

FOSTER CARE AND ADOPTION CONTRACTED HOME SCREENING REFERRAL

Purpose: This form provides demographic information necessary to conduct a foster or adoptive home screening.

Directions: The FAD worker completes and includes the referral form as part of the documentation to be provided to the home screening contractor.

HOME DEMOGRAPHICS

Type of Home Screening Request:
Family Name:
Physical Address:
Phone Number:
Email:
Language(s) spoken in the home:

LIST ALL HOUSEHOLD MEMBERS STARTING WITH THE PROSPECTIVE CAREGIVER (Use back if needed)

Name:	Date of Birth:	Role in home:	FPS & Criminal History Check Completed and Attached:
			<input type="checkbox"/> FPS History <input type="checkbox"/> DPS Check <input type="checkbox"/> FBI Check <input type="checkbox"/> Checks N/A
			<input type="checkbox"/> FPS History <input type="checkbox"/> DPS Check <input type="checkbox"/> FBI Check <input type="checkbox"/> Checks N/A
			<input type="checkbox"/> FPS History <input type="checkbox"/> DPS Check <input type="checkbox"/> FBI Check <input type="checkbox"/> Checks N/A
			<input type="checkbox"/> FPS History <input type="checkbox"/> DPS Check <input type="checkbox"/> FBI Check <input type="checkbox"/> Checks N/A
			<input type="checkbox"/> FPS History <input type="checkbox"/> DPS Check <input type="checkbox"/> FBI Check <input type="checkbox"/> Checks N/A

CHILD SPECIFIC REQUESTS (IF APPLICABLE)

Name of Child (list all names, if more than one):

Date of Birth (for each child, if more than one):

Are any of the children displaying high-risk behaviors (including runaway, suicide ideation, and sexualized behaviors)? Yes No

If yes, name of child(ren):

Please describe the high-risk behaviors:

Support or services currently in place or needed:

ISSUES/CONCERNS

Please identify any areas of concern, problems, or topics that need to be further explored and discussed

REQUIRED FORMS TO BE SENT WITH REFERRAL

- Copy of Court Order if court is specifying a contractor to complete an update
- Form 2054, Service Authorization
- Routing and Approval Form 2700 FAD

- Parenting Application (2286)
- Additional Household Information Form (2286b)
- Relative/Kinship Information Form (2286r)

Reference Letters received to date.

- Two Related references: #1 #2
- Three Community references: #1 #2 #3
- All Adult or minor children over age 12 not living in the home
 All Completed Not Completed:

NOTE CONTRACTOR IS EXPECTED TO CONTACT ALL OTHER REFERENCES THAT DID NOT RESPOND IN WRITING

- All Prior Home Screenings (Including Kinship Caregiver Home Assessment)

Verification documentation, as applicable

- | | |
|--|---|
| <input type="checkbox"/> Proof of Age | <input type="checkbox"/> Proof of Marriage, Divorce, or Death |
| <input type="checkbox"/> Proof of Citizenship | <input type="checkbox"/> Proof of Income |
| <input type="checkbox"/> Proof of Education (For foster or dual) | <input type="checkbox"/> Pet Vaccinations |
| <input type="checkbox"/> Fire Inspection | <input type="checkbox"/> Health Inspection |
| <input type="checkbox"/> Results of Out of State Checks | <input type="checkbox"/> Results of Law Enforcement Checks |

Other documents as applicable

Specify: