**

Names (Person ID)	DOB	Age	Relationship to Caregiver(if any)	Court Case Number
Insert				

**Contact/Identifying Information**  
 Rivera, Amanda  
 Date of Birth: 05/27/1986

Save Close

UHS Demographics tab:

*Florida Safe Families Network* Hand Book Print Audit Spell Check Help ?

**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

**Demographics** | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study

**Contact/Identifying Information**  
 Rivera, Amanda  
 Date of Birth: 05/27/1986  
 Viewed SSN Verification:  Yes  No  
 Address: 518 Academy Ave  
 City: Tallahassee  
 County, State & Zip Code: Leon, FL 32399  
 Home Phone:  
 Cell Phone: (850)370-4516  
 Work Phone:  
 Fax:  
 Email Address:  
 Primary Language:  
 Race: White  
 Ethnicity:  
 FL Residence Length: 0 Years - 0 Months

**Other States of Residence and Approximate Dates Lived There**

State	From	To	Action
Insert			

Save Close

UHS Demographics tab:

**Florida Safe Families Network** Hand Book Print Audit Spell Check Help

**General Information**  
 Provider ID: 90000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

**Demographics** | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study | **Actions:**

**Home Evaluation**  
 Date Initiated: 03/22/2018 Date Completed: 00/00/0000

**Provider Notes**

PNID	Begin Date	Date Entered	Note Category	Note Type	Worker Creating Note	Worker Making Contact

**Insert**

**Other Household Members**  
*This includes biological children*

Name	Person ID	Role	SSN Verified	Race/Ethnicity	Gender	Primary Language

All Children Currently Placed OR Exited within 1 Year from Home Evaluation Date Initiated  
 Other Children Placed in the Home (by the Department or Other Agency)

**Save** **Close**

UHS Demographics tab:

All Children Currently Placed OR Exited within 1 Year from Home Evaluation Date Initiated  
 Other Children Placed in the Home (by the Department or Other Agency)

First Name/Last Initial Only	Date of Birth	Age	Placement Type	Placement Begin Date	Placement End Date	Race	Ethnicity	Gender	Primary Language	Client Characteristics

**Non-Household Members**

Name	Person ID	Date of Birth	Role	SSN Verified	Frequent Visitor	Action
Rivera, Rebecca	90000340	03/20/1968	Mother	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<a href="#">Delete</a>

**Insert**

## Background Checks

Licensing Specialists must obtain, verify, and assess background checks of all prospective foster parents and their household members over the age of twelve.

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The following checks are required to be obtained, verified, and assessed:



In addition to the required background checks, other record resources can be accessed in order to gather and/or validate additional background information that will inform if the prospective foster parents or household members past behaviors have negative implications for child safety. These include, but are not limited to:

- FDLE Sexual Offender and Predator Public Website
  - Dru Sjordin National Sexual Offender Website
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## Analysis of Background Checks

A thorough review and analysis of all of the background information gathered provides Licensing Specialists with the insight needed to ensure that the prospective foster parent will qualify to become a licensed foster home.

When reviewing the criminal, abuse and/or neglect records obtained, Licensing Specialists must assess for patterns of criminal or other negative behavior. Foster parents are screened under Chapter 435 for Level II offenses.

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## Documentation

Within FSFN, Licensing Specialists must document the records obtained and their thorough analysis of the background check results within the Background Check Information page.

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How to locate document dates and statuses for background histories received on the Background Check information tab:

**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

**Background Check Information**

**Criminal Background Check Request**  
 Request Type:  Planned Placement  Emergency Placement

Back-ground Check?	Name	Age	Last Background Check	Local Effective Date	Fingerprint Result Received	Date Received	Action
<input type="checkbox"/>	Rivera, Amanda	31			<input checked="" type="radio"/> Yes <input type="radio"/> No	03/22/2018	Child Not Placed Disqualifying Offenses <b>No Disqualifying Offenses</b> Pending Receipt of Results Requested in Error - Planned Not Emergency Requires Additional Review Unable to Submit
<input type="checkbox"/>	Rivera, Rebecca	50			<input type="radio"/> Yes <input type="radio"/> No	00/00/0000	Delete

**Criminal Background Checks Completed**  
*Criminal Records have been checked by the caregiver(s), all adults and other persons living in the home as required. This may also include background checks for other individuals (Visitors, other individuals who may have supervised contact with the child(ren)):*

Name	Action

Additional background checks not listed above (include name of check, (e.g. driving record, civil court) name of individual's screened and date of results):

**Clearance Issues (Analysis of Background Check Results and All)**  
 Local Backgrounds: No records found for Amanda Rivera  
 Clerk of Court: No records found for Amanda Rivera, except traffic offenses.  
 FL Department of Corrections: No records found for Amanda Rivera.  
 Sexual Offenders: No records found for Amanda Rivera

Buttons: Save, Close

Where to document the background analysis in the Clearance Issues text box:

**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

**Background Check Information**

**Criminal Background Check Request**  
 Request Type:  Planned Placement  Emergency Placement

Back-ground Check?	Name	Age	Last Background Check	Local Effective Date	Fingerprint Result Received	Date Received	Action
<input type="checkbox"/>	Rivera, Amanda	31			<input checked="" type="radio"/> Yes <input type="radio"/> No	03/22/2018	Child Not Placed Disqualifying Offenses <b>No Disqualifying Offenses</b> Pending Receipt of Results Requested in Error - Planned Not Emergency Requires Additional Review Unable to Submit
<input type="checkbox"/>	Rivera, Rebecca	50			<input type="radio"/> Yes <input type="radio"/> No	00/00/0000	Delete

**Criminal Background Checks Completed**  
*Criminal Records have been checked by the caregiver(s), all adults and other persons living in the home as required. This may also include background checks for other individuals (Visitors, other individuals who may have supervised contact with the child(ren)):*

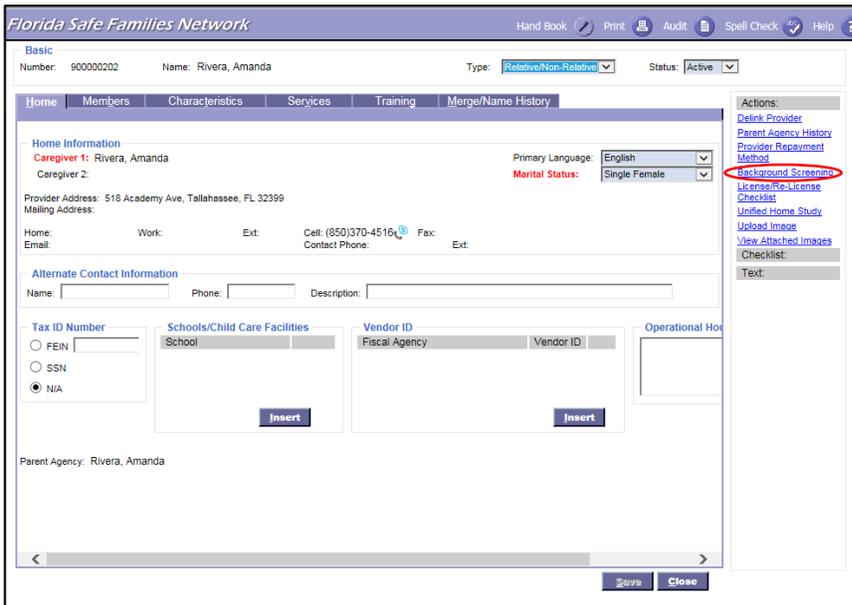
Name	Action

Additional background checks not listed above (include name of check, (e.g. driving record, civil court) name of individual's screened and date of results):

**Clearance Issues (Analysis of Background Check Results and All)**  
 Local Backgrounds: No records found for Amanda Rivera  
 Clerk of Court: No records found for Amanda Rivera, except traffic offenses.  
 FL Department of Corrections: No records found for Amanda Rivera.  
 Sexual Offenders: No records found for Amanda Rivera

Buttons: Save, Close

### Updating criminal history dates:



Where to insert clearance from different sources:

**Person Provider Information**

Provider Name: Kimi Qlsmhlm    Provider Type: Relative/Non-Relative    Worker:  
Provider ID: 100192984    Provider Status: Active    Last Updated: 01/23/2018

**Screened Records**

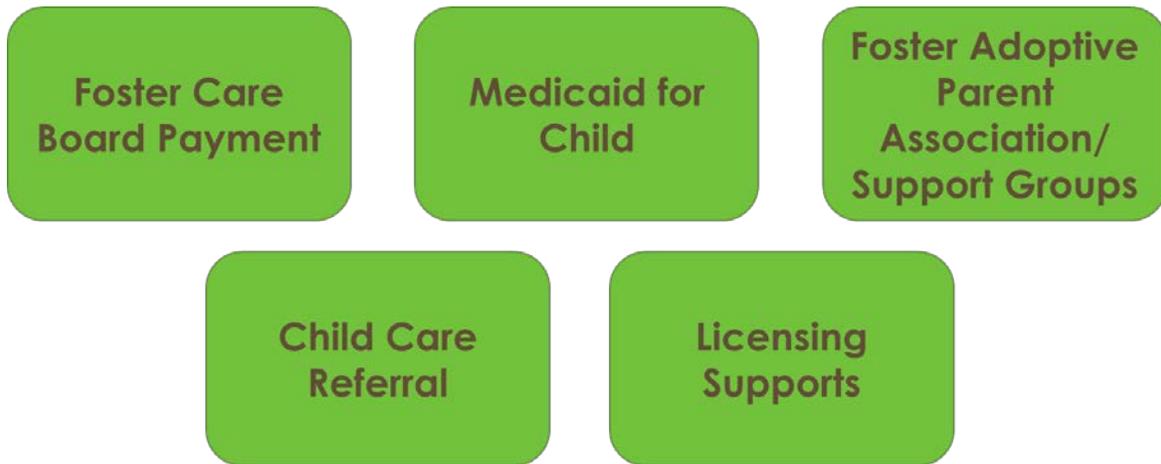
Name	Cleared? Yes No	Source	LOCAL	FDLE	FBI	FL Abuse Registry	OS Abuse Registry
Qlsmhlm, Kimi	<input type="radio"/> Yes <input checked="" type="radio"/> No	Effective Date: 01/23/2018	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
		Expiration Date: 00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
Qlsmhlm, Montrey	<input type="radio"/> Yes <input checked="" type="radio"/> No	Effective Date: 01/23/2018	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000
		Expiration Date: 00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000	00/00/0000

**Background Screening Summary**

NA

Buttons: Insert, Save, Close

## Foster Care Supports




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## Financial Security, Resources, and Child Care Arrangements

In the UHS, there are four areas of information used to assess the caregiver's financial situation:

1. **Finance Breakdown:** Information about the caregiver's current employment and the income they earn from each place of employment
  - Employer Name: Includes all current employers for each caregiver.
  - Employer Address
  - Length of Current Employment: The length is measured in years and months.
  - Hours and Shifts Worked
  - Net Monthly Salary: Total amount of money brought home after taxes and other expenses.

2. **Additional Monthly Support:** Information about other sources of income, outside of employment, that a caregiver or household member is contributing to the household.
  - Who Is Receiving the Additional Income (Member Name)
  - Income Type: Type of income that is being received. Options in dropdown menu in FSFN include:
    - Adoption subsidy
    - Disability benefits
    - Retirement benefits
    - Social Security benefits
    - Temporary Cash Assistance
    - Other
  - Income Amount: Amount of money from each specified type of income.
  
3. **Household Information:** Information on all of the expenses caregivers have on a monthly basis.
  - Expense Type: Type of expense that has been identified.
  - Expense Amount: Monthly expense amount for each selected expense type.
  - Combined Monthly Income, Total Monthly Expenses, and Net Monthly Income: This information is totaled by FSFN which allows for easy viewing.
  
4. **Family Situation:** Financial strengths/needs of the relative/non-relative placement. Includes the identification of any financial barriers and possible assistance that can be provided to the caregivers.
  - Does the family have sufficient funds to support their current expenses?
  - Will child care or after-school care be needed?
  - What new expenses are anticipated for the child(ren) to be placed in the home?
  - Will the family be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family?
  - Were all available assistance programs discussed with the family? If yes, explain. If no, why not.
  - What assistance programs will the family need in order to help ensure placement stability?

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## Prospective Foster Parent Employment

While completing the financial information, Licensing Specialists may learn that the prospective foster parent or a household member is an employee of the Department, county sheriff's offices, community-based care lead agencies and/or their subcontracted providers.



**FSFN Screens**

### Employment Information:

*Florida Safe Families Network* Hand Book Print Audit Spell Check Help

**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:									
<b>Finance Breakdown</b> <b>Employment Information</b> <table border="1"> <thead> <tr> <th>Member Name</th> <th>Employer Name</th> <th>Net Monthly Salary</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Rivera, Amanda (900000240)</td> <td>Walmart</td> <td>\$2,000.00</td> <td><a href="#">Edit</a> <a href="#">Delete</a></td> </tr> </tbody> </table> <p style="text-align: center;"><a href="#">Insert</a></p>						Member Name	Employer Name	Net Monthly Salary	Action	Rivera, Amanda (900000240)	Walmart	\$2,000.00	<a href="#">Edit</a> <a href="#">Delete</a>	<b>Text:</b> <a href="#">Unified Home Study</a> <a href="#">Prior Maltreatments or Findings/Referrals</a>	
Member Name	Employer Name	Net Monthly Salary	Action												
Rivera, Amanda (900000240)	Walmart	\$2,000.00	<a href="#">Edit</a> <a href="#">Delete</a>												
<b>Additional Monthly Support or Income</b> <table border="1"> <thead> <tr> <th>Member Name</th> <th>Income Type</th> <th>If Other, Specify</th> <th>Income Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Rivera, Amanda (900000240)</td> <td>Other</td> <td>Food Stamps</td> <td>\$200.00</td> <td><a href="#">Delete</a></td> </tr> </tbody> </table> <p style="text-align: center;"><a href="#">Insert</a></p>						Member Name	Income Type	If Other, Specify	Income Amount	Action	Rivera, Amanda (900000240)	Other	Food Stamps	\$200.00	<a href="#">Delete</a>
Member Name	Income Type	If Other, Specify	Income Amount	Action											
Rivera, Amanda (900000240)	Other	Food Stamps	\$200.00	<a href="#">Delete</a>											
<b>Household Information</b> Combined Monthly Income: \$2,200.00 Total Monthly Expenses: \$1,789.00															

Adding Employment Details:

Employment Details -- Webpage Dialog  
**Florida Safe Families Network**    Print    Audit    Spell Check    Help

**Employment Details**

Member Name:

Employer Name:

Employer's Address:

Length of Current Employment:    Years:     Months:

Hours and Shifts Worked:

Net Monthly Salary (after taxes):   
(if paid weekly or bi-weekly, calculate into monthly amount)

Adding Additional Monthly Support or Income:

**Additional Monthly Support or Income**

Member Name	Income Type	If Other, Specify	Income Amount	Action
Rivera, Amanda (900000240)	Other	Food Stamps	\$200.00	Delete
<input type="text"/>	<ul style="list-style-type: none"> <li>Adoption Subsidy</li> <li>Disability Benefits</li> <li>Other</li> <li>Retirement Benefits</li> <li>Social Security Benefits</li> <li>Temporary Cash Assistance</li> </ul>		\$0.00	Delete

Adding Monthly Expenses:

<b>Household Information</b>		<b>Monthly Expenses</b>	
Combined Monthly Income: \$2,200.00		Car Payment	\$269.00 <a href="#">Delete</a>
Total Monthly Expenses: \$1,789.00		Car Insurance	\$200.00 <a href="#">Delete</a>
Net Monthly Income: \$411.00		Car Payment	\$200.00 <a href="#">Delete</a>
		Child Care	\$125.00 <a href="#">Delete</a>
		Food/Supplies	
		Housing	
		Medical	
		Other Expense	Cable/Internet \$75.00 <a href="#">Delete</a>
		Transportation	
		Utilities	
		<a href="#">Insert</a>	

Family Situation:

**Florida Safe Families Network** Hand Book Print Audit Spell Check Help

General Information  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:
<b>Family Situation</b>						<a href="#">Approve</a> <a href="#">Upload Image</a>
1. Does the family have sufficient funds to support their current expenses? <input checked="" type="radio"/> Yes <input type="radio"/> No						Text: <a href="#">Unified Home Study</a> <a href="#">Prior Malpractice or Findings/Referrals</a>
Amanda has sufficient funds to manger her current expenses.						
2. Will child care or after-school care be needed? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Amanda will need child care for Jacob and before/after school care for Jenna.						
3. What new expenses are anticipated for the child(ren) to be placed in the home?						
Amanda will need beds, clothing and toys for the children. There will also be a need for additional food. Child care and before/after school care will be an additional expense.						
4. Will the family be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family? <input checked="" type="radio"/> Yes <input type="radio"/> No						
There appears to be no concerns for financial hardship if Jenna and Jacob are placed in the home.						
5. Were all available assistance programs discussed with the family? if yes, explain. If no, why not. <input checked="" type="radio"/> Yes <input type="radio"/> No						
Amanda is currently receiving food stamps and will be adding the children to her account. She is aware of either applying for Medicaid or adding the children to her health insurance. Relative/Non-Relative Caregiver funds was explained to Amanda.						
6. What assistance programs will the family need in order to help ensure placement stability? (List all)						
Besides additional food stamps, health insurance and child care, no other assistance is needed						
7. Is the family willing to adopt this child without subsidy? <input type="radio"/> Yes <input type="radio"/> No						

## Narrative Family Assessment

Licensing Specialists conduct a narrative family assessment to gather the needed information to fully evaluate the caregiver's ability to provide a safe and nurturing environment for the child.

This assessment is not limited to just caregivers and needs to be reflective of all household members.

Not all questions listed as part of the Narrative Family Assessment are required for the Initial or Re-licensing UHS. It is best practice to answer all questions as best possible, but the questions with grey text boxes are not required for the completion of the home study.

The Narrative Family Assessment is split up into nine areas:

1. **Assess Caregiver:** This is where Licensing Specialists assess the caregiver(s) and the family environment. There are 15 assessment questions. The questions are:
  - Question 1: Explain any experiences with child abuse or neglect; alcohol and/or substance abuse treatment; or domestic violence. Describe whether the history, if any, involved either of the caregiver(s) of the child being placed or the child. Explain how experiences may positively or negatively impact the ability of the caregiver(s) to care for and protect the child(ren).
    - *This question is required for ALL home study types.*
  - Question 2: Explain any caregiver health or mental health conditions that may interfere with the ability of the caregiver(s) to care for the child. Explain how the caregiver will address any challenges.
    - For example, the caregiver takes medications that may result in drowsiness, causing restrictions in the caregiver's ability for driving a vehicle; or the caregiver has significant individual needs that might affect the safety of the child such as severe depression, lack of impulse control, medical needs, other current caregiving demands, etc.
  - a. The prospective foster parent will need to disclose health history for themselves and each member of the household, to include current physical, mental or emotional health status, any condition that is progressive and debilitating in its course, and any past and current treatment and services received for such condition.
    - *This question is required for ALL home study types.*

- Question 3: Explain how the caregiver(s) will participate in a team supporting the child's safety, permanency and well-being by sharing necessary information with others on the team, maintaining the confidentiality of the child and caregiver as required and participating in planning activities, court hearings, staffings and other key meetings.
  - *This question is required for ALL home study types EXCEPT Emergency home studies.*
  
- Question 4: Explain how the caregiver(s) are willing and able to make a loving commitment to the child(ren)'s safety and well-being. This may include but is not limited to the following:
  - a. Providing appropriate supervision and positive methods of discipline including previous discipline, including previous discipline and parenting experiences.
  - b. Encouraging the child in his/her strengths, and respecting the child's individual likes and dislikes.
  - c. Providing opportunities to develop the child's interests and skills.
  - d. Maintaining awareness of the impact of trauma on behavior and the caregiver's knowledge of trauma.
  - e. Involving the child in family and community activities.
  - f. Providing transportation to school, child care, extracurricular activities, etc.
  - g. Ensuring the child's safety by employing appropriate physical safety measures, including in the household, for transportation, and with pets.
    - *This question is required for ALL home study types.*
  
- Question 5: Explain how the caregiver(s) are willing and able to:
  - a. Respect and honor any child's culture, religion and ethnicity. It is important for the caregiver to have the commitment of the caregiver to value, respect, appreciate, and educate the child regarding his or her racial and ethnic heritage and to permit the child the opportunity to know and appreciate that ethnic and racial heritage.
  - b. Adapt to and support any child's individual situation, including sexual orientation and family relationships.
  - c. If the caregiving family's religion, culture, or other factors will impair their ability to meet the needs of any child, please explain what the family's limitations are, and how limitations could impact any child placed in their home.
    - The Licensing Specialist will also need to gain an understanding about the prospective caregiver's religion in order to assess and document the family's attitudes regarding seeking medical treatment, celebrating holidays or birthdays.
    - *This question is required for ALL home study types.*

- Question 6: Explain how the caregiver(s) are willing and able to commit to maintaining any child they accept in their home until such time as it is in the child's best interest to leave the home.
    - *This question is required for ALL home study types.*
  
  - Question 7: Explain how the caregiver(s) will address challenges in caring for the child(ren) to be placed, including available supports and resources.
    - a. These challenges may include, but are not limited to, behaviors that are a significant threat to others, juvenile sexual abuse, problematic sexual behavior, severe self-harm behavior, etc.
    - b. The caregiver is caring for the other children or adults which results in significant demands on their time.
    - c. The caregiver is caring for family members with mental health or medical conditions that might result in harm to the child.
      - *This question is required for ALL home study types.*
  
  - Question 8: Explain how the caregiver(s) are willing and able to participate in transition planning for the child(ren).
    - *This question is required for ALL home study types EXCEPT Emergency home studies.*
  
  - Question 9: Explain how the caregiver(s) are willing and able to assist the biological caregivers in improving their ability to care for and protect their children and to provide continuity for the child after reunification.
    - *This question is required for ALL home study types EXCEPT Adoption and Adoption Addendum.*
  
  - Question 10: Explain how the caregiver(s) are willing and able to assist the child(ren) in family time/visitation and other forms of communication including Post Licensing s Communication Plans when appropriate.
    - *This question is required for ALL home study types.*
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- Question 14: Explain how the caregiver(s) are willing and able to support the child(ren)'s school success by:
  - a. Participating in school activities and meetings, including disciplinary and/or IEP (Individualized Education Plan) meetings.
  - b. Assisting with school assignments, supporting tutoring programs, meeting with teachers, and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities.
  - c. For any child who has a disability, or is suspected of having a disability, to attend Educational Surrogate Parent training, if needed or recommended by the court, and thereafter, advocate for the child(ren) in the school system.
  - d. Maintaining the children in the school of origin, if it is in the child(ren)'s best interest to do so.
  - e. Maintaining the child(ren) in the school of origin until an appropriate grading break in the academic year, if not possible or not in the child(ren)'s best interest to remain in the school of origin for the remainder of the school year.
    - *This question is required for ALL home study types.*
  
- Question 15: Is the family willing and able to provide placement for any siblings?
  - a. The needs of each individual child must be considered, as well as the family's demonstrated efforts to maintain the sibling connection.
    - *This question is required for ALL home study types.*

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2. **Motivation:** This area of assessment is where Licensing Specialists describe the motivations the caregivers have to be approved as a foster home. If it is a two-parent household, Licensing Specialists need to address both caregivers' mutual desire to care for children. This includes, but is not limited to, gaining an understanding of the following:
- What is the commitment to fostering for parents and family?
    - *This question is required for ALL home study types.*
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3. **Education and Employment:** This area of assessment differs from the financial employment questions previously discussed. Here Licensing Specialists are not detailing where caregivers work or how much money they make, but how their education and /or employment history has helped prepare them to care for a child. In this area of assessment, Licensing Specialists will:
- Describe how the caregiver(s)' education, special training or employment history helps prepare them to care for a child.
  - Discuss if the person may have any challenges, including but not limited to the caregiver(s)' past difficulties in school, a specific learning disability or his/her current work schedule.
    - *This question is required for ALL home study types.*
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4. **Family History:** This area used to be called Family Life in previous home studies. Here Licensing Specialists describe the relationships between household members, extended family, and friends. This means gaining a clear understanding of the elements below:
- Describe/discuss relationships between household members and extended family and friends. Consideration should be given as to stability of the marriage and/or any significant relationships. In determining stability, Licensing Specialists need to consider the length of the marriage or relationship and any history of repeated separations and reconciliations.
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- Identify the family's formal and informal support systems, including current and anticipated child care arrangements.
- Describe the family's cultural and religious beliefs and their willingness to accommodate children of different faiths, beliefs, ethnicities, and/or cultures.
- Discuss each caregiver's history to include any past trauma that could impact the family's ability to provide quality care to children.
- Describe attitudes towards children and caregivers involved in the Child Welfare System.
- Describe how family members have demonstrated capacity to caregiver children with special needs.
- Discuss any significant losses by the family members and any coping mechanisms used to manage such loss.
  - *This question is required for ALL home study types.*

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5. **Child(ren) To Be Placed Interview(s):** This is a new area of assessment included in the UHS. This area allows Licensing Specialists to interview the child and gain their understanding and/or feelings about being placed in the home.
- Discuss and assess the child(ren)'s understanding or feeling about being placed in the home. Document any concerns or needs that they would want the prospective foster parent(s) to know about them.
  - For an Initial or Re-licensing UHS where there is no child identified, Licensing Specialists will state “There are not children identified for this home” when completing this section.
    - *This question is required for ALL home study types.*

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6. **References and Reviews:** This is also a new area of assessment within the UHS, but not a new requirement for prospective foster parents. Licensing Specialists are already required to collect and contact references. Now they will be able to document these references in the Licensing UHS. References include:
- Three personal references who are not related to the prospective foster parent and who have known the prospective foster parent for at least two years.
  - References from the adult children of each applicant. These references need to address the applicant's suitability to become a licensed out-of-home caregiver.
  - References from school personnel of each school-age child residing in the home.
  - References from the childcare provider of any preschool-age child residing in the home who is enrolled in a child care program.
  - References and documentation regarding any previous licensure as out-of-home caregivers.
  - All unsuccessful attempts to solicit information and references from the prospective foster parent's adult children have to be documented, and the overall impact of the missing information must be considered as a part of the recommendation to grant or deny a license.
    - *This question is required for ALL home study types.*
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7. **Child History:** This area of assessment is also a new to the UHS. Here the Licensing Specialist will describe each child that is currently living in the home. When families already have children the anticipated impact of a new child on the family must be considered. Contact must be made with all children of the Prospective Foster parents in order to determine the anticipated impact on the family.
- Describe each child living in the home separately, including developmental history/issues, personality, health, education level, special needs and behavioral challenges.
  - In addition, describe/discuss the adjustment and integration of children previously adopted by or placed with the family.

- Discuss with all family members any failed placements in terms of the cause, resolution, and any differences or changes that will be made as a result of lessons learned.
  - A prospective Licensing caregiver who experienced a Licensing disruption or dissolution in the past must be assessed regarding the reasons for the disruption or dissolution, the family's openness in dealing with the problems that led to the disruption or dissolution, their willingness to accept help with the problems, and their continued support of the child through his or her change of placement.
    - *This question is required for ALL home study types.*
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8. **Physical Environment:** Licensing Specialists need to ensure that they capture a detailed assessment of the entire home. It is important to ensure that the living environment is free of any potential hazards and the sleeping arrangements are appropriate for the age of the child.
- Discuss the physical environment, such as a description of the home including the number of bedrooms and bathrooms, type and number of available beds and current sleeping arrangements, storage space for children's personal belongings, living area, dining area and other interior space.
  - Discuss the results of the required radon test.
  - Interior and exterior photographs must be included. Interior photographs shall include all common living areas, the child's bedroom and bathroom, the storage space for the child's personal belongings, and any other area to which the child may have access.
  - A description of safety precautions in the home, including an evacuation plan, location and verification of operating fire extinguishers and smoke detectors, storage of medications, cleaning supplies, toxins, and safety nets for trampolines. The description must also include the storage of alcoholic beverages, location of burglar bars, fireplaces, handrails on stairways, and space heaters, if applicable.
  - Licensing Specialists need to assess water safety and provide a description of the outdoor area, including swimming pools, canals, ponds, lakes, streams, septic tanks, and other potential water hazards.
  - Licensing Specialists need to discuss and document the discussion with the prospective foster parent regarding the requirements for supervision and how the applicant will ensure safety and adequate supervision of the child.

- Licensing Specialists need to determine that the prospective foster parent has transportation that is available 24 hours a day. All vehicles used to transport the child must be in safe condition and equipped with seat belts and care seats for each child transported.
    - The vehicles also need to be smoke free, including e-cigarettes and vapor smoke, when the child is being transported.
  - Licensing Specialists need to obtain a description of any household pets, exotic pets, or livestock residing on the premises. The descriptions should include observations of the care, behavior, and/or maintenance and safety plan relating to each animal.
    - The vaccination of animals as required needs to be verified. The prospective foster parent needs to have measures in place to assure safety of children from any potentially dangerous animals.
  - The Licensing must also complete and discuss the results of the “Foster Home Inspection Checklist”.
    - *This question is required for ALL home study types.*
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9. **Family Supports and Resources:** This new addition to the UHS allows Licensing Specialists to fully describe what support system currently exist in the family’s life.
- Describe if the applicant(s) have a well-developed support system comprised of extended family, friends and community organizations that affirms the applicant's decision to provide care for a child placed in their home.
  - If there were an unforeseen emergency, whom would they identify as using for respite, or additionally, for long term planning?
  - What is their willingness to engage in recommended services such as therapy and support group, etc.?  
 – *This question is required for ALL home study types.*
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**FSFN Screens**

Narrative Family Assessment Assess Caregiver(s) Questions:

Florida Safe Families Network						Hand Book	Print	Audit	Spell Check	Help
<b>General Information</b> Provider ID: 900000202    Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA)    Purpose of Home Study: Non-Relative Placement    Pending										
Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	<b>Narrative Family Assessment</b>	Outcome/ Attachments to the Unified Home Study	<b>Actions:</b>				
<p><i>The purpose of this section is to assess the caregiver(s) ability to provide a safe and nurturing environment in accordance with Florida Statute and Administrative Code, and Department of Children and Families Operating Procedures.</i></p> <p><b>Assess Caregiver(s)</b></p> <p>1. Explain any experiences with child abuse or neglect; alcohol and/or substance abuse treatment; or domestic violence. Describe whether the history, if any, involved either of the parent(s) of the child being placed or the child. Explain how experiences may positively or negatively impact the ability of the caregiver(s) to care for and protect the child(ren).                      *Reference any other household members (if applicable)*</p> <p>Amada stated she does not drink socially and deny a history of substance abuse and domestic violence. She denied a history of childhood abuse or neglect. Amada feels she had a great childhood</p> <p>2. Explain any caregiver health or mental health conditions that may interfere with the ability of the caregiver(s) to care for the child. Explain how the caregiver will address any challenges. (For example, the caregiver takes medications that may result in drowsiness, causing restrictions in the caregiver's ability for driving a vehicle; or the caregiver has significant individual needs that might affect the safety of the child such as severe depression, lack of impulse control, medical needs, other current caregiving demands, etc.)                      *Reference any other household members (if applicable)*</p> <p>Amada denied having any medical or mental health conditions that would interfere with her ability to being a caregiver. Amada does take Lisonopril 25mg for hypertension and Metoprolol for gout. She does not take any medications that would contribute to her sleeping when she is in care of the children.</p> <p>3. Explain how the caregiver(s) will participate in a team supporting the child's safety, permanency and well-being by:                      a) Sharing necessary information with others on the team maintaining the confidentiality of the child and caregiver as required by law, regulation and professional ethics.                      b) Participating in planning activities, court hearings, staffings and other key meetings.                      *Reference any other household members (if applicable)*</p> <p>Amada stated she is willing to participate in any meetings, court hearings or staffings that are necessary to advocate for the children. She will take the children to any recommended appointments for the children and will ensure the children are at every appointment. She wants to be informed of the case and understand what is occurring in the dependency process. She hopes the parents will participate in the process to be able to care for the children again. She understands the importance of ensuring the children's involvement with services identified.</p>						Approval	Upload Image			
						<b>Text:</b>				
						<a href="#">Unified Home Study</a> <a href="#">Prior Maltreatments or Findings/Referrals</a>				

Narrative Family Assessment – Assess Caregiver(s) Questions:

**Florida Safe Families Network** Hand Book | Print | Audit | Spell Check | Help

**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:
<p>4. Explain how the caregiver(s) are willing and able to make a loving commitment to the child(ren)'s safety and well being. This may include but is not limited to the following:</p> <ul style="list-style-type: none"> <li>a) Providing appropriate supervision and positive methods of discipline.</li> <li>b) Encouraging the child in his/her strengths, and respecting the child's individual likes and dislikes.</li> <li>c) Providing opportunities to develop the child's interests and skills.</li> <li>d) Maintaining awareness of the impact of trauma on behavior.</li> <li>e) Involving the child in family and community activities.</li> <li>f) Providing transportation to school, child care, extracurricular activities, etc.</li> <li>g) Ensuring the child's safety by employing appropriate physical safety measures, including in the household, for transportation, and with pets.</li> </ul> <p><b>*Reference any other household members (if applicable)*</b></p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">                     Amanda states that she is attached to the children. She wants the Jenna and Jacob to be safe and healthy. She is willing to provide transportation to any doctor appointments or any other necessary appointments. She is willing to provide and maintain the safety measures in his home to ensure the safety of the children. She is aware that as the children grow, if still in her care, there may be behavioral changes and/or difficulties. She would be supportive to engage the children in any needed services that are recommended or identified that the children would benefit from. She will remain with the children at all times when in the home and provide                 </div> <p>5. Explain how the caregiver(s) are willing and able to:</p> <ul style="list-style-type: none"> <li>a) Respect and honor any child's culture, religion and ethnicity.</li> <li>b) Adapt to and support any child's individual situation, including sexual orientation and family relationships.</li> </ul> <p>If the caregiving family's religion, culture, or other factors will impair their ability to meet the needs of any child, please explain what the family's limitations are, and how limitations could impact any child placed in their home.</p> <p><b>*Reference any other household members (if applicable)*</b></p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">                     Amanda is willing to continue their family traditions with the children. She is willing to provide any type of special support that the children will need while living in her home. She would like the children to learn about other cultures and religions. She wants the children to learn about many cultures and religions and identify with whichever one they desire. She does not want to sway the children's beliefs in any way and support them with whichever religion they choose. She will support the children regardless of what sexual orientation they will identify with if they are still in her home at an older age.                 </div> <p>6. Explain how the caregiver(s) are willing and able to maintain any child they accept in their home until such time as it is in the child's best interest to leave the home.</p> <p><b>*Reference any other household members (if applicable)*</b></p> <div style="border: 1px solid #ccc; padding: 2px;">                     Amanda is willing and able to keep the children as long as needed in her home. She has hope that the parents will recover and will be able to reunify with the children. If the children reunify with their parents she is willing to continue her relationship with the children. She is willing to have the children in her home for as long as needed. There is nothing that would change her mind in caring for the children at this time. Financially she is able to support the children without any added financial burden.                 </div>						<p><a href="#">Approval</a></p> <p><a href="#">Upload Image</a></p> <hr/> <p><b>Text:</b></p> <p><a href="#">Unified Home Study</a></p> <p><a href="#">Prior Maltreatments or Findings/Referrals</a></p>

Narrative Family Assessment – Assess Caregiver(s) Questions:

**Florida Safe Families Network** Hand Book | Print | Audit | Spell Check | Help

**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:
<p>7. Explain how the caregiver(s) will address challenges in caring for the child(ren) to be placed, including available supports and resources.</p> <ul style="list-style-type: none"> <li>a) These challenges may include, but are not limited to, behaviors that are a significant threat to others, juvenile sexual abuse, problematic sexual behavior, severe self-harm behavior, etc.</li> <li>b) The caregiver is caring for the other children or adults which results in significant demands on their time.</li> <li>c) The caregiver is caring for family members with mental health or medical conditions that might result in harm to the child.</li> </ul> <p><b>*Reference any other household members (if applicable)*</b></p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">                     Amanda stated that she has no challenges to provide care for the children. She is aware that the children will need special care and they have her best interest. If any issues arise for the children, she is willing to have the children enter services and receive the assistance from professionals that is needed at that point in time.                 </div> <p>8. Explain how the caregiver(s) are willing and able to participate in transition planning for the child(ren).</p> <p><b>*Reference any other household members (if applicable)*</b></p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">                     Amanda stated she is willing to participate in transition planning for the children and will help maintain a relationship with them after they leave the home. She is open to any suggestions that are presented on how to make this transition easy for the children. She will maintain a strong relationship with them.                 </div> <p>9. Explain how the caregiver(s) are willing and able to assist the biological caregivers in improving their ability to care for and protect their children and to provide continuity for the child after reunification.</p> <p><b>*Reference any other household members (if applicable)*</b></p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;">                     Amanda stated she is willing to assist the parents with improving their life to be able to care and protect the children. She is willing to help with reunification as long as the parents are providing a caring, loving and safe environment for the children. She wants the parents to become stable and drug free to be able to fully care for their children. She is willing to participate in identified services with the parents to help better themselves. She desires for the parents to become stable and able to care for their children. She has attempted to help the parents in the past.                 </div> <p>10. Explain how the caregiver(s) are willing and able to assist the child(ren) in family time/visitation and other forms of communication including Post Adoptions Communication Plans when appropriate.</p> <p><b>*Reference any other household members (if applicable)*</b></p> <div style="border: 1px solid #ccc; padding: 2px;">                     Amanda is willing to assist with visitation for the parents in her home and able to communicate with both parents appropriately. She is willing to supervise contact between the parents and the children should it be approved by the courts.                 </div>						<p><a href="#">Approval</a></p> <p><a href="#">Upload Image</a></p> <hr/> <p><b>Text:</b></p> <p><a href="#">Unified Home Study</a></p> <p><a href="#">Prior Maltreatments or Findings/Referrals</a></p>

Narrative Family Assessment – Assess Caregiver(s) Questions:

**Florida Safe Families Network** Hand Book | Print | Audit | Spell Check | Help ?

**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:
<p>11. Explain how the caregiver(s) are willing and able to maintain records and ensure that these records are made available to other partners that are important to the child welfare system and to the child and family, that are important to any child's well being including child resource records, medical records, school records and all psychotropic medication records.                      *Reference any other household members (if applicable)*</p> <p>Amanda is willing to maintain all records pertaining to the children. She is also willing to provide their records to other partners in the child welfare system. She will obtain and organizer to maintain the children's records.</p>					<p><b>Text:</b></p> <p><a href="#">Unified Home Study</a></p> <p><a href="#">Prior Maltreatments or Findings/Referrals</a></p>	<p><a href="#">Approval</a></p> <p><a href="#">Upload Image</a></p>
<p>12. Explain how the caregiver(s) are willing and able to advocate for children in their care as needed with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers.                      *Reference any other household members (if applicable)*</p> <p>Amanda is willing to advocate for whatever is the best interest of the children. Should she be required to testify or speak to the courts she is willing to do so. There are no limits that he has identified that would place her in a situation to not do something for the children.</p>						
<p>13. Explain the willingness and ability of the caregiver(s) to participate fully in any child's medical, educational, psychological, special or physical needs and dental care. This includes providing transportation, attending appointments and communicating with professionals.                      *Reference any other household members (if applicable)*</p> <p>Amanda is willing to participate fully in any type medical or any other needs which will benefit the children. This will include providing transportation, attending appointments and communicating with professionals.</p>						
<p>14. Explain how the caregiver(s) are willing and able to support the child(ren)'s school success by:                      a) Participating in school activities and meetings, including disciplinary and/or IEP (Individualized Education Plan) meetings.                      b) Assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities.                      c) For any child who has a disability, or is suspected of having a disability, to attend Educational Surrogate Parent training, if needed or recommended by the court; and thereafter advocate for the child(ren) in the school system.                      d) Maintaining the children in the school of origin, if it is in the child(ren)'s best interest to do so.</p>						

Narrative Family Assessment – Assess Caregiver(s) Questions:

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**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:
<p>14. Explain how the caregiver(s) are willing and able to support the child(ren)'s school success by:                      a) Participating in school activities and meetings, including disciplinary and/or IEP (Individualized Education Plan) meetings.                      b) Assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities.                      c) For any child who has a disability, or is suspected of having a disability, to attend Educational Surrogate Parent training, if needed or recommended by the court; and thereafter advocate for the child(ren) in the school system.                      d) Maintaining the children in the school of origin, if it is in the child(ren)'s best interest to do so.                      e) Maintaining the child(ren) in the school of origin until an appropriate grading break in the academic year, if not possible or not in the child(ren)'s best interest to remain in the school of origin for the remainder of the school year.                      *Reference any other household members (if applicable)*</p> <p>Amanda is willing to participate in any school services that are needed for the children. She will assist with assignments, support any school programs and meet with educators.</p>					<p><b>Text:</b></p> <p><a href="#">Unified Home Study</a></p> <p><a href="#">Prior Maltreatments or Findings/Referrals</a></p>	<p><a href="#">Approval</a></p> <p><a href="#">Upload Image</a></p>
<p>15. Is the family willing and able to provide placement for any siblings? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undecided</p> <p>Amanda is willing to care for both children.</p>						
<p><i>This section is intended to be a descriptive narrative assessment to further describe the overall functioning of the family and their capacity to provide (or to continue to provide) a safe and appropriate placement for children.</i></p> <p><b>MOTIVATION</b>                      Describe the motivation to foster, adopt or be approved as a relative/non-relative caregiver. If a two-parent household, address both caregivers' mutual desire to care for the child. This includes but is not limited to the following:                      a) What is the alignment of the caregiver(s) with the child?                      b) What is the understanding of the caregiver(s) of the danger threats that make the child unsafe?                      c) What is the commitment of the caregiver(s) to implement and adhere to the safety plan?                      d) What is the willingness of the caregiver(s) to help the child achieve permanency?</p>						

### Narrative Family Assessment – Motivation and Education and Employment:

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**General Information**  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:
<p><i>This section is intended to be a descriptive narrative assessment to further describe the overall functioning of the family and their capacity to provide (or to continue to provide) a safe and appropriate placement for children.</i></p> <p><b>MOTIVATION</b></p> <p>Describe the motivation to foster, adopt or be approved as a relative/non-relative caregiver. If a two-parent household, address both caregivers' mutual desire to care for the child. This includes but is not limited to the following:</p> <ol style="list-style-type: none"> <li>What is the alignment of the caregiver(s) with the child?</li> <li>What is the understanding of the caregiver(s) of the danger threats that make the child unsafe?</li> <li>What is the commitment of the caregiver(s) to implement and adhere to the safety plan?</li> <li>What is the willingness of the caregiver(s) to help the child achieve permanency?</li> </ol> <p>Amanda wishes to care for the children as she has been close to the family since Jenna was an infant. She loves both of them and wants to be in their lives. She works full time, 10 hours a day. So she will be able to spend time with the children and ensure their needs are met. She is willing to have the children in her home as long as needed. There is nothing that would change her mind in caring for the children at this time. Financially she is able to support the children without any added financial burden..</p> <p><b>EDUCATION AND EMPLOYMENT</b></p> <p>Describe how the caregiver(s) education, special training or employment history helps prepare them to care for a child. Discuss whether the person may have any challenges, including but not limited to the caregiver(s) past difficulties in school, a specific learning disability or his/her current work schedule.</p> <p>Amanda has some college education. She has worked for Walmart for 5 years and she is a manager.</p> <p><b>FAMILY HISTORY</b></p> <p>Describe/discuss relationships between household members and extended family and friends. Identify the family's formal and informal support systems, including current and anticipated child care arrangements. Describe the family's cultural and religious beliefs and their willingness to accommodate children of different faiths, beliefs, ethnicities, and/or cultures.</p> <p>Discuss each caregiver's history to include any past trauma that could impact the family's ability to provide quality care to children. Describe attitudes towards children and parents involved in the child welfare system. Describe how family members have demonstrated capacity to parent children with special needs. Discuss any significant losses by the family members and any coping mechanisms used to manage such loss. Describe the type of discipline used in the family prior to fostering and how they were disciplined</p>						<p><a href="#">Approval</a></p> <p><a href="#">Upload Image</a></p> <hr/> <p><b>Text:</b></p> <p><a href="#">Unified Home Study</a></p> <p><a href="#">Prior Maltreatments and Findings/Referrals</a></p>

***Narrative Family Assessment – Family History, Child(ren) To Be Placed Interview(s), and References and Reviews:***

**Florida Safe Families Network** Hand Book Print Audit Spell Check Help

General Information  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:
<p><b>FAMILY HISTORY</b></p> <p>Describe/discuss relationships between household members and extended family and friends. Identify the family's formal and informal support systems, including current and anticipated child care arrangements. Describe the family's cultural and religious beliefs and their willingness to accommodate children of different faiths, beliefs, ethnicities, and/or cultures.</p> <p>Discuss each caregiver's history to include any past trauma that could impact the family's ability to provide quality care to children. Describe attitudes towards children and parents involved in the child welfare system. Describe how family members have demonstrated capacity to parent children with special needs. Discuss any significant losses by the family members and any coping mechanisms used to manage such loss. Describe the type of discipline used in the family prior to fostering and how they were disciplined as children.</p> <p>Amanda grew up in a single family home with her mother and sister, who both live close by. She has a good relationship with them and has Sunday brunch with them, every other Sunday. Amanda reports no history with DCF involvement as an adult or child. Her relationship with her mother has always been a good one. Her mother did spank her as a child, but it was never excessive. She does not believe she will use physical discipline on the children, simply because she doesn't think they need corporal punishment at the moment, but more positive reinforcement. Amanda is worried about Bill and Elizabeth and their ability to get their life together and get</p>						<p>Approval</p> <p>Upload Image</p> <hr/> <p>Text:</p> <p><a href="#">Unified Home Study</a></p> <p><a href="#">Prior Maltreatments or Findings/Referrals</a></p>
<p><b>CHILD(REN) TO BE PLACED INTERVIEW(S)</b></p> <p>Discuss and assess the child(ren)'s understanding or feeling about being placed in the home. Document any concerns or needs that they would want the potential caregiver(s) to know about them.</p> <p>Both Jessa and Jacob were advised of the placement. They both have known Amanda most of their life and report no concerns for being with her. Jessa was upset with the thought of having to move schools and missing her friends. Jacob was upset at first however when he learned he was able to bring all of his transformers with him, he calmed down and was willing to go with Amanda.</p>						
<p><b>REFERENCES AND REVIEWS</b></p> <p>Please document the references received from relatives, non-relatives, professionals and services providers regarding the family's ability to meet the needs of a child(ren) placed in the home.</p> <p>Rebecca Rivera (Amanda's mother) advised that she is willing to her help daughter as needed. She has know Jessa and Jacob for a long time and care for them as if they were her grandchildren. Rebecca believes Amanda will make a great caregiver. She will have some adjustments to make as she has never cared for children full time but believes Amanda will have no issues caring for the children.</p>						

***Narrative Family Assessment – Child History and Physical Environment:***

**Florida Safe Families Network** Hand Book Print Audit Spell Check Help

General Information  
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:
<p><b>REFERENCES AND REVIEWS</b></p> <p>Please document the references received from relatives, non-relatives, professionals and services providers regarding the family's ability to meet the needs of a child(ren) placed in the home.</p> <p>Rebecca Rivera (Amanda's mother) advised that she is willing to her help daughter as needed. She has know Jessa and Jacob for a long time and care for them as if they were her grandchildren. Rebecca believes Amanda will make a great caregiver. She will have some adjustments to make as she has never cared for children full time but believes Amanda will have no issues caring for the children.</p>						<p>Approval</p> <p>Upload Image</p> <hr/> <p>Text:</p> <p><a href="#">Unified Home Study</a></p> <p><a href="#">Prior Maltreatments or Findings/Referrals</a></p>
<p><b>CHILD HISTORY</b></p> <p>Describe each child living in the home separately, including developmental history/issues, personality, health, education level, special needs and behavioral challenges. In addition, describe/discuss the adjustment and integration of children previously adopted by or placed with the family. Discuss with all family members any failed placements in terms of the cause, resolution, and any differences or changes that will be made as a result of lessons learned.</p> <p>Jessa is 7 years old, in the second grade at Ivey Hawn Elem. She is working at grade level in math, reading and English. Her teacher reports she is a bright child but there has been problems with behavior. However she is easily redirected. Jessa enjoys working on art projects and even won 2nd place last year at the school fair for a painting she completed.</p> <p>Jacob is 4 years old, in VPK at Busy Bee Daycare. He has shown improvement over the year with his shapes, colors and numbers. He</p>						
<p><b>PHYSICAL ENVIRONMENT</b></p> <p>Discuss the physical environment, including a description of the home and how the environment relates to the safety of the child(ren), including any pets and vehicles; address the interior, exterior, number of rooms, bathrooms, etc., sleeping arrangements, and accommodations for child(ren)'s personal belongings. Are there any changes needed in order to accommodate the child(ren)?</p> <p>Amanda resides in a two bedroom, 1 bathroom home with a fenced in backyard. When you enter the home through the front door, there is an open concept living space. The carpeted living room is to the left, which flows into the kitchen area with an eat-in dining space. There is a door to the backyard off of the kitchen area. There is a hallway to the left which leads to the bathroom on the immediate right, and the spare bedroom on the left which will be for the children. Amanda will be purchasing bunk beds for the children. The master bedroom is on the right. All parties have their own sleeping arrangements and each bedroom has a closet for their belongings.</p>						



## **Activity A: Part 1 – Amanda Wants To Be a Foster Parent!**

### **Directions:**

1. Read the scenario. Please note that the scenario is split into a Part A and Part B. The first part is for everyone, and the second part should only be read by the Interviewee/Caregiver.
  2. Select who will be the Licensing Specialist/Interviewer and who will be the Caregiver/Interviewee.
  3. The interviewer must select up to five of the narrative assessment questions and using the four interview phases gather the needed information from the caregiver.
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### **Scenario Part A:**

Bill and Elizabeth have been married for five years. They have two children, four-year-old Jacob and seven-year-old Jenna. A child abuse investigation determined that Jacob and Jenna were unsafe in their home and an In-Home Safety Plan could not be completed at this time. The children were removed and placed a family friend, Amanda Rivera, age 32.

**Update:** Amanda Rivera has completed the necessary classes to become a foster parent. Home visits were completed and the home is appropriate to have two children placed in her home. Her criminal history has been reviewed and she still has no criminal history.

### **Scenario Part B:**

Additional Information for the Interviewee/Caregiver: Only read if you are role-playing as the interviewee/caregiver. This only provides a basic level of information; additional information should be added as needed to answer the questions asked by the Interviewer.

- Amanda has known the family for six and a half years. She met Elizabeth through work and they became friends.
- Amanda resides in a two bedroom, one bathroom home with a fenced in backyard. When entering the home through the front door, there is an open-concept living space. The carpeted living room is to the left, which flows into the kitchen area with an eat-in dining space. There is a door to the backyard off of the kitchen area. There is a hallway to the left which leads to the bathroom on the immediate right, and the spare bedroom on the left which will be for the children. Amanda will be purchasing bunk beds for the children. The master bedroom is on the right. All parties have their own sleeping arrangements and each bedroom has

a closet for their belongings. The home was observed to be very clean and no environmental hazards were noted.

- Amanda is currently single and has no children of her own. Her sister and mother live locally and has a good relationship with them. She knows she will be able to depend on them if she is caught at work and unable to get the children on time as well as help with appointment, if needed.
  - Rebecca Rivera (Amanda's mother) advised that she is willing to her help daughter as needed. She has known Jenna and Jacob for a long time and care for them as if they were her grandchildren. Rebecca believes Amanda will make a great foster parent.
  - Sonja Rivera (sister of Amanda Rivera) advised that she is willing to care for the children as needed to assist her sister. Sonja stated that Amanda was always the nurturing one and believes she will have no issues being a foster parent.
  - Amanda does take Lisinopril 25mg for hypertension and Metoprolol for gout.
  - Amanda has worked full-time at Wal-Mart for two years and five months. She works four ten hour days, Monday, Tuesday, Thursday, and Friday from 7am to 5pm.
  - There is no criminal or child abuse information found that automatically prohibits Amanda Rivera from being considered as a foster parent.
  - Jenna is seven years old in the second grade at Ivey Hawn Elementary. She is working at grade level in math, reading, and English. Her teacher reports she is a bright child, but there have been problems with behavior. However, she is easily redirected. Jenna enjoys working on art projects and even won 2<sup>nd</sup> place last year at the school fair for a painting she completed.
  - Jacob is four years old, in VPK at Busy Bee Daycare. He has shown improvement over the year with his shapes, colors, and numbers. He is struggling with fine motor skills, such as holding a pencil correctly. He is very active and likes to spend time playing outside. He also loves playing video games, especially Minecraft.
  - Both Jenna and Jacob were advised of the placement with Amanda and her interest in licensing. They both have known Amanda most of their life and report no concerns for being with her.
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## Finalizing the Licensing UHS

### Attachments

**Attachments provide verification of information gathered and evidence of information shared with the caregivers.**

**The attachments that are required depend on the type of Unified Home Study being completed.**

**The Outcome/ Attachments is the tab used to upload documents externally to the UHS and/or FSFN.**

<b>Attachments</b>	<b>Upload Requirements for Relative/Non-relative UHS</b>
Affidavit of firearm safety	Required: Signed Acknowledgement of Firearms/Safety Requirements
Consent to Release Information	Required: Use Agency Specific Release
Personal references	Required
Referrals	Optional to Upload Information Provided to Caregiver
Receipts of Rights and responsibilities	Optional to Upload Information Provided to Caregiver
Receipt of Grievance Brochure	Optional to Upload Information Provided to Caregiver
Water Addendum	Optional to Upload Information Provided to Caregiver
Relative Caregiver Program Information	Optional to Upload Information to Caregiver
Adoption- Child Study	N/A
Adoption-Subsidy Acknowledgement form	N/A
Affidavit of Good Moral Character	N/A
Florida Adoption Assistance Program	N/A
Information Packet Sent-Adoptive Home	N/A
Information Packet Sent-Foster Home	N/A
Florida Adoption Reunion Registry	N/A
TANF information	N/A

## Withdrawal of Licensing Request

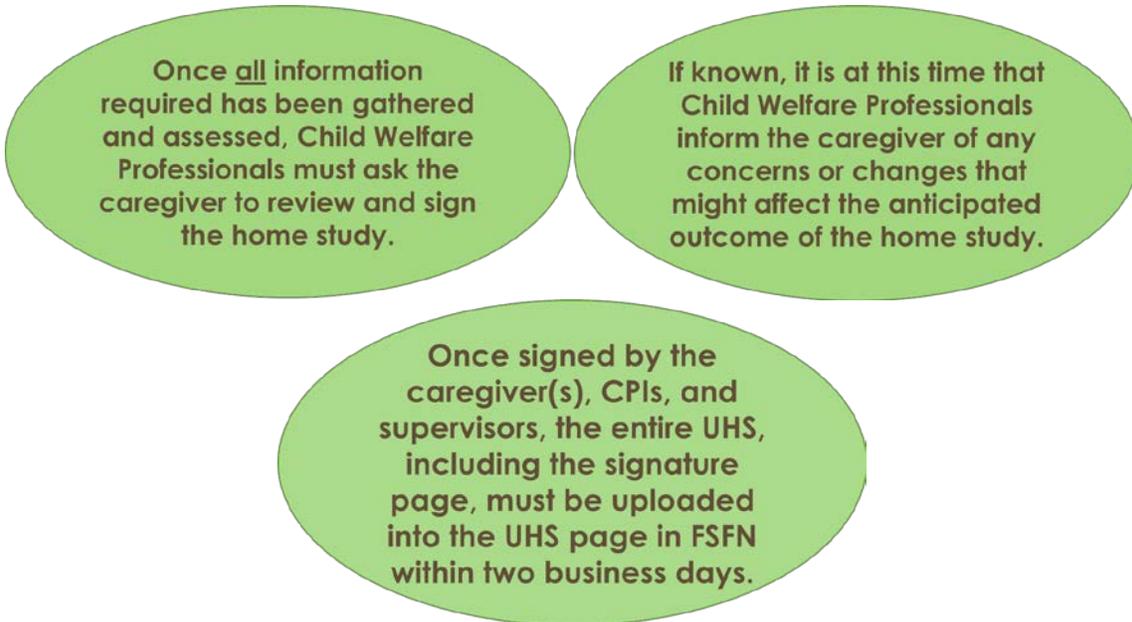
Voluntary withdrawals must be documented in FSFN and do not require final action by DCF.

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## Signatures, Recommendations, and Approvals



## Signatures

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In the Recommendation group box on the FSFN UHS page, the Child Protection Investigator selects an appropriate recommendation from the Recommendation drop-down choices:

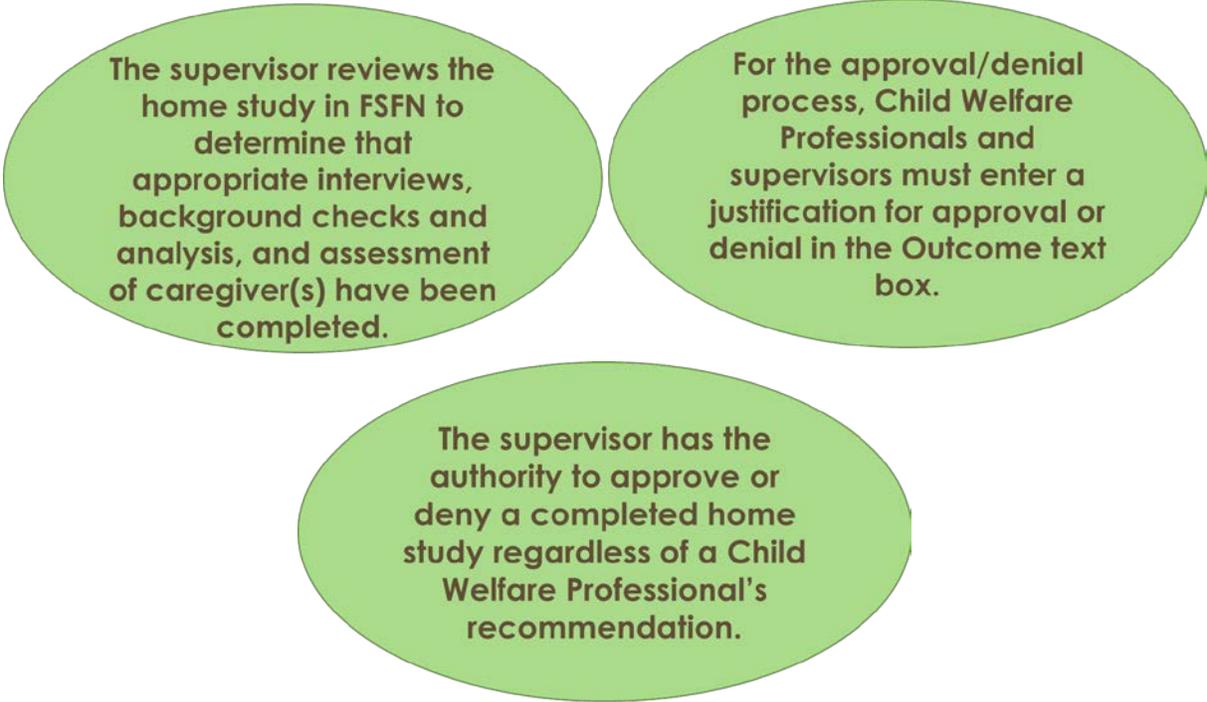
- Application Withdrawn
- Denied - Criminal Disqualifier
- Duplicate - Created in Error
- Approved - Meets Requirements
- Denied - FSFN Disqualifier
- Approved - Review Comments
- Denied - Review Comments

## Recommendations

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## Final Approvals

## Final Approvals

In the Outcome group box on the FSFN UHS page, the supervisor selects an appropriate conclusion from the Outcome drop-down choices:

- |                               |                                |                              |
|-------------------------------|--------------------------------|------------------------------|
| Application Withdrawn         | Denied - Criminal Disqualifier | Duplicate - Created in Error |
| Approved - Meets Requirements | Denied - FSFN Disqualifier     | Denied - Court Approved      |
| Approved - Review Comments    | Denied - Review Comments       |                              |

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The Child Welfare Professional Supervisor must approve their outcome by completing the approval routing process.

If the Child Welfare Professional's supervisor is not available, they can choose an alternate supervisor.

Child Welfare Professionals cannot approve their own home study.

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### FSFN Screens

#### Outcome/Attachments, Recommendations, and Approval:

**Florida Safe Families Network** Hand Book | Print | Audit | Spell Check | Help ?

**General Information**  
Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA) Purpose of Home Study: Non-Relative Placement Pending

Demographics	Prior Intakes and Investigations/Referrals	Background Check Information	Financial Security Resources and Child Care Arrangement	Narrative Family Assessment	Outcome/ Attachments to the Unified Home Study	Actions:
<b>Recommendation</b> Recommendation: Denied - Review Comments Amanda appears to be willing to care for the children long term and has a good relationship with the family. However there is only one extra room in the home and the children will have to share a bedroom. Due to the children being a different sexes, it is the recommendation of this CPI to deny the homestudy at this					<b>Outcome</b> Outcome: [ ]	<a href="#">Approval</a> <a href="#">Upload Image</a>
<b>Attachments</b>						<b>Text:</b> <a href="#">Unified Home Study</a> <a href="#">Prior Maltreatments or Findings/Referra</a>
Adoption - Child Study	<input type="radio"/> Attached <input type="radio"/> Not Attached	Reason: [ ]				
Adoption Subsidy Acknowledgement Form	<input type="radio"/> Attached <input type="radio"/> Not Attached	Reason: [ ]				
Affidavit of Firearm Safety	<input type="radio"/> Attached <input type="radio"/> Not Attached	Reason: [ ]				
Affidavit of Good Moral Character	<input type="radio"/> Attached <input type="radio"/> Not Attached	Reason: [ ]				
Consent to Release Information	<input type="radio"/> Attached <input type="radio"/> Not Attached	Reason: [ ]				
Florida Adoption Reunion Registry	<input type="radio"/> Attached <input type="radio"/> Not Attached	Reason: [ ]				
Florida Adoption Assistance Program	<input type="radio"/> Attached <input type="radio"/> Not Attached	Reason: [ ]				



## Copy Function

FSFN will now have the functionality to copy over selected fields from the MOST RECENT APPROVED home study in FSFN.

The information that will copy over includes:

- Purpose of home study
- Narrative Family Assessment information, except for non-required questions (i.e., questions 3, 8, 9, and 11)
- Finance Breakdown, Additional Monthly Support or Income, and Household Information from the Financial Security Resources tab
- Other states of residence
- Background check narrative



### FSFN Screens

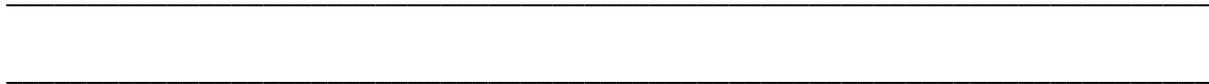
Copy Function:

Provider			
Provider ID:	900000202	Provider Name:	Rivera, Amanda
Forms Information			
Date Created	Date Initiated	Purpose	Status
03/22/2018	03/22/2018	Non-Relative Placement	Pending

Buttons: Create, Close

## Addendum – Not Adoption

Addendums address all of the changes that have occurred in the household during the licensing year. They allow foster parents to discuss any issues, concerns or triumphs they have experienced.



### FSFN Screens

#### How to Select Documents for the Addendum-Not Adoption UHS:



## Re-licensing

The Re-licensing UHS is completed when a license is set to expire and the foster parent wishes to continue to be a licensed placement. The assessment includes all of the same elements that were assessed during the Initial Licensing UHS and some additional elements that are specific to the re-licensing process.

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The re-licensing file has to be submitted to the licensing authority at least 30 calendar days prior to expiration of the current license.

Foster Parents requesting to be re-licensed must complete the “Application for License to Provide Out-of-Home Care for Dependent Children,” and provide documentation of at least eight hours of continuing education annually, a current driver’s license, driving record, and auto insurance coverage information, as applicable.

When completing the Re-Licensing UHS, it includes an assessment of fostering experiences over the past licensing year, including:

- **Discipline:** Description of how the foster parent has managed behavior with children placed in the home.
- **Family life:** Documentation of the foster parent’s support and integration of children into the family, such as attendance at and involvement with children’s activities, ensuring children have reliable transportation to school, social events, medical appointments, and inclusion in other family activities.
- **Teaming:** Documentation of the level of cooperation of foster parents with the children’s families, including visitation for children placed in the home during the previous licensing year. This includes describing of how the family has worked with the supervising agency and other service providers.
- **Medical:** Documentation of the foster parent’s compliance with proper administration and monitoring of medication, and cooperation with medical directives and appointments.

- **Education:** Documentation of the maintenance of school and resource records for each child in placement.
  
- **Placement:** Licensing Specialists need to discuss and assess placement activity during the previous licensing year. If the family requested that a child be moved, the reasons and circumstances must be addressed.
  
- **Exit interviews:** Youth Exit Interviews must be conducted and assessed with every child age five through 18 who lived in the home for 30 days or longer.
  - This information is documented in the Child History of the Re-Licensing UHS.
  
- **Summary of collected feedback:** Obtained from lead and/or supervising agency staff members as it relates to the family’s continued suitability and performance as a foster parent.
  
- **Physical environment:** Confirms to meet standards.

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### Additional FSFN Changes

#### Organizational Providers:

- No longer allows the user to say FEIN or Tax ID

#### Person Address Maintenance:

- New provider address maintenance page to maintain all provider addresses
- Ability to insert additional address records
- Change in address leads to end of license

#### Person Management:

- Ability to make changes to Caregiver 2 without changing Caregiver 1
- Inability to overlap licensing dates except:
  - Assessment decision withdrawn or denied
  - Additional licensing action Approved-Made in Error and Not Approved
- Physical address required to create or modify license
- Outliner for providers now displays both license and approval status

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## **Activity A: Part 2 – Amanda Wants To Be a Foster Parent!**

### **Directions:**

1. Read the scenario.
  2. Discuss the information needed to be collected and complete the UHS template.
  3. Choose a spokesperson to share questions, what the group felt was easy and/or difficult about completing the UHS. Address questions and areas of difficulty.
- 

### **Scenario**

Bill and Elizabeth have been married for five years. They have two children, four-year-old Jacob and seven-year-old Jenna. A child abuse investigation determined that Jacob and Jenna were unsafe in their home and an In-Home Safety Plan could not be completed at this time. The children were removed and placed a family friend, Amanda Rivera, age 32.

**Update:** Amanda Rivera has completed the necessary classes to become a foster parent. Home visits were completed and the home is appropriate to have two children placed in her home. Her criminal history has been reviewed and she still has no criminal history.

### **Complete an Initial License Unified Home Study**

- Amanda has known the family for six and a half years. She met Elizabeth through work and they became friends.
- Amanda resides in a two bedroom, one bathroom home with a fenced in backyard. When entering the home through the front door, there is an open-concept living space. The carpeted living room is to the left, which flows into the kitchen area with an eat-in dining space. There is a door to the backyard off of the kitchen area. There is a hallway to the left which leads to the bathroom on the immediate right, and the spare bedroom on the left which will be for the children. Amanda will be purchasing bunk beds for the children. The master bedroom is on the right. All parties have their own sleeping arrangements and each bedroom has a closet for their belongings. The home was observed to be very clean and no environmental hazards were noted.
- Amanda is currently single and has no children of her own. Her sister and mother live locally and has a good relationship with them. She knows she will be able to depend on them if she is caught at work and unable to get the children on time as well as help with appointment, if needed.
- Rebecca Rivera (Amanda's mother) advised that she is willing to her help daughter as needed. She has known Jenna and Jacob for a long time and care for them as if

they were her grandchildren. Rebecca believes Amanda will make a great caregiver. She will have some adjustments to make as she has never cared for children full time but believes Amanda will have no issues caring for the children.

- Sonja Rivera (sister of Amanda Rivera) advised that she is willing to care for the children as needed to assist her sister. Sonja stated that Amanda was always the nurturing one and believes she will have no issues taking on a caregiver role.
- Amanda does take Lisinopril 25mg for hypertension and Metoprolol for gout.
- Amanda has worked full-time at Wal-Mart for two years and five months. She works four ten hour days, Monday, Tuesday, Thursday, and Friday from 7am to 5pm.
- There is no criminal or child abuse information found that automatically prohibits Amanda Rivera from being considered as a placement option.
- Jenna is seven years old in the second grade at Ivey Hawn Elementary. She is working at grade level in math, reading, and English. Her teacher reports she is a bright child, but there have been problems with behavior. However, she is easily redirected. Jenna enjoys working on art projects and even won 2<sup>nd</sup> place last year at the school fair for a painting she completed.
- Jacob is four years old, in VPK at Busy Bee Daycare. He has shown improvement over the year with his shapes, colors, and numbers. He is struggling with fine motor skills, such as holding a pencil correctly. He is very active and likes to spend time playing outside. He also loves playing video games, especially Minecraft.
- Both Jenna and Jacob were advised of the placement with Amanda and her interest in licensing. They both have known Amanda most of their life and report no concerns for being with her.

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