

## RELICENSING EVALUATION CHILD FOSTER CARE

Name: \_\_\_\_\_ Date of Home Visit: \_\_\_\_\_

1. Current Employment Status:

<u>Parent #1</u>	<u>Parent #2</u>
Name: _____	Name: _____
Employer: _____	Employer: _____
Phone: _____	Phone: _____
Hours: _____	Hours: _____

2. Changes over the past year - family members, housing, financial, employment, major losses:

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3. List any changes in your family's health situation and summarize current health issues:

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4. Current household members; including foster children:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Please briefly describe each child, including their adjustment and needs over the past year:

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6. How do you view your children's awareness and acceptance of the last child/children added to the family through foster care or adoption?

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7. How do you expect your children will adapt to the addition of another foster or adoptive child in the home? Are there any specific issues you will need to address with each child?

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8. Overall, how has providing foster care affected your family this year?

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9. Do you feel you have received adequate information about your foster child's family background, health, school, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, explain what kinds of information you would have liked to have received:

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10. Were you involved in the development and implementation of the case plan? What was your experience like?

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11. Do you have any issues with the agency that have not been resolved?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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12. Do you feel you have a good relationship with agency staff? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If not, how do you feel it could improve? \_\_\_\_\_

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13. Do you feel you receive adequate support from agency? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If not, how could we improve? \_\_\_\_\_

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14. Do you feel training opportunities are adequate? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
In which subject areas would you like more training?

_____	_____
_____	_____
_____	_____

15. Placements:

A. Would you like an additional placement at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. We would prefer: Age: \_\_\_\_\_ 0-2 \_\_\_\_\_ 2-5 \_\_\_\_\_ 5-12

\_\_\_\_\_ 12-15 \_\_\_\_\_ 15-18

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Either

C. We will consider: Age: \_\_\_\_\_ 0-2 \_\_\_\_\_ 2-5 \_\_\_\_\_ 5-12

\_\_\_\_\_ 12-15 \_\_\_\_\_ 15-18

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Either

D. Length of placements we prefer: \_\_\_\_\_

E. Willing to take emergency/on-call placements: \_\_\_\_\_ Yes \_\_\_\_\_ No

F. Willing to take respite placements: \_\_\_\_\_ Yes \_\_\_\_\_ No

G. Interested in concurrent planning/adoptive placements \_\_\_\_\_ Yes \_\_\_\_\_ No

H. Would a foster child share a bedroom? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, with whom? \_\_\_\_\_

16. Do you have any additional comments or suggestions regarding how we could improve the child foster care program?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Foster Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Foster Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Licenser Social Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed with foster family on this date:** \_\_\_\_\_

**Foster Child Licenser Social Worker Notes**

● **Comments made by placing workers:**

● **Other Areas Addressed:**