

POLICY VII-C: FOSTER HOME ASSESSMENT PROCESS

08/2012

Housing

- A. Space must be adequate to promote health and safety. Each bedroom should have at least 50 square feet of space per occupant.
- B. All firearms must be maintained in a secure, locked location and stored separately from ammunition.
- C. All water hazards and dangerous pets will be assessed. Safeguard measures will be implemented, as appropriate.
- D. Children of opposite sexes will have their own separate bedrooms if either child is four years old or older, except for a mother in foster care with her child(ren).
- E. Water must be provided by public water system or approved annually by the Department of Health.
- F. Prospective foster parents who rent must obtain acknowledgement from their landlord that they plan to foster on landlord's property if they are approved by DCFS to foster.



**Arkansas Department of Human Services
Division of Children & Family Services
Initial Checklist for Foster/Adoptive Home Assessment**

Resource Worker/Adoption Specialist:

County:

Initiated Date of Review:

Applicants' Names:

Provider Number:

Completed Date:

Have you completed the following steps and/or filed appropriate documentation in the foster/adoptive home record?	Yes	No
1. Verification of marriage or divorce, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
2. Results of the CFS-316: Request for Child Maltreatment Central Registry Check for each household member age 10 years and older, all information received and, in the case of a report of violation, a summary of the face-to-face discussion, determination, and reasons for determination?	<input type="checkbox"/>	<input type="checkbox"/>
3. Results of the APS-0001: Authorization for Adult Maltreatment Central Registry for each household member age 18 years and older, all information received and, in the case of a report of violation, a summary of the face-to-face discussion, determination, and reasons for determination?	<input type="checkbox"/>	<input type="checkbox"/>
4. CFS-341: Certification of Absence of Criminal Record, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
5. Results of the CFS-342: State Police Criminal Record Check for each household member age 18 years and older, all information received and, in the case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for determination?	<input type="checkbox"/>	<input type="checkbox"/>
6. Results of the ASVSP check for each applicant and each applicable teenage driver?	<input type="checkbox"/>	<input type="checkbox"/>
7. Results of the FBI Criminal Background Check for each household member age 18 years and older?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received CFS-419: Foster Family Support System Information and submitted the appropriate background checks for each FFSS member?	<input type="checkbox"/>	<input type="checkbox"/>
9. CFS-446: In-Home Consultation Visit Report?	<input type="checkbox"/>	<input type="checkbox"/>
10. CFS-363: Foster/Adoptive Applicant Smoking Certification?	<input type="checkbox"/>	<input type="checkbox"/>
11. CFS-404: General Medical Report for each household member?	<input type="checkbox"/>	<input type="checkbox"/>
12. CFS-409: Foster/Adoptive Family Preference Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
13. CFS-455: Request/Consent for Health Department Services, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
14. CFS-480: Alternate Compliance of Water Supply Agreement, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
15. CFS-484: Landlord Notification of Potential Tenant Foster Care Services, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you provide the family with SAFE Questionnaire I?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you click on the "In-Home Consultation/Approval for Training Purpose" in CHRIS so MidSOUTH will be notified of approval status?	<input type="checkbox"/>	<input type="checkbox"/>
18. Applicants have participated in a minimum of 30 hours of pre-service training & orientation?	<input type="checkbox"/>	<input type="checkbox"/>
19. Applicants have received certification in CPR and Standard First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
20. Three completed, positive SAFE reference letters?	<input type="checkbox"/>	<input type="checkbox"/>

21. Assessment included at least two separate visits, one of which was a home visit?	<input type="checkbox"/>	<input type="checkbox"/>
a. A separate interview was conducted with each age-appropriate household member?	<input type="checkbox"/>	<input type="checkbox"/>
b. An interview was conducted with all household members present?	<input type="checkbox"/>	<input type="checkbox"/>
22. SAFE Home Study Final Report and supporting documents (e.g. SAFE Questionnaires I&II, Psychosocial Inventory)?	<input type="checkbox"/>	<input type="checkbox"/>
23. CFS-462: Initial Foster Home Agreement, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
24. Approval/Denial Letter?	<input type="checkbox"/>	<input type="checkbox"/>
a. Was the approval/denial letter sent within 60 days from completion of pre-service training or, where applicable, was the applicant notified in writing of the reasons for the delay?	<input type="checkbox"/>	<input type="checkbox"/>
b. In the case of denial, does the letter indicate the reasons for denial?	<input type="checkbox"/>	<input type="checkbox"/>
c. In the case of denial, does the record indicate there was a face-to-face conference with the applicants to discuss the reasons for denial?	<input type="checkbox"/>	<input type="checkbox"/>
25. Family and their physical surroundings meet all standards of approval as outlined in PUB-22 (and documented on CFS-446)?	<input type="checkbox"/>	<input type="checkbox"/>
26. Alternative compliance or policy waiver approval, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
27. Did you provide and review the approval/orientation packet with the family?	<input type="checkbox"/>	<input type="checkbox"/>
28. Did you provide a copy of the final SAFE Home Study Report to the family, regardless of approval or denial?	<input type="checkbox"/>	<input type="checkbox"/>
For Provisional Foster Homes only:		
29. CFS-474: Provisional Foster Home Orientation Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
30. CFS-452: Provisional Foster Home Verification?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Resource Worker/Adoption Specialist Signature: _____

Date: _____

Name of Supervisor/Designee: _____

Date: _____

Supervisor/Designee Signature: _____



Arkansas Department of Human Services

Division of Children and Family Services

Landlord Notification of Potential Tenant Foster Care Services

Date: _____

Dear: _____

I/We _____
Foster Applicant Name (s)

at _____
Applicant Address

are applying to provide foster care services for the Arkansas Division of Children and Family Services. This letter serves to inform you of our interest in receiving a foster child (ren) into our home. If you have any questions regarding foster care services you may call:

Resource Worker

Telephone Number

LANDLORD REPLY

Date: _____

By my signature below, I acknowledge I have received notification that the above named applicant(s), who are my tenants at the address listed above, are interested in fostering children who are in DHS custody.

Landlord Name (please print)

Landlord Signature

Address

Telephone Number