

**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**

Rule Number

**AMENDMENT**

TYPE of rule filing

Rule Title/Tag Line

**Approval of a foster home for adoptive placement.****RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **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: **3107.031, 3107.032, 3107.033, 5153.166**

5. Statute(s) the rule, as filed, amplifies or implements: **3107.031, 3107.032, 3107.033**

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

This rule is being revised as a result of the five year rule 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, entitled "Approval of a foster home for adoptive placement" provides guidance to agencies for persons wanting to add adoption approval to an existing foster care certification. All changes made to this rule were for the clarification and ease of the reader, as a result of the Partners for Ohio's Families (PFOF) rule review process.

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 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).

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 inter-net at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

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:

Previously uploaded the PDF version rather than the correct XML version of the rule.

12. 119.032 Rule Review Date: **7/9/2014**

(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

This rule would have no impact on revenues or expenditures.

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 new costs.

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 is required for private agencies to provide adoption services.

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**

This rule requires specific expenditures in completing adoption homestudy reports for currently certified foster caregivers.

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES  
FOSTER HOME HOMESTUDY**

**SECTION I: Contact Information**

Name, Last (Caregiver #1)	First	Name, Last (Caregiver #2)	First
Address (House or RFD#)		(Street)	
		(Apt. or Lot #)	
City, State and Zip Code			
Telephone Number (Home)		Caregiver #1 (Work)	
Emergency Telephone Number		Caregiver #2 (Work)	

**SECTION II: Personal Information**

	Caregiver #1	Caregiver #2
Name		
Date of Birth		
Social Security Number		
Religion		
Marital Status		
Date of Marriage		
Race		
Years of Education Completed		
Occupation		
Employer		
Hours of Work		
Days of Work		
Drivers License Number		
Expiration Date of Drivers License		

**SECTION III:****Previous marriages: (Attach additional pages if necessary)**

Caregiver #1	
Date of Marriage	Date of Divorce
How Verified?	
Date of Marriage	Date of Divorce
How Verified?	

Caregiver #2	
Date of Marriage	Date of Divorce
How Verified?	
Date of Marriage	Date of Divorce
How Verified?	

**SECTION IV: Other residents of home. (Note: criminal records check required for all adult residents of the home.)**

Last Name	First Name	Sex	Date of Birth	Relationship

**SECTION V: Directions to home from agency**

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**SECTION VI: School Information**

Name of School District in Which this Home is Located	
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Children placed in this home would attend the following schools:

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

**SECTION VII: Income and Expenses**

Caregiver #1 Net Monthly Income	\$	Caregiver #2 Net Monthly Income	\$	Other Monthly Income	\$
Total Net Monthly Income					\$
Specify source of other income, <input type="checkbox"/> savings, <input type="checkbox"/> investments, <input type="checkbox"/> Social Security, <input type="checkbox"/> SSI, <input type="checkbox"/> Worker's Comp., <input type="checkbox"/> Child Support, <input type="checkbox"/> Other, please specify					

Monthly Rent Payment If applicable	\$	Monthly Mortgage Payment If applicable	\$
<b>Monthly Utility Bills</b>			
Gas	\$	Electric	\$
Water/Sewage	\$	Garbage	\$
Cable TV	\$	Telephone	\$
Other (Specify)			\$
Total All Utilities			\$

**Monthly Loan or Debt Payments. (Do not include mortgage here. Attach additional pages if necessary)**

Name	Amount	\$
Name	Amount	\$
Name	Amount	\$
Name	Amount	\$
Total Loan or Debt Payments		\$
<b>Total of all Monthly Rent or Mortgage, Utilities and Loan or Debt Payments</b>		<b>\$</b>

Comments Regarding Family Income

**SECTION VIII: Critical Dates**

Date completed application received (JFS 01691):						Date	
Date of each medical statement (ODJFS 01390):							
Caregiver #1						Date	
Caregiver #2						Date	
Name						Date	
Name						Date	
Name						Date	
Name						Date	
	Dates of Preplacement Training Sessions Attended					Total # of Hours	Successfully Completed?
Caregiver #1							<input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver #2							<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates and location of all interviews conducted in the completion of the homestudy.

Date		Participants		Location	
Date		Participants		Location	
Date		Participants		Location	
Date		Participants		Location	
Date		Participants		Location	

For what age, sex and number of children may this home be used?

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

Initial Determination Date:	Age Range From                      To	Place Number Before Gender M                      F
Date of Change:	Age Range From                      To	Place Number Before Gender M                      F
Date of Change:	Age Range From                      To	Place Number Before Gender M                      F
Date of Change:	Age Range From                      To	Place Number Before Gender M                      F
Date of Change:	Age Range From                      To	Place Number Before Gender M                      F

Date fire inspection was completed: \_\_\_\_\_

Date the JFS 01348 Safety Audit was completed: \_\_\_\_\_

Date well water test completed, if necessary \_\_\_\_\_

Result of well water test \_\_\_\_\_

#### SECTION IX: Discussion of Alternative Care Arrangements

<p>_____</p>	
<p>Has the agency or will the agency approve this alternative care arrangement?</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No



## ASSESSOR'S NARRATIVE ASSESSMENT OF HOME AND FOSTER CAREGIVER(S)

Attach additional pages as needed. Based on interviews, investigations, observations and professional judgment, the assessor must provide the following information:

### I. Physical Description of the Home

Include information relative to the location of the home, space available within the home, including the number of bedrooms, who shares bedrooms and in which bedroom foster children would sleep.

### II. The Foster Family

#### A. Prospective Foster Caregiver(s)

For **each** prospective foster caregiver:

1. Include a brief physical description and general description of personal characteristics.
2. Discuss the individual's attitudes toward and methods of discipline of children.
3. Discuss the individual's motivation for becoming a foster caregiver.
4. Summarize the person's educational background and interests such as hobbies or leisure time activities.
5. Briefly delineate the employment history including the length of time with the current employer and attitudes toward the current position.
6. Discuss any significant childhood experiences including relationships with parents and siblings and relationships with other members of the individual's family and significant others. If the person is married or resides with a significant other, discuss this relationship. If the person is not married and there is another adult household member that has also applied to be a foster caregiver, discuss the relationship between these individuals.

#### B. Children in Household

1. For each child provide a brief physical description and a general description of personal characteristics if the child is over the age of four years. If a child is not the biological child of each prospective caregiver(s), indicate the child's relationship to the caregiver(s).
2. Summarize each child's educational background and interests such as hobbies and leisure time activities.
3. Briefly discuss any special problems each child may have such as physical handicaps, school or behavioral problems, or medical problems which require special attention.
4. Indicate each child's feelings and attitudes about sharing their home with a foster child.

#### C. Other Members of the Household

If there are other household members, indicate their name, age, sex, and relationship to the prospective foster caregiver(s), why the individual is residing in the home, and whether the person is a permanent or temporary member of the household.

### III. General Rule Compliance

- A. Summarize the agency's discussion with the prospective caregiver(s) of all rules of the Ohio Department of Job and Family Services and the agency's policies.
- B. Indicate if there are any rules of the department or agency policies with which the prospective foster caregiver(s) is not in compliance or cannot comply.
- C. State the agency's rationale if requesting a waiver or variance of any rule(s).
- D. If a waiver is recommended specify what the caregiver(s) will do to come into compliance and when compliance will be achieved.

### IV. References

Give a brief summary of the references submitted by the foster caregiver(s) including, but not limited to, the name of the reference, whether a written or verbal reference was received, the date of the reference, and whether the reference was favorable.

### V. Summary and Approval

- A. Summarize the agency assessment of this home, the foster caregiver(s), children and other household members with respect to their suitability to provide foster care for children under the care of the agency.
- B. At the conclusion of the narrative, include a signature line for the assessor and the assessor's supervisor to sign the narrative signifying approval or denial and the dates of the signatures. If the assessor's conclusion is that the applicant(s) will not be suitable to provide foster care, specifically indicate the rules with which the caregiver(s) is not in compliance and how the noncompliance was determined.

**Note: use of either this form or the JFS 01673 is mandated by Chapter 5101:2-5 of the Ohio Administrative Code. Failure to use this form may delay or cause denial of any action recommended. AdoptOhio agencies must use the JFS 01673.**