

Unified Home Study

General Information



Participant Guide

Office of Child Welfare

4/1/2018

Table of Contents

| | |
|--|----|
| Unified Home Study Definition | 4 |
| Placement Assessment..... | 7 |
| Purpose of Unified Home Studies..... | 8 |
| Person Provider Inquiry | 10 |
| Provider File Cabinet..... | 17 |
| What Components Does a UHS Assess? | 22 |

Unified Home Study: General Information

Learning Objectives:

1. Define the purpose of a Unified Home Study and explain why the changes have been made to policies and FSFN functionality.
2. Examine the common core components of a UHS and the information gathered to assess these components.
3. Identify new FSFN functionality and how it relates to the various UHS types.

Unified Home Study Definition

The Unified Home Study (UHS) is the assessment of a common set of requirements that must be met before the child is placed by a Child Welfare Professional into someone’s home, such as a relative/non-relative, foster family, or adoptive family.

Why Change?

1. UHS FSFN functionality did not align with practice and policy.
2. UHS FSFN functionality and state policies did not align with post-Title IV-E Waiver requirements.
3. The UHS is not user-friendly and does not meet the needs of CPIs, Case Managers, Licensing Specialists, and Adoptions Specialists.
4. Unified Home Studies are not consistently approved and denied in FSFN.

What Has Changed?

Policies:

- 65C-16, F.A.C.: Adoptions
 - 65C-13, F.A.C.: Licensing
 - 65C-28, F.A.C.: Out-of-Home Care
 - CFOP 170-1, Chapter 5: Unified Home Study
 - CFOP 170-1, Chapter 6: Requesting and Analyzing Background Records
-
-
-
-

FSFN Functionality:

- Ability to inactivate non-household members
 - Ability to build upon a previously approved UHS
 - Redesign of the finance breakdown group box
 - Modification of the narrative family assessment
 - Modification of approvals process
- Ability to capture common core assessment questions
 - Ability to search for person provider inquiries
 - Ability to answer non-required questions
 - Creation of a provider filing cabinet and a provider licensing checklist
-
-
-
-
-

When Do the Changes Occur?



Resources

Various training materials and resources will be offered in order to prepare all Child Welfare Professionals for the upcoming changes. These resources can be found at the Florida Center for Child Welfare website.

- The following materials can be found here:
<http://www.centerforchildwelfare.org/HomeStudy.shtml>
 - UHS Train-the-Trainer Guides, PowerPoints, and Participant Guides.
 - UHS Job Aid: Provides an overview of the core components and includes sample questions that can be utilized by participants when making the UHS assessment.
 - FSFN Tutorials: Provide step-by-step demonstrations on how to create a Person Provider and the UHS. Includes how to select the various types of home studies, upload key documents, and complete the UHS.
 - UHS FSFN Functionality Informational Flyers.
- The following materials can be found here:
<http://centerforchildwelfare.fmhi.usf.edu/DeptOperatingProcedures.shtml>
 - CFOPS.
- The following materials can be found here:
<http://centerforchildwelfare.fmhi.usf.edu/FloridaAdminCode.shtml>
 - Florida Administrative Codes.

- The following materials can be found here:
<http://www.centerforchildwelfare.org/FSFNAll.shtml>
- Unified Home Study User Guide: Provides information about how to complete work in FSFN. This guide includes screen shots of the work in FSFN.
- Unified Home Study How Do I Guide: Provides the steps to take when completing work in FSFN. This is a quick desk reference companion to the User Guide where additional details can be found.
- Unified Home Study Position Paper: Defines how a child welfare business process is supported with the FSFN functionality.

Placement Assessment

A placement assessment must first be completed when a child is initially removed. Additional Placement Assessments should be completed as determined by the Community Base Care (CBC) Lead Agency.

People may recall from the recent webinar entitled “Assessment Process for Placement of Children in Out-of-Home-Care”, the placement assessment helps determine the level of care needed for each child placed in out-of-home care to ensure the most appropriate placement is selected on behalf of the child. Webinar link to share and/or use as needed:
<http://centervideo.forest.usf.edu/video/center/asplacoohc/start.html>

Through the use of the placement assessment, Child Welfare Professionals determine the best level of care needed for the child’s placement. Thus, in determining the best placement setting, assess if the child has any:

- Medical, developmental, and/or mental health needs
- DJJ involvement
- Court order placement requirements
- Siblings
- Educational needs
- Placement preference and activities, hobbies, etc. that the child is involved with

This assessment is designed to determine the level of care, not to determine if the child should be placed with a specific individual.

Purpose of Unified Home Studies

- **Emergency Placement:**

- Completed by Child Protective Investigators.
 - Assesses prospective relative/non-relative caregivers.
 - Occurs when a child must be placed immediately due to exigent circumstances.
 - Initial assessment occurs prior to the child's placement.
-
-

- **Relative/Non-relative Placement:**

- Completed by Case Managers that will be placing the child with a relative/non-relative caregiver.
 - Assesses prospective relative/non-relative placements.
 - Assessment occurs prior to the child's placement.
-
-

- **Initial Licensing or Re-licensing for Foster Home:**

- Completed by Licensing Specialists/staff who are employed by a CBC, subcontracted agency, or other licensed child-placing agency.
 - Assesses prospective caregivers who want to become foster parents (licensed caregivers) for children placed in out-of-home care and caregivers who are already licensed and are undergoing their re-licensure process.
 - For the initial license UHS, the assessment and supervisor approval in FSFN occurs prior to the child's placement.
 - Determines the number of children the caregiver(s) are able to care for and supervise.
-
-
-

- **Adoption:**

- Completed by Adoption Specialists/staff employed by a CBC, subcontracted agency, or other licensed child-placing agency.
- Completed when an individual wishes to adopt a child within the Child Welfare System to evaluate his/her capacity for adoptive parenthood.
- Completed and supervisor approved in FSFN prior to the adoption of a child.

- **Adoption Addendum**

- Completed by Adoption Specialists/staff employed by a CBC, subcontracted agency, or other licensed child-placing agency.
- Completed when an Adoption Unified Home Study needs to be updated.

- **Addendum-Not Adoption**

- Completed by Licensing Specialists and Case Managers.
- Completed annually when a licensed caregiver is afforded a three-year foster care license.
- Completed when there are updates due to changes in family circumstances.



FSFN Screens

Unified Home Study - Internet Explorer provided by DCF
 http://172.27.48.248:8003/flsacwis/pm/pm04tp/PM04TP_UnifiedHomeStudy?action=EDIT&fromWhere=desktop&HOME_STUDY

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

[Addendum - Non-Adoption](#)
[Adoption](#)
[Adoption Addendum](#)
[Emergency Placement](#)
[Initial License for Foster Home](#)
[Non-Relative Placement](#)
[Re-License](#)
[Relative Placement](#)

STUDY_ID_PRVD_ORG=900000202

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:
[Approval](#)
[Upload Image](#)

Person Provider Inquiry

The Person Provider Inquiry is used to document the initial inquiry when a potential caregiver wants to become a Person Provider (i.e., licensed foster parent, relative or non-relative caregiver, or adoptive parent).

- There are two routes that can be followed when creating the Person Provider Inquiry:
 1. When CPIs are in situations where they do not have access to a computer, for example if they are conducting the removal in the late hours of the night and are not near the office or do not have internet access in the field, the Criminal Intelligence Unit (CIU) at the Florida Abuse Hotline can assist by phone. To conduct the background checks and complete the Person Provider Inquiry, the CIU needs the information for the potential caregiver(s) and household members. The CIU will then conduct a provider search, create a provider inquiry, create the UHS, complete background checks, and assign the Person Provider Inquiry to the CPI.
 - **Note:** The Person Provider Inquiry displays in the My Intakes section in FSFN.
 2. The second way is for Child Welfare Professionals to create the Person Provider Inquiry themselves using the FSFN Create menu.

What Has Changed with the Person Provider Inquiry?

 **What Has Changed with the Person Provider Inquiry?**

- Person Provider Inquiry:
 - Household members and non-household members are not able to be removed from the Person Provider Inquiry if information is captured on the UHS to ensure a clean audit trail.
 - Now reflects the Person ID for household members and non-household members.
 - New tab labeled Person Provider Inquiry added to the existing Search page accessed from the banner bar by selecting the Search command button.



Unified Home Study 1.15

 **What Has Changed with the Person Provider Inquiry?, con't.**

- Person Provider:
 - The links for household members have been updated so the user can more readily access Person Management and make modifications as needed.
 - Household members cannot be removed or inactivated on a pending UHS.
 - Non-household members can be inactivated.
 - The Caregiver 1's Person Management page has been updated.



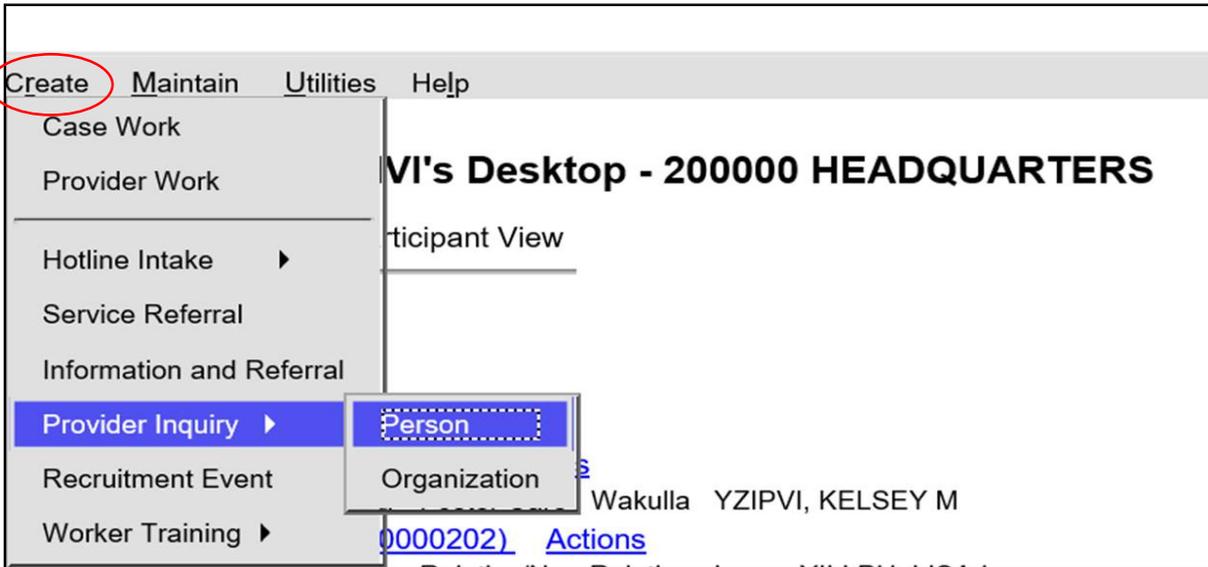
Unified Home Study 1.17

Creating the Person Provider Inquiry and Launching the UHS

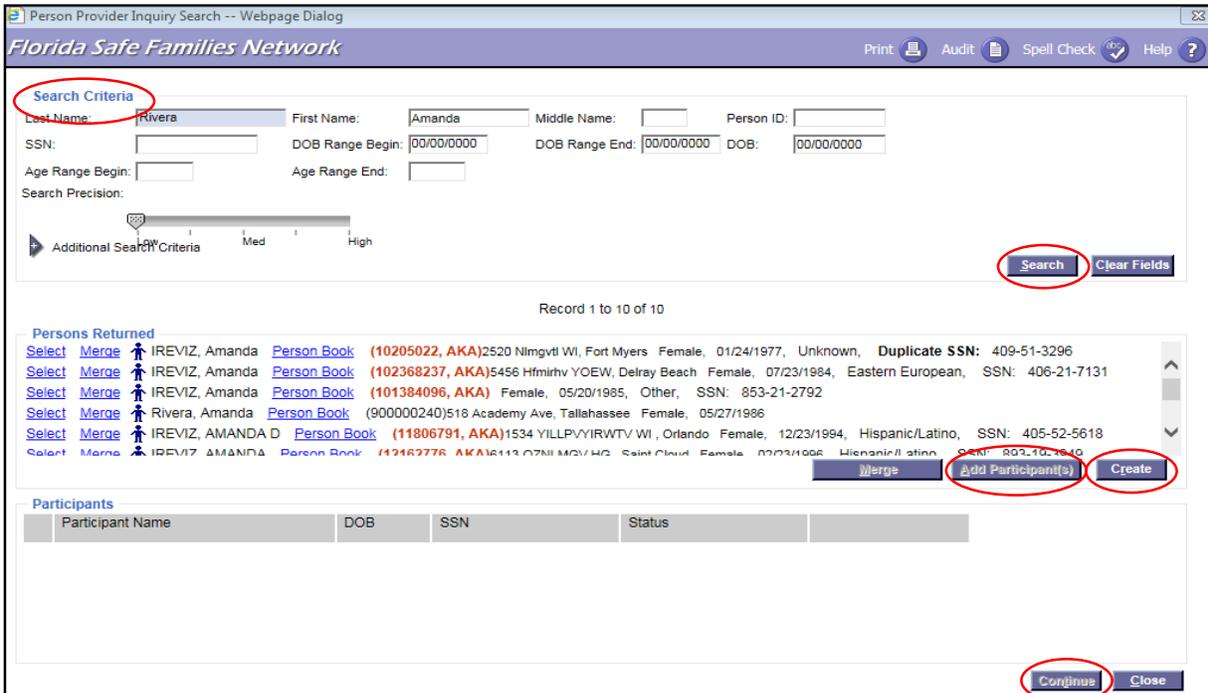


FSFN Screens

How to create a Person Provider Inquiry:



How to search and add participants to the Person Provider Inquiry:



Documenting the caregiver role on the Person Provider Inquiry page:

The screenshot shows the 'Florida Safe Families Network' interface. At the top, there are navigation icons for 'Hand Book', 'Print', 'Audit', 'Spell Check', and 'Help'. Below this, the 'Basic' tab is selected and circled in red. The page displays family information: Family Name: Rivera, Amanda; Date: 04/03/2018; Inq ID: 900000481; Status: Pending. A table titled 'Household Members' has columns for Name, Person ID, Gender, DOB, Age, Race, and Role. The entry for 'Rivera, Amanda' has a 'Role' dropdown menu set to 'Caregiver 1', which is also circled in red. Below the table is an 'Add/Edit' button. A 'Non-Household Members' table is also visible but empty. On the right side, there are 'Actions' (Unified Home Study) and 'Text' (Person Provider Inquiry Comments) sections. At the bottom, there are 'Save' and 'Cancel' buttons.

Where to complete the acceptance decision:

The screenshot shows the 'Florida Safe Families Network' interface with the 'Basic' tab selected and circled in red. The page displays family information: Family Name: Rivera, Amanda; Date: 04/03/2018; Inq ID: 900000481; Status: Pending. The 'Home Information' section includes fields for Caregiver 1 (Rivera, Amanda), Caregiver 2, Primary Language (English), and Marital Status (Single Female). The 'Inquiry Information' section includes Inquiry Type (Relative/Non-Relative), Date of Initial Inquiry, and Referral Source. The 'Worker' section, circled in red, includes the Worker Name (LISA I. YILLPH), a radio button for 'Accept' (which is selected), and a dropdown for 'Reason' set to 'Meets Requirements'. On the right side, there are 'Actions' (Unified Home Study) and 'Text' (Person Provider Inquiry Comments) sections. At the bottom, there are 'Save' and 'Cancel' buttons.

What the Person Provider Home tab looks like once created:

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

Basic
Number: 900000202 Name: Rivera, Amanda Type: Relative/Non-Relative Status: Active

Home Members Characteristics Services Training Merge/Name History

Home Information
Caregiver 1: Rivera, Amanda Primary Language: English
Caregiver 2: Marital Status: Single Female
Provider Address: 518 Academy Ave, Tallahassee, FL 32399
Mailing Address:
Home: Work: Ext: Cell: (850)370-4516 Fax: Ext:
Email: Contact Phone: Ext:

Alternate Contact Information
Name: Phone: Description:

Tax ID Number
 FEIN SSN N/A

Schools/Child Care Facilities
School

Vendor ID
Fiscal Agency Vendor ID

Operational Hours

Parent Agency: Rivera, Amanda

Actions:
[Delink Provider](#)
[Parent Agency History](#)
[Provider Repayment Method](#)
[Background Screening License/Re-License Checklist](#)
[Unified Home Study](#)
[Upload Image](#)
Checklist:
Text:

Launching the UHS from a Person Provider page:

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

Basic
Number: 900000202 Name: Rivera, Amanda Type: Relative/Non-Relative Status: Active

Home Members Characteristics Services Training Merge/Name History

Home Information
Caregiver 1: Rivera, Amanda Primary Language: English
Caregiver 2: Marital Status: Single Female
Provider Address: 518 Academy Ave, Tallahassee, FL 32399
Mailing Address:
Home: Work: Ext: Cell: (850)370-4516 Fax: Ext:
Email: Contact Phone: Ext:

Alternate Contact Information
Name: Phone: Description:

Tax ID Number
 FEIN SSN N/A

Schools/Child Care Facilities
School

Vendor ID
Fiscal Agency Vendor ID

Operational Hours

Parent Agency: Rivera, Amanda

Actions:
[Delink Provider](#)
[Parent Agency History](#)
[Provider Repayment Method](#)
[Background Screening License/Re-License Checklist](#)
[Unified Home Study](#)
[Upload Image](#)
Checklist:
Text:

UHS Main page once created:

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:

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 |
|-------------------|-----|-----|-----------------------------------|-------------------|
|-------------------|-----|-----|-----------------------------------|-------------------|

Contact/Identifying Information

Rivera, Amanda
Date of Birth: 05/27/1986

Save Close

Actions:
Approval
Upload Image

Text:
Unified Home Study
Prior Maltreatments & Findings/Referrals
Findings/Referrals

How to link the UHS with a particular FSFN case:

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:

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 |
|-------------------|-----|-----|-----------------------------------|-------------------|
|-------------------|-----|-----|-----------------------------------|-------------------|

Contact/Identifying Information

Rivera, Amanda
Date of Birth: 05/27/1986

Save Close

Actions:
Approval
Upload Image

Text:
Unified Home Study
Prior Maltreatments & Findings/Referrals
Findings/Referrals

FSFN Print Audit Spell Check Help

Provider
Provider ID: 100159127 Provider Name: Zyifaavhv, Michael

Forms Information

| Date Created | Date Initiated | Purpose | Status |
|--------------|----------------|---------|--------|
|--------------|----------------|---------|--------|

Create **Close**

Provider File Cabinet

The new Provider File Cabinet allows Child Welfare Professionals to upload documents that relate specifically to the provider. It is similar to the Case File Cabinet.

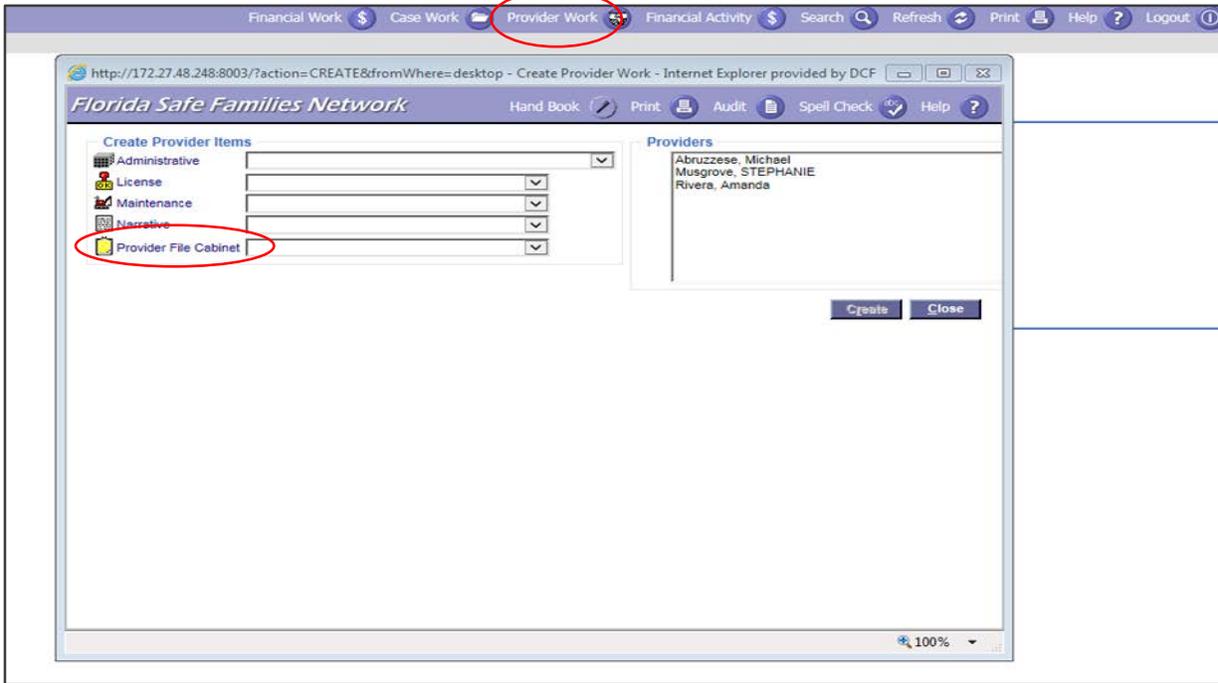
The Provider File Cabinet Image can be created directly from the Person Provider, Organization Provider, UHS, or Create Provider Work.

- There is a new page accessed from the Utilities menu on the desktop labeled Provider File Cabinet Search.
 - Search criteria is available for the Provider File Cabinet Search.
 - The Images Returned group box provides for sorting and the ability to access the Provider (Person or Organization) and Images page directly.
 - Once the document is uploaded and titled, the title cannot be changed. The File Name for all uploaded images needs to follow a standard naming convention.
-
-
-
-

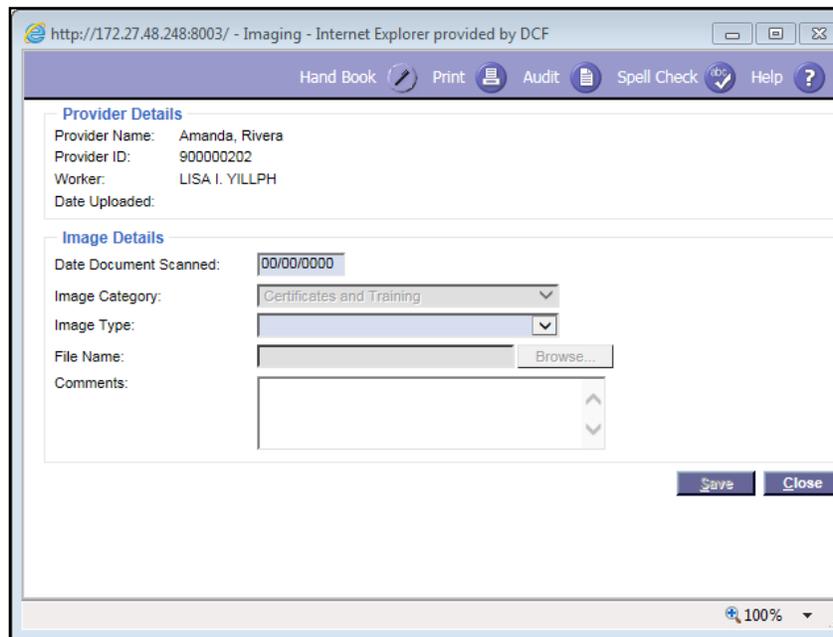


FSFN Screens

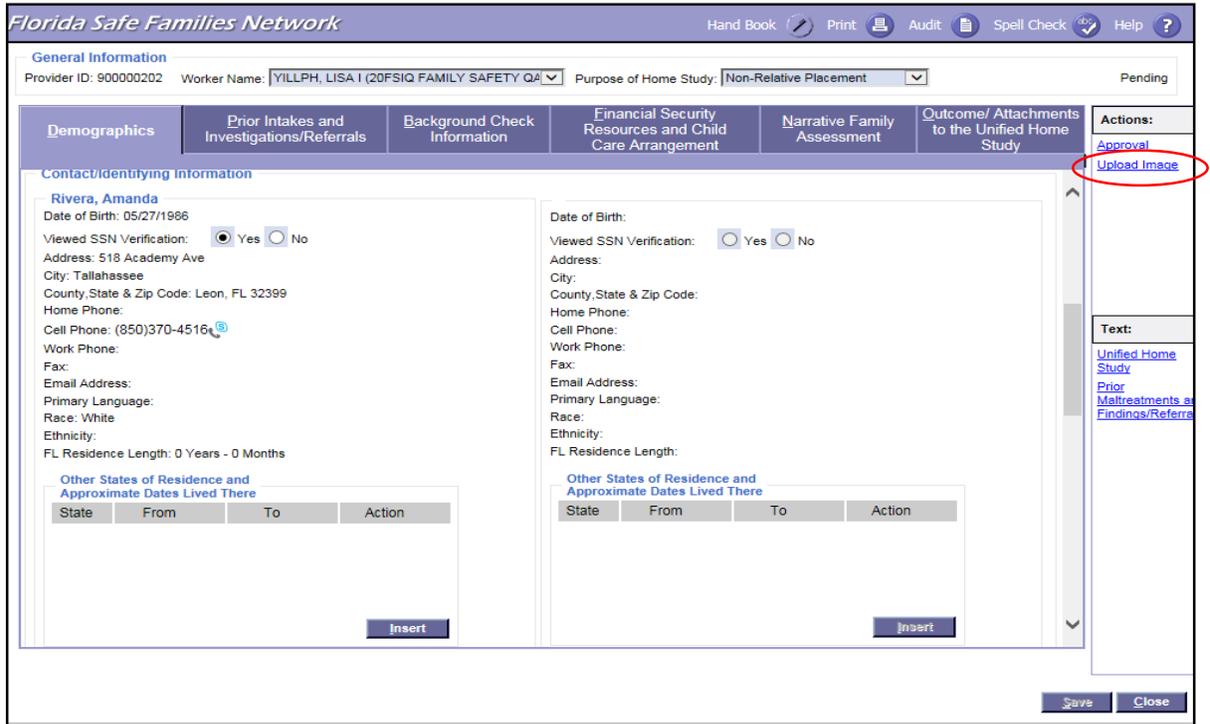
How to access the Provider File Cabinet:



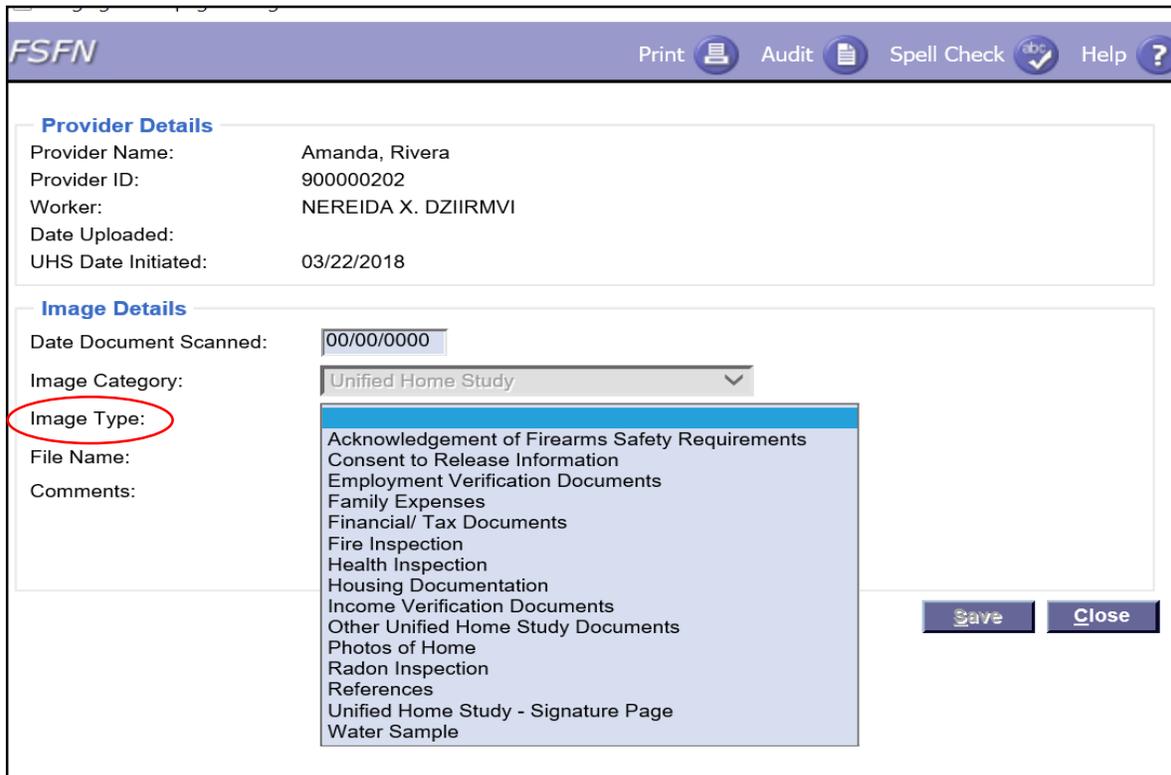
How to upload the Image pop-up box for the Provider File Cabinet:



How to upload images from the UHS:



How to choose the image type from the UHS:



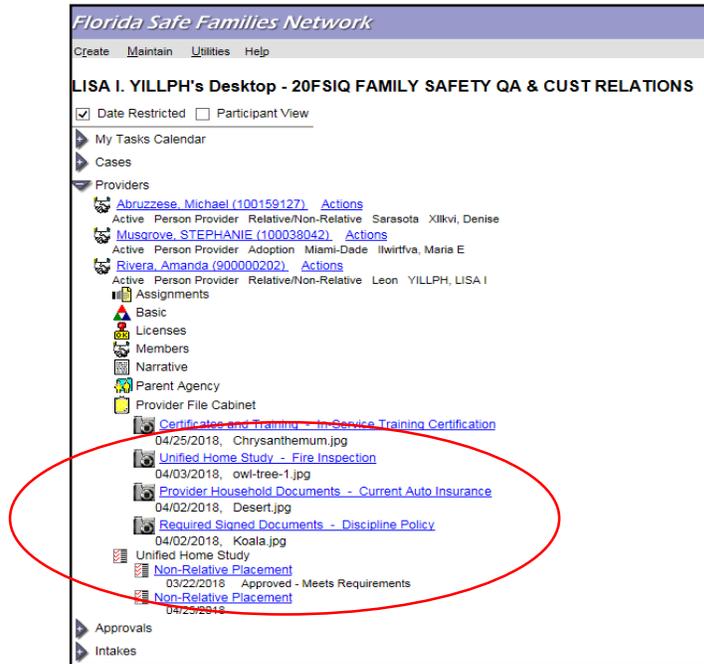
How to choose the image type from the UHS:

The screenshot shows the FSFN application interface. At the top, there are navigation icons for Print, Audit, Spell Check, and Help. The main content area is divided into sections: **Provider Details** and **Image Details**. Under **Provider Details**, the following information is displayed: Provider Name: Amanda, Rivera; Provider ID: 900000202; Worker: NEREIDA X. DZIIRMVI; Date Uploaded: 03/22/2018; UHS Date Initiated: 03/22/2018. Under **Image Details**, the Date Document Scanned is 00/00/0000 and the Image Category is Unified Home Study. The **Image Type** dropdown menu is open, showing a list of options: Acknowledgement of Firearms Safety Requirements, Consent to Release Information, Employment Verification Documents, Family Expenses, Financial/ Tax Documents, Fire Inspection, Health Inspection, Housing Documentation, Income Verification Documents, Other Unified Home Study Documents, Photos of Home, Radon Inspection, References, Unified Home Study - Signature Page, and Water Sample. The 'Image Type' label and the dropdown menu are circled in red. 'Save' and 'Close' buttons are visible at the bottom right of the form.

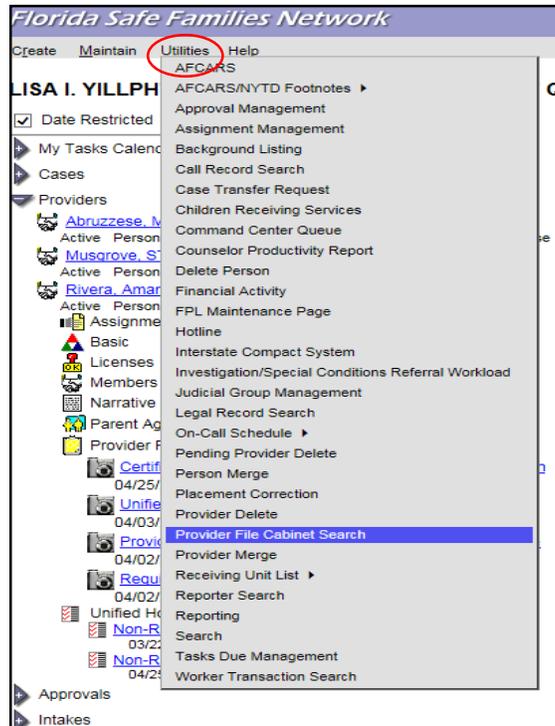
How to view attached images from the UHS:

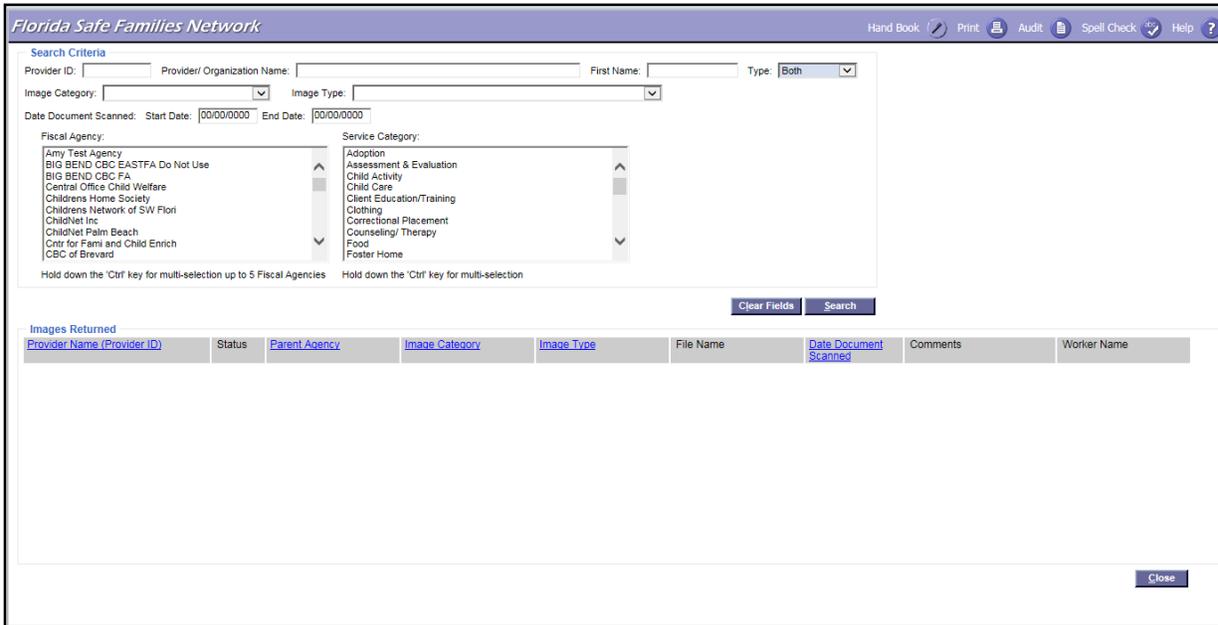
The screenshot shows the Florida Safe Families Network web application. The browser address bar indicates the URL: http://172.27.48.248:8003/ - Unified Home Study - Internet Explorer provided by DCF. The page title is 'Florida Safe Families Network'. The navigation bar includes 'Hand Book', 'Print', 'Audit', 'Spell Check', and 'Help'. The main content area is titled 'General Information' and shows details for a case: Provider ID: 900000202, Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY QA), Purpose of Home Study: Initial License for Foster Home, and Status: Pending. Below this, there are tabs for Demographics, Prior Intakes and Investigations/Referrals, Background Check Information, Financial Security Resources and Child Care Arrangement, Narrative Family Assessment, and Outcome/ Attachments to the Unified Home Study. The 'Outcome/ Attachments to the Unified Home Study' tab is active. It contains a 'Recommendation' section with a dropdown set to 'Denied - Review Comments' and a text area describing the denial. An 'Outcome' dropdown is also present. On the right side, there is an 'Actions' panel with links for 'Approval', 'Upload Image', and 'View Attached Images'. The 'View Attached Images' link is circled in red. Below the actions panel is a 'Text' section with links for 'Unified Home Study', 'Prior Maltreatments and Findings/Referrals', and 'Attachments'. The 'Attachments' section lists various documents with 'Attached' and 'Not Attached' radio buttons and a 'Reason' dropdown. At the bottom right, there are 'Save' and 'Close' buttons.

How to view attached images from the desktop:



How to search in the Provider File Cabinet:



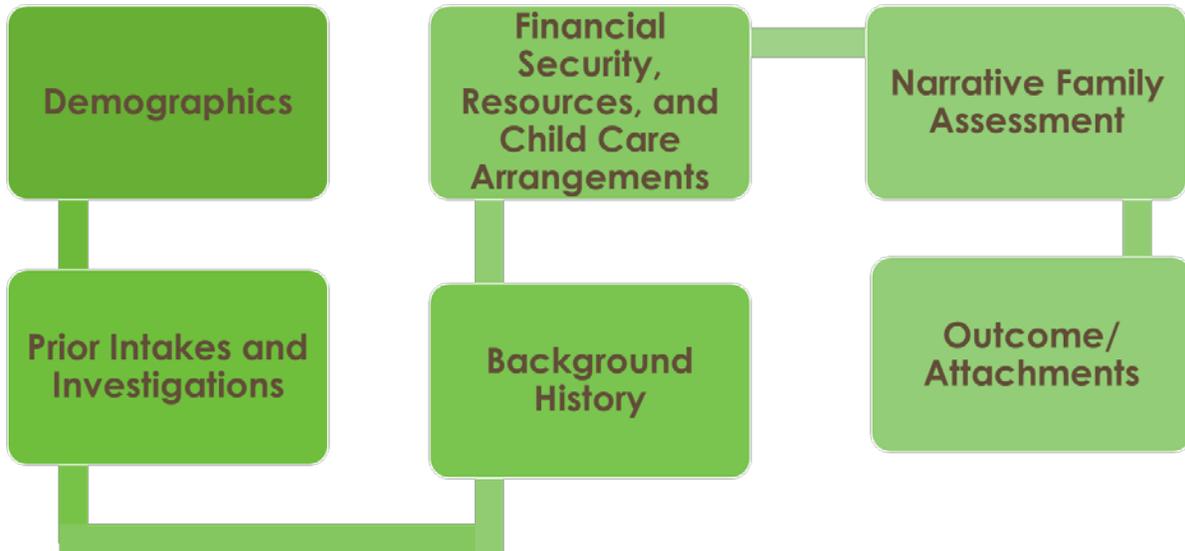


What Components Does a UHS Assess?

The UHS is a process whereby Child Welfare Professionals gather vital information in order to assess if identified caregiver(s) have the capacity to provide a nurturing, caring, and safe environment for each child placed in their care.

Each component of the UHS consists of core assessment information and/or questions. The information gathered as part of the core assessment is required for all home studies, regardless of type. Additional information will be required and gathered based on the type of home study that is completed.

Core Components





FSFN Screens

Core Component – Demographics:

Florida Safe Families Network Hand Book

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 | | | | | | | | | | | | |
|---|--|------------------------------|---|-----------------------------|--|---|--|--|--|-------|------|----|--------|--|--|--|--|
| <p>Contact/Identifying Information</p> <p>Rivera, Amanda Date of Birth: 05/27/1986 Viewed SSN Verification: <input checked="" type="radio"/> Yes <input type="radio"/> 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</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Other States of Residence and Approximate Dates Lived There</th> </tr> <tr> <th>State</th> <th>From</th> <th>To</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | | | | Other States of Residence and Approximate Dates Lived There | | | | State | From | To | Action | | | | |
| Other States of Residence and Approximate Dates Lived There | | | | | | | | | | | | | | | | | |
| State | From | To | Action | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

Actions:
[Approval](#)
[Upload Image](#)

Text:
[Unified Home Study](#)
[Prior Maltreatments and Findings/Referrals](#)

[Save](#) [Close](#)

Core Component – Demographics:

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 | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------|---|-----------------------------|--|---------|-----------|------------------|--------|--|--|--|--|-------------------|-----|-----|-----------------------------------|-------------------|--|--|--|--|--|
| <p>Case Information</p> <p>Case(s) Associated</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Case ID</th> <th>Case Name</th> <th>Investigation ID</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p style="text-align: center;">Insert</p> <p>Children Associated</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Names (Person ID)</th> <th>DOB</th> <th>Age</th> <th>Relationship to Caregiver(if any)</th> <th>Court Case Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Contact/Identifying Information</p> <p>Rivera, Amanda Date of Birth: 05/27/1986</p> | | | | | | Case ID | Case Name | Investigation ID | Action | | | | | Names (Person ID) | DOB | Age | Relationship to Caregiver(if any) | Court Case Number | | | | | |
| Case ID | Case Name | Investigation ID | Action | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Names (Person ID) | DOB | Age | Relationship to Caregiver(if any) | Court Case Number | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

Actions:
[Approval](#)
[Upload Image](#)

Text:
[Unified Home Study](#)
[Prior Maltreatments and Findings/Referrals](#)

[Save](#) [Close](#)

Core Component – Demographics:

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

General Information
 Provider ID: 900000202 Worker Name: YILLPH, LISA I (20FSIQ FAMILY SAFETY Q^A) 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 | | | | | | Approval Upload Image Text: Unified Home Study Prior Maltreatments or Findings/Referrals | | | | | | | | | | | | | | |
| Provider Notes <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PNID</th> <th>Begin Date</th> <th>Date Entered</th> <th>Note Category</th> <th>Note Type</th> <th>Worker Creating Note</th> <th>Worker Making Contact</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="height: 50px;"> </td> </tr> </tbody> </table> <div style="text-align: right;">Insert</div> | | | | | | | PNID | Begin Date | Date Entered | Note Category | Note Type | Worker Creating Note | Worker Making Contact | | | | | | | |
| PNID | Begin Date | Date Entered | Note Category | Note Type | Worker Creating Note | | Worker Making Contact | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Other Household Members <i>This includes biological children</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Person ID</th> <th>Role</th> <th>SSN Verified</th> <th>Race/Ethnicity</th> <th>Gender</th> <th>Primary Language</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="height: 50px;"> </td> </tr> </tbody> </table> | | | | | | Name | Person ID | Role | SSN Verified | Race/Ethnicity | Gender | Primary Language | | | | | | | | |
| 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](#)

Core Component – Demographics:

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 | 900000340 | 03/20/1968 | Mother | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | Delete |

[Insert](#)

Core Component – Prior Intakes and Investigations/Referrals:

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

Prior Intakes

| Date | Intake Number | Intake Name | Intake Type | Referral Type | Screening Decision | Case ID | Finding | Investigative Sub Type |
|---------|---------------|-------------|-------------|---------------|--------------------|---------|---------|------------------------|
| <-----> | | | | | | | | |

Prior Investigations/Referrals

| Intake Number | Case Name | Case ID | Intake Type | Referral Type | Investigative Sub Type | Finding | Status |
|---------------|-----------|---------|-------------|---------------|------------------------|---------|--------|
| <-----> | | | | | | | |

Save Close

Core Component – Background Check 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

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 | Fingerprint Status | Action |
|--------------------------|-----------------|-----|-----------------------|----------------------|---|---------------|---------------------------|--------|
| <input type="checkbox"/> | Rivera, Amanda | 31 | | | <input checked="" type="radio"/> Yes <input type="radio"/> No | 03/22/2018 | No Disqualifying Offenses | |
| <input type="checkbox"/> | Rivera, Rebecca | 50 | | | <input type="radio"/> Yes <input type="radio"/> No | 00/00/0000 | | Delete |

Insert Request Background Check

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.

Core Component – Financial Security Resources and Child Care Arrangement:

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: Approval Upload Image

Finance Breakdown

Employment Information

| Member Name | Employer Name | Net Monthly Salary | Action |
|----------------------------|---------------|--------------------|-------------|
| Rivera, Amanda (900000240) | Walmart | \$2,000.00 | Edit Delete |

Insert

Additional Monthly Support or Income

| Member Name | Income Type | If Other, Specify | Income Amount | Action |
|----------------------------|-------------|-------------------|---------------|--------|
| Rivera, Amanda (900000240) | Other | Food Stamps | \$200.00 | Delete |

Insert

Household Information

Combined Monthly Income: \$2,200.00

Total Monthly Expenses: \$1,789.00

Monthly Expenses

| Expense Type | If Other, Specify | Expense Amount | Action |
|--------------|-------------------|----------------|--------|
| | | | |

Save Close

Text: Unified Home Study Prior Maltreatments or Findings/Referrals

Core Component – Narrative Family Assessment:

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: Approval Upload Image

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.

Assess Caregiver(s)

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)
 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. Amanda feels she had a great childhood
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 to drive 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)
 Amanda denied having any medical or mental health conditions that would interfere with her ability to be a caregiver. Amanda does take Lisinopril 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.
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)
 Amanda 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.

Save Close

Text: Unified Home Study Prior Maltreatments or Findings/Referrals

Core Component – Outcome/Attachments:

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: |
|---|---|------------------------------|---|-----------------------------|--|---|
| Recommendation 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 | | | | | Outcome Outcome: [Empty Field] | Approval Upload Image |
| Attachments | | | | | | Text: Unified Home Study Prior Maltreatments or Findings/Referrals |
| Adoption - Child Study | <input type="radio"/> Attached <input type="radio"/> Not Attached | Reason: [Empty Field] | | | | |
| Adoption Subsidy Acknowledgement Form | <input type="radio"/> Attached <input type="radio"/> Not Attached | Reason: [Empty Field] | | | | |
| Affidavit of Firearm Safety | <input type="radio"/> Attached <input type="radio"/> Not Attached | Reason: [Empty Field] | | | | |
| Affidavit of Good Moral Character | <input type="radio"/> Attached <input type="radio"/> Not Attached | Reason: [Empty Field] | | | | |
| Consent to Release Information | <input type="radio"/> Attached <input type="radio"/> Not Attached | Reason: [Empty Field] | | | | |
| Florida Adoption Reunion Registry | <input type="radio"/> Attached <input type="radio"/> Not Attached | Reason: [Empty Field] | | | | |
| Florida Adoption Assistance Program | <input type="radio"/> Attached <input type="radio"/> Not Attached | Reason: [Empty Field] | | | | |

Save **Close**