



Other Parent Home Assessment (OPHA)

Worker Name:	Child(ren)'s Name:	Investigation Number:
Date Home Visit Conducted:		Court Case No.:

Section I: DEMOGRAPHICS

A. Contact/Identifying Information

Parent:	
DOB:	
Social Security:	
Address:	
City:	
County, State & Zip Code	
Home E-mail Address:	
Home Phone: () -	
Cell Phone: () -	
Work Schedule:	
Leave home:	Return home:
Work Phone: () -	
Fax: () -	
Language Spoken:	
Race:	
Ethnicity/Culture:	
FL Residence Length:	
Other states of residence and approximate dates lived there:	
State:	Dates:
State:	Dates:



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B. Worker Contact Information

	Date	Notes
Initial Home Interview:		
Additional Home Interview (if Applicable):		
Additional Home Interview (if Applicable):		
Additional Home Interview (if Applicable):		

C. Other Household Members

Name of Member	Relationship to Parent Listed in Section I.A.	Date of Birth/Age	Social Security #	Race/Ethnicity	Gender	Primary Language Spoken

D. Non-resident Children (of Parent listed in Section I.A.)

All Minor and Adult children of Primary Caregiver(s) <u>Who Do Not Currently Reside in Home</u>						
Name						
Date of Birth						
Relationship to Caregiver						
Address						
Telephone						



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E. Placements

Non-Related Children Placed in the Home (by the Department or Other Agency) If none, mark N/A								
First Name/Last Initial Only	Date of Birth/Age	Date Placed in Home	Date Exited Home	Race/Ethnicity	Gender	Primary Language Spoken	Special Needs or Concerns	Type of Placement

Section II. BACKGROUND SCREENING

A. Background checks:

Criminal records and Child Abuse records have been checked for the parent(s), all adults and other persons living in the home, as required.

Name	Relationship to Parent listed in Section I.A.	Identification/ Verification of Legal Parent Status	Local Background	NCIC and FCIC	Fingerprints Received	Other States Checked
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____

Additional background checks not listed above [include name of check, (e.g. DJJ, driving record, civil court) name of individuals screened and date of results]:

B. Presumption of Detriment Explanation:

(If child is not release to the Other Parent, provide explanation/rationale to be presented to court.)



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Section III. ASSESSMENT and HOME STUDY

The purpose of this section is to assess the parent's ability and willingness to care for their child(ren).

<p>1. Explain how any current or past experiences with child abuse or neglect, alcohol and/or substance abuse, alcohol and/or substance abuse treatment or domestic violence may impede the parent's ability to care for their child(ren).</p>	<p>Document the factors and explain <u>for each individual</u>.</p>
<p>2. Explain to the parent that he/she will be expected to participate in a professional team supporting the child by:</p> <p style="margin-left: 20px;">a) sharing necessary information with other professionals on the team and maintaining the confidentiality of the child and caregiver as required by law, regulation and professional ethics; and</p> <p style="margin-left: 20px;">b) participating in planning activities, court hearings, staffings and other key meetings?</p> <p style="margin-left: 20px;">c) providing for the child's medical, psychological and dental care needs, including providing transportation to/from, attending appointments and communicating with professionals.</p>	<p>Document parent's willingness/ability to meet this expectation.</p>
<p>3. Explain how the parent is willing and able to ensure the child safety and well-being by:</p> <p style="margin-left: 20px;">a) providing appropriate supervision and positive methods of discipline;</p> <p style="margin-left: 20px;">b) providing transportation;</p> <p style="margin-left: 20px;">c) meeting the child's special needs, including physical, developmental, behavioral, or psychological needs; (Special needs could include physical limitations or behavioral issues such as fire setting, sexual reactive behaviors, mental health or substance abuse issues, reactive attachment behaviors, etc and could require a child behavior management plan.)</p> <p style="margin-left: 20px;">e) providing a safe physical environment.</p>	<p>Document parent's willingness/ability to meet this expectation.</p>



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<p>4. Explain how the parent is willing and able to assist their child in family time/visitation and other forms of communication with the removal parent and siblings, as appropriate.</p>	<p>Document parent's willingness/ability to meet this expectation.</p>
<p>5. Explain to the parent that he/she will be expected to support their child(ren)'s school success by:</p> <ul style="list-style-type: none"> 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 any child's participation in extra-curricular activities. c) maintaining the child(ren) in the school of origin, to the extent possible and if it is in the child(ren)'s best interest to do so. d) maintaining any 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. 	<p>Document parent's willingness/ability to meet this expectation.</p>



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Section V. FINANCIAL SECURITY, RESOURCES AND CHILD CARE ARRANGEMENTS

1. Does the parent have sufficient funds to support their current expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will child care or after-school care be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will it be provided?
3. What new expenses are anticipated for the child(ren) to be placed in the home?
4. Will the parent be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
5. What services will the parent need in order to help ensure stability? (List all)



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VI. ATTESTATION AND ACKNOWLEDGEMENT – PARENT/CAREGIVER(S)

To the best of my knowledge, I have given (Name of agency) truthful information on all questions asked of me.

In addition, I acknowledge receipt of the following (check all that apply):

- Water Safety Advisory Firearms Safety Sudden Infant Death Syndrome and Ways to Help Prevent It

Printed Name
Parent/Caregiver #1

Date

Printed Name
Parent/Caregiver #2

Date

Signature

Date

Signature

Date



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VII. APPROVAL/DENIAL AND RECOMMENDATIONS

A. Family Name: (Last name(s) of family)

Based upon all materials submitted, interviews held, observations made during training, review of all references and background clearances, it is the recommendation of (Name of agency) that the following course of action be taken on this PARENT HOME ASSESSMENT:

Agency name

1. Emergency Location of Child with Other Parent
2. Change of Location of Child with Other Parent

Approved Denied
Approved Denied

DENIAL: State reasons for denial or non-approval as indicated by a presumption of detriment.



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B. SIGNATURE PAGE

SIGNATURES ARE REQUIRED OF THE PERSONS COMPLETING AND APPROVING THE HOMESTUDY

Signature (Required)
Child Protective Investigator

Date

Signature (Required)
Child Protective Investigator Supervisor

Date

Signature (Required)
Case Manager

Date

Signature (Required)
Case Manager Supervisor

Date

AGENCY SIGNATURES (Each agency will determine which of the following signatures are required for each type of placement):

Signature
Program Director

Date

Signature
Executive Director

Date



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VIII. ATTACHMENTS

Attach caregiver(s) references or verifications from: a) employer(s)? b) school and/or daycare? c) a personal contact? d) a professional contact? e) any other source?	<input type="checkbox"/> Y <input type="checkbox"/> N Date: <input type="checkbox"/> Y <input type="checkbox"/> N Date: <input type="checkbox"/> Y <input type="checkbox"/> N Date: <input type="checkbox"/> Y <input type="checkbox"/> N Date: <input type="checkbox"/> Y <input type="checkbox"/> N Date:
Photos of Home - Interior	<input type="checkbox"/> Y <input type="checkbox"/> N Date:
Photos of Home - Exterior	<input type="checkbox"/> Y <input type="checkbox"/> N Date:
Other Attachments – Explain a. b. c.	<input type="checkbox"/> Y <input type="checkbox"/> N Date: <input type="checkbox"/> Y <input type="checkbox"/> N Date: <input type="checkbox"/> Y <input type="checkbox"/> N Date: