

CONNECTICUT FAMILY ASSESSMENT

FOR USE DURING THE FOSTER CARE/ADOPTION ASSESSMENT PROCESS

FAMILY NAME:	WORKER'S NAME:
APPROVAL DATE: (for private agency use)	AREA OFFICE
RESOURCE FAMILY FOR: Adoption: <input type="checkbox"/> Foster Care: <input type="checkbox"/> LINK #	

CONNECTICUT FAMILY ASSESSMENT

FAMILY SUMMARY INFORMATION

APPLICANTS

Prospective Parent #1:	Prospective Parent #2:
Name: (Last, First, MI)	Name: (Last, First, MI)
Date of Birth:	Date of Birth:
Gender/Identity:	Gender/Identity:
Race/Ethnicity:	Race/Ethnicity:
Religion:	Religion:
Languages Spoken:	Languages Spoken:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Emergency Phone:	Emergency Phone:

Address:

Directions to home:

OTHER ADULTS IN HOUSEHOLD

Name: (Last, First, MI)	Name: (Last, First, MI)
Date of Birth:	Date of Birth:
Gender/Identity:	Gender/Identity:
Race/Ethnicity:	Race/Ethnicity:
Religion:	Religion:
Languages Spoken:	Languages Spoken:
Relationship to Applicant:	Relationship to Applicant:

CHILDREN IN HOUSEHOLD

<p>Name: (Last, First, MI)</p> <p>Date of Birth:</p> <p>Gender/Identity:</p> <p>Child by:</p> <p>Birth: <input type="checkbox"/> Adoption: <input type="checkbox"/> Date:</p> <p>Kinship Placement: <input type="checkbox"/> Date:</p> <p>Foster Care: <input type="checkbox"/> Date:</p> <p>Race/Ethnicity:</p> <p>Religion:</p> <p>Languages Spoken:</p>	<p>Name: (Last, First, MI)</p> <p>Date of Birth:</p> <p>Gender/Identity:</p> <p>Child by:</p> <p>Birth: <input type="checkbox"/> Adoption: <input type="checkbox"/> Date:</p> <p>Kinship Placement: <input type="checkbox"/> Date:</p> <p>Foster Care: <input type="checkbox"/> Date:</p> <p>Race/Ethnicity:</p> <p>Religion:</p> <p>Languages Spoken:</p>
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(FOR ADDITIONAL CHILDREN ATTACH A SEPARATE PAGE)

MOTIVATION

Give the stated and assessed motivation to provide foster care or to adopt.

Study Worker's Assessment: Include observations, review of group participation, interviews, and written materials.

HISTORY

Parent #1

Childhood: Parent's relationship, sibling relationships, impression of his/her childhood. Any history of sexual abuse, domestic violence, substance abuse in family members. How have they dealt with any prior abuses? What, if any, effect has it had on their familial relationships?

History of Serious Relationships and Losses: Include strengths and any significant issues. Identify personal losses and how they were dealt with.

Educational History: Public or private schools, academics and feelings about school, diplomas, type of degree and year. General attitude about school and education?

Employment: Locations, years of employment, job titles, reason for changes in jobs, future goals. Hours and place of current employment.

Past Health History: Childhood health, chronic illnesses, diagnosis, prognosis, medications, psychiatric history, historical alcohol or drug use and treatment. Any pregnancy history and/or history of infertility.

Parent #2

Childhood: Parent's relationship, sibling relationships, impression of his/her childhood. Any history of sexual abuse, domestic violence, substance abuse in family members. How have they dealt with any prior abuses? What, if any, effect has it had on their familial relationships?

History of Serious Relationships and Losses: Include strengths and any significant issues. Identify personal losses and how they were dealt with.

Educational History: Public or private schools, academics and feelings about school, diplomas, type of degree and year. General attitude about school and education?

Employment: Locations, years of employment, job titles, reason for changes in jobs, future goals. Hours and place of current employment.

Past Health History: Childhood health, chronic illnesses, diagnosis, prognosis, medications, psychiatric history, historical alcohol or drug use and treatment. Any pregnancy history and/or history of infertility.

ADULT FUNCTIONING

Parent #1

Description of person: How does parent present, general temperament and how does he/she describe him/herself? What is his/her style of communication? What coping mechanisms are used by the parent to handle stressors? What are his/her involvements in and out of the home, hobbies, responsibilities? (Use examples)

Current Health/Mental Health: What is his/her current health? Any physical or medical problems and/or conditions? What is the impact of these conditions on the applicant's daily living skills? Current medications. Any experiences with counseling? Is there a Physician's statement on file?

Parent #2

Description of person: How does parent present, general temperament and how does he/she describe him/herself? What is his/her style of communication? What coping mechanisms are used by the parent to handle stressors? What are his/her involvements in and out of the home, hobbies, responsibilities? (Use examples)

Current Health/Mental Health: What is his/her current health? Any physical or medical problems and/or conditions? What is the impact of these conditions on the applicant's daily living skills? Current medications. Any experiences with counseling? Is there a Physician's statement on file?

PARENTING

Parent #1

Experience: Describe relationship and expectations that they have had with the children (either their own or others) that they have parented. Describe the level of involvement in these children's lives. Any previous experience with DCF children? Any previous experience in parenting children with special needs. Assessed capabilities and/or limitations in parenting DCF children. Children who would be appropriate for this home. Children that would be inappropriate for this home.

Discipline: What is his/hers definition of abuse and/or neglect? What is his/her history of being disciplined themselves? How have they disciplined children? What is his/her ability to comply with DCF's discipline regulations? Has the Discipline Agreement been discussed and signed?

Parent #2

Experience: Describe relationship and expectations that they have had with the children (either their own or others) that they have parented. Describe the level of involvement in these children's lives. Any previous experience with DCF children? Any previous experience in parenting children with special needs? Assessed capabilities and/or limitations in parenting DCF children. Children who would be appropriate for this home. Children that would be in appropriate for this home.

Discipline: What is his/hers definition of abuse and/or neglect? What is his/her history of being disciplined themselves? How have they disciplined children? What is his/her ability to comply with DCF's discipline regulations? Has the Discipline Agreement been discussed and signed?

OTHER ADULTS IN OR INVOLVED IN THE HOUSEHOLD

Identify each person, e.g., adult child of family, grandparents, significant others, etc., and include names and dates of birth. Discuss this person's experience with his/her own children and other child caring experiences, beliefs about discipline, general biographical information including substance abuse history, psychiatric history, financial contribution to the household, role in the household, daily interaction with members of the household, feelings about foster care/adoption and to what extent he/she will relate to the new child. What would a foster child call this person?

CHILD/CHILDREN

Include age and general description of the child's personality and level of development. Discuss the child's vulnerability with foster or adoptive children being placed in the home. Include school and intellectual functioning including school reference. What are the child's behavioral issues, mental health, developmental or medical issues to be considered when placing another child in the home? What is the child's understanding or feeling about having a foster or adoptive child in the home? What are the parents' attitudes toward their child, relationship of child with own siblings/involvements outside of family?

Child #1:

Child #2: *(Repeat as needed for other children)*

FAMILY FUNCTIONING

Include: Family structure, clarity of roles and boundaries, communication, how family decisions are made? How does the family display affection? What are their recreational activities? What is their religious involvement? What cultural activities have they incorporated into their family routines? Describe the family's daily routine.

Study Worker's Assessment of the impact of placement to this family's functioning.

ON BEING A FAMILY RESOURCE

What do the applicants think is the effect of abuse and/or neglect on children? What is their viewpoint on birth families? How will they incorporate visitation with birth families into having a DCF child placed in their home? What are their attitudes about and abilities to incorporate reunification into the plan for the child, the birth family and their own family? What are their attitudes about and abilities to incorporate being an equal team member for the child with birth families, DCF staff, therapists, schools etc? Should adoption become the plan, what are their attitudes towards and abilities for legal risk adoptions, open adoptions, and ongoing connectedness to important people in the child's past, outside of the adoptive home? Can they support a search for these identified people before, during and after an adoption? How will they share the child's history with that child? Has the confidentiality agreement been signed?

COMMUNITY AND FAMILY RESOURCES

What are the family's resources, within their extended family and friends, faith based organizations, clubs etc? What resources are available in the community? What resources have they accessed in the past? If there were an unforeseen emergency, whom would they identify as using for respite, or additionally, for long term planning? What is their willingness to engage in recommended services such as therapies, FAST programs, support groups etc? What are the local schools?

DEMOGRAPHICS

Include: Description and assessment of home, including sleeping arrangements. Description of the neighborhood and yard. Description of any alcohol use and/or smoking by family members. Description of any pets/animals in the home. Description of any specific conditions of the home/applicants as described in Agency Regulations Section 17a-145-130-160. Include assessment of the families income and expenses and their ability to meet the financial obligations of their household without DCF's financial assistance. Description of the applicant's ability to take emergency placements, adoption/parental leave and time off. Has the Verification of Requirements been met and the form (DCF 0043) completed.

FINAL ASSESSMENT / SUMMARY

Assessment is the Social Worker's critical evaluation of the information gathered during the interviewing process, participation during PRIDE, and the written materials assembled.

Please state the workers assessment of this families/individuals strengths and weaknesses, their ability to comply with the agencies' policies and regulations and their ability to meet the needs of a Foster or Adopted child (children) placed in their home. Assess the families ability to support the Departments plan for the children in their care. What is their ability to work as a professional team member?

MATCHING AND USAGE OF THE HOME:

<input type="checkbox"/> Foster Care	Age Range/Preference:
<input type="checkbox"/> Adoption	Sex Preference:
<input type="checkbox"/> Willing to accept LGBTQI* youth?	Bed Capacity:
<input type="checkbox"/> Willing to accept sibling groups? (up to three siblings)-	
<input type="checkbox"/> Willing to take an emergency placement	

* *LGBTQI= Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex*

Sibling group, culture, language and other considerations:

<p>Family's Racial/Ethnic Preferences:</p> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/African American <input type="checkbox"/> Caucasian/Latino <input type="checkbox"/> Latino/African American <input type="checkbox"/> Latino <input type="checkbox"/> Asian/Other
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Adoptive families: Discuss and assess the family's agreed upon level of acceptable legal risk.

Check the degree of legal risk acceptable to the family:

- Voluntary
- TPR granted, appeal period open
- TPR filed, contested
- Plan for adoption, child not freed (foster care)

SIGNATURES

Social Worker's Signature

Date

Supervisor's Signature

Date

**Program Supervisor's Signature or
Program Director's Signature**

Date