

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Social Services

Division

Michael Lynch

Contact

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5101:2-48-11.1

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

**Foster caregiver adoption of a foster child who has resided
with the caregiver for at least six consecutive months.****RULE SUMMARY**1. Is the rule being filed for five year review (FYR)? **Yes**2. Are you proposing this rule as a result of recent legislation? **No**3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**4. Statute(s) authorizing agency to adopt the rule: **3107.032, 3107.033, 5153.166**5. Statute(s) the rule, as filed, amplifies or implements: **2151.86, 3107.011, 3107.031, 3107.032, 3107.033, 3107.034**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being amended as part of the five year review.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; if the rule type is RESCISSION, NEW or NO CHANGE,

then summarize the content of the rule:

OAC rule 5101:2-48-11.1, entitled "Foster Caregiver Adoption of a Foster Child who has Resided with the Caregiver for at Least Six Consecutive Months" has been retitled "Foster Caregiver Adoption of a Foster Child or Sibling Group who has Resided with the Caregiver for at Least Six Consecutive Months." The change in title, as well as the changes throughout the rule were made to clarify that one JFS 01692 form could be used for more than one foster child, as long as the children were siblings and placed with the caregiver for at least six months. Paragraphs (C),(E), and (F) were revised to align with similar requirements in other related rules in this filing packet. Paragraph (J) was revised to clarify that the information listed is to be reviewed as part of the adoption assessment, rather than having a new requirement placed on the foster caregiver in conjunction with ORC 3107.012. Paragraph (K) was added to align with the requirement in 5101:2-48-11 regarding timelines for forwarding required documentation to the agency completing the adoption homestudy approval.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the internet at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with ORC 121.75(E).

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.76(A)(3).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by

reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. Five Year Review (FYR) Date: **6/25/2015**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0.00

No fiscal impact on current budget.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

No additional cost of compliance.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **Yes**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **Yes**

Certification by ODJFS to operate a private adoption agency.

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **Yes**

Lack of compliance could result in revocation of the certificate.

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **Yes**

Specific expenditures to meet the agency recertification requirements of this rule if not being currently met.

Ohio Department of Job and Family Services
APPLICATION FOR ADOPTION OF A FOSTER CHILD OR SIBLING GROUP

Agency Name			Assessor Name			Date				
CHILD(REN) TO BE ADOPTED										
Child's Name				Child's Name						
Child's Name				Child's Name						
<input type="checkbox"/> Check box to confirm that child(ren) has resided in the foster home for at least 6 months			Date of Placement(s)			Date of Most Recent Homestudy or Recertification				
APPLICANT INFORMATION										
Applicant #1 Name: First			Middle		Last		Maiden	Email Address		
								Cell Phone #		
								Work Phone #		
Applicant #2 Name: First			Middle		Last		Maiden	Email Address		
								Cell Phone #		
								Work Phone #		
Street Address				City			State		Zip Code	County
Home Phone #		Fax #		Emergency Contact Name			Emergency Contact Phone #			
HOUSEHOLD MEMBER INFORMATION (do not include foster children in this section)										
	Applicant #1	Applicant #2		Household Member	Household Member	Household Member	Household Member			
Name										
Relationship to Applicant #1										
Date of Birth/ Age										
SLEEPING ARRANGEMENTS (indicate where all household members sleep, including foster children)										
BEDROOM #		FLOOR/ LEVEL		OCCUPANT(S)			TYPE OF BED			
1										
2										
3										
4										
5										
6										

APPLICANT HISTORY SINCE THE MOST RECENT HOMESTUDY OR RECERTIFICATION

Criminal History	Applicant #1	Applicant #2
Have you been charged and/or convicted of any crimes? If yes, please list.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History		
Current employer Job title Date of employment		
Previous employer Job title Date of employment		

NEW HOUSEHOLD MEMBERS

If additional household members have moved into the home since the most recent homestudy or recertification, please describe their general characteristics, including why he/she is living in the household, whether they plan on being a permanent member of the home, and what his/her role will be regarding the adopted child(ren).

HEALTH CHANGES

List any significant health changes since the most recent homestudy or recertification- provide supporting documentation from a licensed physician or health care professional.

INFORMATION ON THE CHILD(REN) TO BE ADOPTED

Is the child(ren) part of a sibling group? Yes No
If yes, how many children are part of this sibling group _____
Are you interested in exploring the adoption of the sibling group? Yes No

Please describe the relationship between the child(ren) and members of your family.

Please describe how the child(ren) feels about becoming a permanent member of your family.

How do you plan to address any special needs the child has? What is your plan to handle any long-term difficulties or challenges the child(ren) may have?

In the event that you or your spouse are unable to care for the child(ren), what arrangements have you made for their care? Is this the same plan you have for other children in your home?

Please describe how you will meet your adopted child's needs in the absence of Foster Care Maintenance.

Please identify any training needs that you may have.

STATEMENT OF UNDERSTANDING

- I understand that this is an application only and that the agency will only consider me for adoptive placement provided that the homestudy is approved and placement is in the best interest of the child. Any placement of a child will be by mutual agreement with the agency. Additional documents may be required by the agency or by the probate court.
- I agree to complete the required Adoption Preservice Training as outlined in OAC rule 5101:2-48-09, if I have not already completed it or received a waiver.
- I understand that the agency is required to complete a large family assessment if my family will have 5 or more children after the adoption of this child(ren).
- I certify that the information contained in this application is accurate and complete to the best of my knowledge. I understand if the application is not complete, the agency will not be able to consider me for potential adoptive placement.
- If there is any significant change affecting health, marital status, residence, family composition, employment, or criminal charges, I will notify the agency promptly, within 24 hours or the next working day.
- I give permission to the agency to contact any other agency for information and/or documentation regarding a previous application, certification, or approval for foster care or adoption. I also give permission to the agency to access information in the statewide automated child welfare information system (SACWIS).
- I certify that I have been given information on the Title IV-E Adoption Assistance, State Adoption Maintenance Subsidy, Post Adoption Special Services Subsidy and Non-Recurring Adoption Expenses, including the eligibility and application requirements.
- I understand that pursuant to Ohio Revised Code Section 3107.012, a court may not finalize an adoption without a current criminal records check.
- A person seeking to provide foster care or to adopt who knowingly makes a false statement that is included in the written report of a home study conducted pursuant Section 3107.031 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A home study with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records. I understand that providing false information during the homestudy process will prevent the agency from considering my home for placement of a child and may be grounds for revocation of a foster home certificate and/or denial of adoption approval.

Applicant Name (please print)	Signature	Date
Applicant #1		
Applicant #2		

Note: Completion of this form is required in order for this agency to carry out its obligations under Chapter 5101:2-48 of the Ohio Administrative Code.

Date JFS 01692 was received from the foster caregiver

Assessor and Supervisor signature below indicates that the information provided on this application is correct and has been verified, that the family has been assessed and meets the requirements of Chapter 5101:2-48, and is recommended to be approved to adopt the child(ren) in question.

Assessor Signature	Date
Supervisor Signature	Date

APPLICATION FOR CHILD PLACEMENT

AGENCY USE ONLY		
Agency	Assessor	Date Completed Application Received

Applicant #1 Name (Please Print)				Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					Work Phone #	
Applicant #2 Name (Please Print)				Applying to <input type="checkbox"/> Foster <input type="checkbox"/> Adopt	Email Address	
First	Middle	Last	Maiden		Cell Phone #	
					Work Phone #	
Street Address			City	State	Zip Code	County
Home Phone #	Fax #	Emergency Contact Name			Emergency Contact Phone #	

HOUSEHOLD MEMBERS (Add another sheet if necessary)						
Name	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Relationship to Applicant #1						
Date of Birth						
Race*						
Ethnic Background*						
Ohio Resident at least 5 years? (if no, list states)						
School Grade Completed						
Area of Specialized Education			Directions to your home from the Agency			
Marital Status (if married, date of marriage)						
Employer or Source of Income						
How Long with this Employer						
Occupation						
Gross Annual Income						
Days/Hours of Work (in normal work week)						
Driver's License Number						

* For statistical purposes only

SLEEPING ARRANGEMENTS (Indicate where all household members sleep, and where foster/ adopted children will sleep) <i>*If you will obtain a crib at the time an infant is placed in the home, please indicate that below</i>			
BEDROOM	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): Crib*, Twin, Full, Bunk, etc. (If bunk, indicate upper - U or lower - L)
1			
2			
3			
4			
5			
6			

Does any family member smoke? Yes No Is smoking allowed in the house? Yes No

Are there any pets in the home? Yes No If yes, list/describe:

Do pets meet local safety requirements (Vaccinations, licenses, vicious animal restrictions, etc.)? Yes No

Comments

Children placed in the home would attend the following schools

Elementary School Name	Address
Middle School or Junior High School Name	Address
High School Name	Address

Name of Public School District _____ Do you plan to home school children? Yes No

If yes, indicate whether your home school plan has been approved by the public school district. Yes No

Does applicant operate a business from the residence? Yes No Explain:

If yes, is business child care, adult day care or a rooming house? Yes No

Describe impact of home business on foster care/adoption plan:

VEHICLES One car Two or more cars Truck/SUV Van Recreational Vehicle Motorcycle Other

Are vehicles in operable condition? Yes No If no, explain

Are there infant car seats? Yes No Will Obtain Are there toddler car seats? Yes No Will Obtain

Do you have proof of insurance for all vehicles? Yes No Name of Insurance Company?

Is the home on or within comfortable walking distance of public transportation system (bus, etc.)? Yes No

If yes, distance to nearest transit or bus stop

Describe transportation plan if family does not own an operating vehicle or live on or within walking distance of a bus stop

MILITARY HISTORY (For any household member with military history)				
Name	Branch	Date Entered	Date Discharged	Type of Discharge
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
Explain if other than honorable discharge				

CRIMINAL HISTORY (Documentation verifying compliance must be received for all convictions)

Does any household member, including juveniles 12 - 18 years of age, have a criminal history? Yes No If yes, explain below

Name	Offense	City and State	Convicted? Approx. Date of Conviction/ Adjudication	Sentence	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date?

Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs?
 Yes No If yes, please list each incident below

Name	Date of Arrest	City and State	Convicted? Approx. Date of conviction?	Sentence	License Suspended or Revoked?	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date?

APPLICANT RESIDENTIAL, EMPLOYMENT, AND MARITAL HISTORY (Add extra sheets if necessary)

Residential History	Applicant #1 List residences for the last 10 years	Applicant #2 List residences for the last 10 years
Date moved to current residence		
Previous city, state		
Date moved to this city/state		
Previous city, state		
Date moved to this city/state		
Previous city, state		
Date moved to this city/state		
Employment History	Applicant #1 List employers for the last 10 years:	Applicant #2 List employers for the last 10 years:
Present employer		
Job title		
Length of time with present employer		
Previous employer		
Job title		
Dates of employment		

Previous employer		
Job title		
Dates of employment		
Marriage/Relationship History	Applicant #1	Applicant #2
Previous marriage/significant relationship to		
Date marriage or relationship began		
Date of separation		
Date of legal termination		
Previous marriage/significant relationship to		
Date marriage or relationship began		
Date of separation		
Date of legal termination		
TYPE OF CHILD YOU WOULD CONSIDER (Check all that apply)		
<p>Age</p> <p>0 - 2 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>3 - 5 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>6 - 8 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>9 - 11 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>12 - 15 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>16 - 18 <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Gender</p> <p>Male <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Female <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Number of Children</p> <p>One <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Two <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Three or more <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Teen Parent w/ Child <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p>	<p>Race</p> <p>White <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Black/African American <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Asian <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>American Indian or Alaskan Native <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Ethnicity</p> <p>Hispanic or Latino <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Not Hispanic or Latino <input type="checkbox"/> Will Consider <input type="checkbox"/> Will Not Consider</p> <p>Child Specific</p> <p>If you are applying to foster or adopt a specific child(ren), put his/her name(s) here</p> <p>Is this child related to you by blood or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If applicable, specify relationship <input type="checkbox"/></p>	
EXPERIENCE WITH CHILDREN		
<p>Have you ever applied for or been certified as a foster caregiver in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever applied for or been approved to adopt a child in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes to either of these questions, identify the agency involved, as well as their address or other contact information. Please include when you applied, when you were certified or approved, and discuss your experiences. If you applied or were certified or approved with more than one agency, please list all agencies and contact information here.</p>		
<p>Has any household member ever applied for or been certified/approved for foster care or adoption in this state or any other state?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify who in your home applied or was certified/approved, and what agency they were associated with.</p>		

Some people have had previous contact with a child welfare agency. Sometimes this is a positive experience, sometimes there are challenges. Please tell us about any contact any applicant or household member has had with a child welfare agency (Children Services, Child mental health facility, community child serving agencies, etc.). Please give the name of the agency, approximate dates of contact and what the contact involved. Include both positive and negative experiences.

Check here if you have no experience with child welfare agencies

Describe your experience with children other than your own. This may include employment and/or volunteer work. Please include contact information as well, so that they may be reached for information.

REFERENCES

The state requires three non-relative references from people who do not live with you. Some agencies require additional references. If the agency has filled in the blanks below, it has requirements that go beyond the state rule, and you will need to supply that number of references. If the spaces are empty, please supply the information for three non-relative references who do not live with you.

of references required by the agency completing the homestudy

Name	Relationship	Address	Phone #	Email Address

ADULT CHILD REFERENCES

The state requires references from all adult children of the applicant(s) regardless of where they live or the amount of contact they have with the applicant. Please complete the following information for all adult children of all applicants.

Name	Relationship	Address	Phone #

STATEMENT OF UNDERSTANDING

- I understand that this is an application only and that additional documents will be required. This will include medical statements, background checks, safety audit of the home, fire inspection, references, and other information requested by the agency. Failure of an applicant to provide required information or documentation in a timely manner will render this application incomplete and the agency's file on the application will be closed.
- I agree to complete orientation and preplacement training as required by the agency. Failure to attend required training will render this application incomplete and the agency's file on the application will be closed.
- I understand this application does not represent a final commitment by either party. Any placement of a child will be by mutual agreement.
- I certify that the information contained in this application is accurate and complete to the best of my knowledge.
- If there is any significant change affecting health, marital status, residence, family composition, employment, or criminal charges, I will notify the agency promptly, within 24 hours or the next working day.
- I give permission to the agency to contact my adult children for information applicable to the foster care and/or adoption assessment.
- I give permission to the agency to contact any personal references I provide to them for information applicable to the foster care and/or adoption assessment.
- I give permission to the agency to contact any other agency or association for information regarding any work with children or any care or supervision of children provided by myself or another household member.
- I give permission to the agency to contact any other agency for information and/or documentation regarding a previous application, certification, or approval for foster care or adoption.
- I give permission to the agency to access information in the statewide automated child welfare information system (SACWIS).
- I certify that I have been given access to or a copy of the rules and/or policies applicable to the program to which I am applying (Chapter 5101:2-5, Chapter 51012-7 and/or Chapter 5101:2-48 of the Administrative Code).
- Applications for a foster home certificate cannot be accepted for a residence that is licensed, regulated, operated under the direction of, or otherwise certified as a facility to care for unrelated persons, by the Ohio Department of Education, a local board of education, the Ohio Department of Mental Health and Addiction Services, a community alcohol, drug addiction and mental health services board, the Ohio Department of Developmental Disabilities, a county board of developmental disabilities, the Ohio Department of Health or a juvenile court.
- A person seeking to provide foster care or to adopt who knowingly makes a false statement that is included in the written report of a home study conducted pursuant to Section 3107.031 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A homestudy with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records. I understand that providing false information during the homestudy process will prevent the agency from considering my home for placement of a child and may be grounds for revocation of a foster home certificate and/or denial of adoption approval.

Applicant Name <i>(please print)</i>	Signature	Date
Applicant #1		
Applicant #2		

Please tell us how you were referred to this agency.

Note: Completion of this form is required in order for the agency to carry out its obligations under Chapters 5101:2-5, 5101:2-7, and/or 5101:2-48 of the Administrative Code. Your application cannot be processed unless this form is completed in its entirety.

Ohio Department of Job and Family Services

ASSESSMENT FOR CHILD PLACEMENT

(Homestudy)

Refer to the JFS 01673-I to assure each narrative element is adequately assessed.

Agency		Assessor		Phone #	Email Address	Date	
Applicant #1 Name	First	Middle	Last (Maiden)	Applying to <input type="checkbox"/> foster <input type="checkbox"/> adopt	Email Address		
					Cell Phone #		
					Work Phone #		
Applicant #2 Name	First	Middle	Last (Maiden)	Applying to <input type="checkbox"/> foster <input type="checkbox"/> adopt	Email Address		
					Cell Phone #		
					Work Phone #		
Street Address			City	State	Zip Code	County	
Home Phone #		Fax #		Emergency Contact Name Phone #			

HOUSEHOLD MEMBERS (Add another sheet if necessary)

	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Name						
Relationship to Applicant #1						
Date of Birth/Age						
Race*						
Ethnic Background*						
What Languages are spoken in the home						
School Grade Completed						
Area of Specialized Education (If Applicable)			Directions to Home from Agency			
Marital Status (if Currently Married, Date of Marriage)						
Employer or Source of Income						
How Many Years With This Employer						
Occupation						
Gross Annual Income						
Days/Hours of Work (In Normal Week)						
Driver's License Number						

* For statistical purposes only

DESCRIPTION OF HOME AS IT PERTAINS TO ADOPTION OR FOSTER CARE OF CHILDREN

FLOORS APPROVED FOR SLEEPING First Floor Second Floor Third Floor (must be approved by fire inspector)
 Basement (must be approved by fire inspector)

SLEEPING ARRANGEMENTS *If family will obtain crib at the time an infant is placed in the home, please indicate that below

BEDROOM #	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): crib*, toddler bed, twin, full, bunk, etc. (If bunk, indicate upper-U, or lower-L)
1			
2			
3			
4			
5			
6			

Briefly describe family's home. Please use the following as a guide. What type of structure is the home? Is it a single family home, two family, mobile or apartment, etc.? What type of construction is the home? How many levels are there? How many rooms are there? Does the home have a basement? Is the basement finished? Is there an exit from the basement? Describe "livability" and general atmosphere. Describe furnishings, housekeeping, etc.

Outside Space *Check all that apply*

Patio Hot Tub Fenced Yard Detached Garage Play Equipment
 Porch Deck Shed/Barn Attached Garage Pool/Pond/Lake
 Fenced and Locked Gate Handicapped Accessible Other Specify

Comments on safety issues in areas outside of the home.

Does any family member smoke? Yes No Is smoking allowed in the house? Yes No

Are there pets in the home? Yes No If yes, List/Describe

Do pets meet local safety requirements (vaccinations, vicious animal restrictions, etc.)? Yes No

What resources are available in the community that meet the needs of the child(ren) that may be placed in the home; such as, medical facilities, counseling agencies, schools, colleges, places of worship, theaters, museums, and recreational opportunities?

Name of school district where home is located

Children placed in the home would attend the following schools	Elementary School	
	Address	
	Middle School	
	Address	
	High School	
	Address	

Is any child currently residing in the home excused from school attendance due to a home education program? Yes No

If yes, for each child, attach a copy of the district's documentation excusing the child from school attendance for the current school year.

Does applicant plan to home educate any child that will be placed? Yes No

If yes, permission for home education must be approved by child's custodial agency. If applicant plans to home educate any child or children that will be placed, please give a description of the home education program.

Does applicant operate a business from the residence? Yes No

Is the business for child care, adult day care or a rooming house? Yes No

If other than child care, adult day care or rooming house, describe type of business

If applicable, describe impact of home business on Foster/Adopt plan (hours of operation, flexibility, etc.)

TRANSPORTATION

Vehicles
 One Car Two Cars Truck/SUV Van Recreation Vehicle Motorcycle Other (specify)

Are vehicles in operable condition? Yes No If no, explain

Was proof of insurance provided for all operational vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company	Dates of policy to
Does family have infant car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain	Does family have toddler car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain	
Is the residence on a city bus line? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, distance to nearest bus stop	

Describe alternative transportation plan if family does not own an operating vehicle or live on a bus line

MILITARY HISTORY (For any household member with military history)

Name	Branch	Date Entered	Date Discharged	Type of Discharge
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other

Explain if other than honorable discharge

CRIMINAL HISTORY (Documentation verifying compliance must be received for all convictions)

Does any adult household member have a criminal history? Yes No If yes, please list:

Name	Offense	City and State	Convicted? If yes, date of conviction?	Sentence	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date

Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs?
 Yes No If yes, complete the following for each incident:

Name	City and State	Convicted? If yes, date of conviction?	Sentence	License Suspended or Revoked?	On probation? Date of release from probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date

Has any minor in the household been adjudicated as a juvenile delinquent? Yes No If yes, please list:

Name	Offense	City and State	Approximate Date of Adjudication	Sentence	On probation? Date of release from probation?
					<input type="checkbox"/> Yes <input type="checkbox"/> No Date
					<input type="checkbox"/> Yes <input type="checkbox"/> No Date

Assessor's discussion and evaluation of all offenses, arrests, convictions, and adjudications listed above

Residential History (For last 10 years)	Applicant #1	Applicant #2
Date moved to current address		
Previous address (city/state)		
Date moved to this address		
Previous address (city/state)		
Date moved to this address		
Previous address (city/state)		
Date moved to this address		
Employment History (For last 10 years)		
Current employer		
Job title/occupation		
Date employment began		
Previous employer		
Job title		
Dates of employment		
Previous employer		
Job title		
Dates of employment		
Previous Marriage/Relationship History		
Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		
Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		

TRAINING COMPLETED						
	Date(s)	Location	Name of Training / Topic(s) Covered	# of Hours	How Delivered	Name of Trainer
Applicant #1						
APPLICANT #1 TOTAL HOURS:						

Applicant #2						
APPLICANT #2 TOTAL HOURS:						

CHILDREN RESIDING IN THE HOME			
Name	Relationship to Applicant #1	Relationship to Applicant #2	Date Entered Household
If any child listed above is not a permanent member of the household, please note child's name and when (date) they may be leaving.			
Describe each child's characteristics, including physical description, personality, educational situation and health. Describe child's attitude toward foster/adopt plan and how such placements are likely to impact the child.			

ABSENT OR PART-TIME CHILDREN
If applicant's children live outside the home or only visit, discuss why children are absent or part-time, other parties involved, how this situation is now handled and how the situation will be impacted by foster care or adoption.

ADULT CHILDREN OF THE APPLICANT(S)
(If adult children live in the home, please also complete the section below regarding their role as a household member)
For applicant's adult children, discuss each adult child's perspective on their childhood, their current relationship with the applicant(s), how they feel about the applicants choosing to foster or adopt, and how this relationship will be impacted by foster care or adoption.

NON-APPLICANT ADULTS IN THE HOME				
(Complete for each non-applicant adult member of the household)				
Name	Relationship to applicant(s)	Date entered household	Permanent household member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date they may leave the home
Please describe this adult's general characteristics, including why he/she is living in the household and what his/her role will be regarding the foster/adopt child(ren).				

NARRATIVE

Categories 1-12 should be fully explored for each applicant. Use as much space as needed for each category, adding more sheets if needed. When there are two applicants, the assessor has the option of:

- A) Completing Categories 1-12 for Applicant #1, then completing Categories 1-12 for Applicant #2, **OR**
- B) Under each of the 12 categories, give information about both applicants.

(For option B, please make sure each person remains distinct, that you assess each applicant as an individual, as well as part of a parenting team.)

1) Describe each applicant's appearance and general personality.

2) Summarize applicant's personal history.

3) Describe applicant's personal and emotional maturity.

4) Describe applicant's coping skills and history of stress management.

5) Describe applicant's stability and quality of interpersonal relationships.

6) Describe the level of openness applicant has in relationships.

7) Describe applicant's ability to empathize with others.

8) Describe applicant's motivation to foster/adopt.

9) Describe applicant's understanding of entitlement issues.

10) Describe applicant's ability to make and honor commitments.

11) Describe applicant's parenting skills and abilities.

12) Describe applicant's ability and willingness to take a "hands on" approach to parenting.

**RELATIONSHIP BETWEEN APPLICANT #1 AND APPLICANT #2
(Or, for single applicant, relationship with significant other, if applicable)**

If Applicant #1 is involved in a relationship with a spouse or domestic partner, or if the applicant is significantly involved with another adult, describe the nature of the relationship between these persons. Describe the communication styles used, how decisions are made and conflicts are resolved. Summarize the stability of the relationship, as well as the impact foster care or adoption will have on the relationship.

**APPLICANT(S) SUPPORT SYSTEM
(may choose to attach an ecomap here)**

Describe applicant's current support system and supports available in the community. Describe how foster/adopt placement impacts and is impacted by these supports? Include child care arrangements if they are known at the time of the homestudy.

RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS

Describe applicant's spiritual beliefs, values, and practices, and how these will impact the foster/adopt plan and be impacted by the foster/adopt plan.

FAMILY FINANCES

Summarize applicant's financial situation, their ability to meet the basic needs of the household, and how this will be impacted by foster care or adoption.

ATTITUDES AND BELIEFS REGARDING FOSTER CARE/ADOPTION ISSUES

Describe the applicant's ability to meet the special challenges of foster care and/or adoption, including birth parent issues, issues related to commitment and teamwork and his/her ability to work within the guidelines of the child welfare system. If the applicant is being recommended for treatment or medically fragile foster care, document how they meet the requirements for the program.

SUMMARY OF COLLATERAL CONTACTS AND INFORMATION

Summarize all references, including information from other agencies and organizations with which applicant has had contact with children (including other foster care or adoption agencies).

ADDITIONAL ASSESSOR OBSERVATIONS

Briefly describe any additional observations about this family's situation not captured in other areas.

FAMILY STRENGTHS AND NEEDS

List below strengths and needs that have been identified and discussed by the agency and the family.

Strengths	Needs
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Describe the plan developed with the applicant(s) to build on their strengths and to address their needs. Include such things as skill development and education.

Briefly (in 1-2 paragraphs) give a summary of this family and their readiness to adopt and/or foster.

GENERAL RULE COMPLIANCE		
Has agency provided applicant(s) with a copy of Chapters 5101:2-5, 5101:2-7, and/or 5101:2-48, as applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has agency provided applicant(s) with a copy or summary of the agency's policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has agency discussed these materials with the applicant(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate if there are any OAC rules or agency policies the prospective foster caregiver(s) is not in compliance with or cannot comply.		
State the agency's rationale if requesting a waiver of any rule(s) for the prospective foster caregiver(s). Waivers may only be considered for non-safety issues for relative foster homes.		
If a waiver is requested and approved, specify what the caregiver(s) will do to come into compliance and when compliance will be achieved.		

ASSESSOR VISITS WITH APPLICANT(S) AND HOUSEHOLD MEMBERS					
Date of visit	Location	Name(s) of those present	Date of visit	Location	Name(s) of those present

ASSESSMENT PROCESS CHECKLIST		
(Please note that this is a general checklist. Assessments will vary in requirements depending on the circumstances and agency specific policies.)		
Date Applicant Attended Information/Orientation Meeting		
Date of Initial Assessor Contact		
Date Application Received by Agency		
Date Applicant Completed Training (Must attach training log or complete the training log in the table)		
For Adoption Only- Date of Training Waiver, if applicable.	Date of Training for 3 hours of Cultural Training:	
Date Verified Marriage (if applicable)	How verified	
Date Verified Divorce(s) (if applicable)	How verified	
Date Safety Audit (JFS 01348) Approved by Supervisor		
Date Fire Inspection Approved by Fire Inspector		
Date Financial Statement (JFS 01681) Received	Date All Supporting Financial Documents Received:	
Date Well Water Test Completed (if using well water)	Date Alternative Water Plan Submitted/Approved:	
Date Reference #1 Received	Name	Address
Date Reference #2 Received	Name	Address
Date Reference #3 Received	Name	Address
Date Reference #4 Received (optional)	Name	Address
Date Adult Child References Received		
Date BCI Checks Received	Date FBI Checks Received:	Date Rehabilitation Standards Verified, if required:
Date SACWIS AP Search(es) Received	Date Abuse/Neglect Checks From Other States Received, if required:	
Date All Medical Statements (JFS 01653) Received	Date Additional Medical Reports Received, if requested:	
Date JFS 1673-A Child Characteristics Checklist Received		

Do any of the above listed verifications contain information that would disqualify either applicant for the program for which they applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
Do any of the above listed verifications contain information that would cause limitations/restrictions regarding the care of a foster or adopted child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
<input type="checkbox"/> Check this box if homestudy was not initiated within 30 days and explain why.
<input type="checkbox"/> Check this box if homestudy was not completed within 180 days and explain why.

DISPOSITION OF ADOPTION APPLICATION (if applicable)

<input type="checkbox"/> Adoption application denied. Reasons
<input type="checkbox"/> Adoption application approved for applicant #1 <input type="checkbox"/> and applicant #2 <input type="checkbox"/> .

Summarize child or type of child for which approval is granted (include age, gender, number of children and acceptable characteristics)

SIGNATURES

Assessor Signature	Date
Supervisor Signature	Date

OPTIONAL SIGNATURES

Other	Title	Date
Other	Title	Date

DISPOSITION OF FOSTER CARE APPLICATION (if applicable)

<input type="checkbox"/> Foster home certification denied. Reasons (list specific rules/issues and attach documentation)
<input type="checkbox"/> Foster home certification recommended for applicant #1 <input type="checkbox"/> and applicant #2 <input type="checkbox"/> .

APPROVED USAGE OF HOME Use either one of the boxes below, but do not use both

Initial Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
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List any restrictions on license or waivers to be requested. Waivers may only be requested for relative foster homes for non-safety issues.

SIGNATURES

Assessor Signature	Date
Supervisor Signature	Date

OPTIONAL SIGNATURES

Other	Title	Date
Other	Title	Date

Note For each change, an addendum must be added to the narrative describing the change and indicating the caregiver(s) approved of the change.

CHANGE TO APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	
CHANGE TO APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	
CHANGE TO APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	
CHANGE TO APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	
CHANGE TO APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name		Assessor Signature	
Supervisor Name		Supervisor Signature	
Date		Date	

Ohio Department of Job and Family Services

LARGE FAMILY ASSESSMENT

(to be completed at the time of the JFS 1673 and/or the JFS 1692 any time the number of children in the home plus the number of children the family is approved to adopt equals five or more)

SECTION I: AGENCY INFORMATION (List the name of the agency and assessor completing this form)			
Agency Name		Assessor (<i>first and last</i>)	
SECTION II: FAMILY INFORMATION			
Name of Adoptive Parent #1 (<i>first and last</i>)			
Name of Adoptive Parent #2 (<i>first and last</i>)			
Address		City	State Zip
List the name, gender, age and status (i.e. adopted, biological, foster, kinship) of all children residing in the home:			
Name (<i>first and last</i>)	Gender	Date of Birth	Status
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
List the name, gender and age of any child <u>not</u> residing in the home. Indicate the child's relationship (i.e. adopted, biological, foster, kinship) and the reason the child is not residing in the home:			
Name (<i>first and last</i>)	Gender	Date of Birth	Relationship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Kinship
Reason child does not reside in the home			

SECTION III: ASSESSMENT
Family Motivation
Describe the family's motivation for wanting a large family.
Special Needs
Summarize all the special needs of the prospective adoptive child(ren). If there is no specific child to be adopted at this time, then base the assessment on the characteristics the family is approved to adopt. <input type="checkbox"/> N/A- The family is not approved to adopt children with special needs at this time.
Identify all the special needs of all children currently residing in the home of the prospective adoptive family. <input type="checkbox"/> N/A- None of the children currently residing in the home have special needs.
Describe how the prospective adoptive family meets the special needs of each child residing in the home. <input type="checkbox"/> N/A- None of the children currently residing in the home have special needs.
Describe the prospective adoptive family's training and/or experience parenting children with special needs similar to the prospective adoptive child/ren. If there is no specific child to be adopted at this time, then base the assessment on the characteristics the family is approved to adopt. <input type="checkbox"/> N/A- The family is not approved to adopt children with special needs at this time.
Resources and Supports
Summarize the community resources available to the prospective adoptive family and the resources currently utilized by the prospective adoptive family. Identify how the prospective adoptive family plans to utilize these resources to parent a large family. Be sure to talk with all current service providers to obtain an assessment of participation and compliance with any treatment or medical protocols.

Summarize the prospective adoptive family's support system and give examples of how they utilize that support system. Be sure to include where the family goes for concrete support (money, transportation, child care, respite), emotional support, and information/advice. Identify where the support comes from (e.g., extended family, friends, neighbors, organizations and professionals) and whether the support system is mostly formal, informal or a combination. List any support groups that they belong to and how often they participate. Identify support groups in the community that might be helpful to the prospective adoptive family.

What is the impact on the prospective adoptive family's financial stability, now and in the future, of having a large family with many children? What resources does the family say they need in order to include an additional child(ren) in the family?

Discuss the prospective adoptive family's ability and willingness to participate in additional training and services to address any additional child's special needs. If there is no specific child to be adopted at this time, then base the assessment on the characteristics the family is approved to adopt. (Please remember that families cannot be required to attend any additional training based on race, color or national origin (RCNO) of the family or of the child to be placed.) Do the services they may need exist in their community or will they have to go elsewhere to get the child's service needs met? Are there barriers to accessing services? How will the barriers impact the family?

N/A- The family is not approved to adopt children with special needs at this time.

Opinions of Other Children, Adults and Service Providers

Summarize the interviews with all children age four and older who are residing in the home. Questions to consider: What has been the best experience about being in this family? What has been the worst experience about being in this family or being raised by this family? What are the positive things or strengths of this family that makes them a good choice for adopting another child/other children? What concerns do you have about bringing another child(ren) into the home? How would this adoption affect your life?

Describe the interviews or attempts to interview adult children outside of the home. Questions to consider: Do the adult children feel the prospective adoptive family is capable of caring for additional children, including those who may have special needs? Will adult children be a support system to the family, able to help out as needed? What will their role be with the adopted children?

Summarize the opinions of other adults living in the home. Include what the role of these adults will be when additional children come into the home?

If the family has a specific child(ren) they are planning to adopt, obtain the impressions of service providers working with the prospective adoptive child(ren) about the ability of the prospective adoptive family to meet the child's needs and incorporate the additional child(ren) into the home.

N/A- The family is not planning to adopt a specific child at this time.

Family System

Describe the prospective adoptive family's current organization of the family system, including time management, flexibility, keeping appointments, who is available to the children during the day, transportation, and supervision, etc.

How will an additional child (or children) impact the prospective adoptive family system, including time management, flexibility, keeping appointments, who is available to the children during the day, transportation, and supervision, etc.?

Describe the prospective adoptive family's plan in the case of death, illness, or other crisis leading to the inability to care for the child(ren), including who the family would designate as the guardian if the prospective adoptive parents became unable to provide care? Is this the same person that would care for the children currently in the home?

SECTION IV: SUMMARY

Summary of recommendation for approval of the large family assessment of the prospective adoptive family, or the assessor's reasons for not recommending approval of the large family assessment.

<input type="checkbox"/> Recommended for approval <input type="checkbox"/> Not recommended for approval	Assessor Signature	Date
<input type="checkbox"/> Recommend for approval <input type="checkbox"/> Not recommended for approval	Supervisor Signature	Date

**The agency reserves the right to request documentation or references regarding other household members, adult children, or for any service provider to ensure the capability of the prospective adoptive family to meet the child's needs.*