

I. DEMOGRAPHIC INFORMATION:

APPLICANT/CAREGIVER #1:

Date of Birth:	Social Security Number:
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Tribal Affiliations:

Address (Street and/or Mailing):

City:	State:	Zip:	County:
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Telephone Number - Home/Cellular	Telephone Number - Work
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Email Address:

APPLICANT/CAREGIVER 2:

Date of Birth:	Social Security Number:
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Tribal Affiliations:

Address (Street or Mailing):

Email Address:

II. HOME STUDY:

Purpose of Home Study:

<input type="checkbox"/> Parent	<input type="checkbox"/> Relative	<input type="checkbox"/> ICPC	<input type="checkbox"/> Non-Custodial Parent
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Kinship	<input type="checkbox"/> Adoptive	

Home Study Completed By - Name:	Date Home Study Completed:
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Credentials:

<input type="checkbox"/> Bachelor of Arts	<input type="checkbox"/> Master of Arts	<input type="checkbox"/> Doctorate Degree	<input type="checkbox"/> Bachelor of Science
<input type="checkbox"/> Master of Science	<input type="checkbox"/> Licensed Mental Health Practitioner	<input type="checkbox"/> Bachelor of Social Work	
<input type="checkbox"/> Master of Social Work	<input type="checkbox"/> High School/GED + Required Experience	<input type="checkbox"/> Associates	

Agency Name:

Address:	Phone Number:
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City:	State:	Zip:
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Email Address:

Date of Referral:	Referral Source:
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CHILD INFORMATION:

Not Applicable

Child's Name

Date of Birth:

Child's Current Placement:

Child's Relationship to Foster Parent: (if placement is completed prior to home study completion, provide circumstances. If caregivers are American Indian or Alaska Native identify who is a member or eligible for membership in a federally recognized tribe, identify which tribe and attach copies of tribal documents):

Anticipated Placement Date:

CONTACTS

Prior Contacts with Studies Completed:

Personal Interviews (for each interview include names, dates, who attended, location of interview and approximate length of visits):

Foster Parent Pre-Service Training Completed:

Yes No Date:

If Applicable, Foster Parent Training Waived

Yes No

Other Training:

III. HOME STUDY (See instructions in Home Study Guidebook)

APPLICANT/CAREGIVER NAME:

1. Family Background:

2. Self-Awareness:

3. Employment, Education and Military:

4. Criminal History and Law Enforcement Contact:

APPLICANT/CAREGIVER NAME:

1. Family Background:

2. Self-Awareness

3. Employment, Education and Military:

4. Criminal History and Law Enforcement Contact:

Both Applicants (if more than one applicant):

5. Current Family Composition:

6. Parenting:

7. Physical and Behavioral Health

8. Motivation to Foster/Adopt Child(ren)

9. Ability to Meet the Child's Social, Emotional, Educational and Physical Health Care Needs:

10. Support Systems:

IV. HOUSEHOLD INFORMATION:

1. Current Living Arrangements:

2. Transportation:

3. Finances - In this section please include the following information regarding the applicant: Gather the following financial information to assess and understand that the applicant has the ability to financially support a foster child/adoptive child.

A. Income:

Income	Applicant/Caregiver Name:	Applicant/Caregiver Name:
Gross Income	\$	\$
Current Net Income	\$	\$
Social Security	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Disability	\$	\$
Unemployment	\$	\$
Veteran's Benefits	\$	\$
Workman's Compensation	\$	\$
Pension	\$	\$
Additional Income	\$	\$
Assets (Property, (Stocks, Bonds, etc.,)	\$	\$
Totals	\$	\$

B. Forms of Assistance: NA

SNAP	\$
WIC	\$
General Assistance	\$
Total	\$

C. Household Expenses Monthly:

Housing (Rent/Mortgage)	\$
Utilities (Electric, Water, Gas, etc.)	\$
Medical Insurance	\$
Cable, Phone, Internet	\$
Vehicle (Payment and insurance)	\$
Loan and or credit card(s)	\$
Medical/insurance not-covered	\$
Living expenses (Groceries, Gasoline, Entertainment)	\$
Child Care	\$
Other	\$
Total	\$

V. NUMBER OF REFERENCES CONTACTED

Applicants/Caregivers Names:

Number of References Received:

Summary of Strengths/Concerns Identified:

VI. MEDICAL REPORT OF APPLICANTS

Applicant/Caregiver Name:

A. Signed Health Information Report is Present in the Permanent File:

Yes No Not Applicable (if approved home or relative is not licensable, do not complete A, B, C below)

1. If yes, the date it was signed by the applicant:

2. General statement of health: (overall health, activity level, list of medications (purpose of the medication)

3. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis)

Applicant/Caregiver Name:

B. Signed Health Information Report is Present in the Permanent File:

Yes No Not Applicable (if approved home or relative is not licensable, do not complete A, B, C below)

1. If yes, the date it was signed by the applicant:

2. General statement of health: (overall health, activity level, list of medications (purpose of the medication)

3. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis)

VII. EVALUATION

A. Strengths of Foster Family:

B. Needs of Foster Family (training, services, or supports needed):

C. Recommendations for Foster Family:

VIII. RECOMMENDATIONS

A. Statement of approval or disapproval for the placement of children in this home: (If a relative or kinship home, identify support(s) necessary to ensure the child(ren)'s safety, permanance and well-being).

B. Type of child to be considered for placement: (Not applicable if kin is not licensable)

1. Age Range:

2. Gender:

3. Physical Handicap:

4. Emotional Handicap:

5. Learning Disability:

6. Intellectual Disability:

7. Child in Need of Placement with Siblings:

8. Medical Risk:

9. Child in Need of Openness in Adoption:

10. Legal Risk:

VIII. SIGNATURES

Completed By (Printed Name)

Date:

Signature:

Date:

Supervisor (Printed Name)

Date:

Signature:

Title:

HOME STUDY ADDENDUM

REGISTER, LAW ENFORCEMENT CHECKS AND CLEARANCE

Applicant/Caregiver Name:

National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:

Date Completed:

Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results (nebraska Data Exchange Network (NDEN):	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Applicant/Caregiver Name:	
National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
REGISTER/Y CHECKS	
Other States Applicant lived in within the Past 5 Years	
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:

Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
REGISTER/Y, LAW ENFORCEMENT CHECKS AND CLEARANCE for Other Household Members Age 18 and Over	
Household Member Name:	
National Criminal History Check (Finger Prints) and Nebraska State Patrol Check Results	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

Household Member Name:

National Criminal History Check (Finger Prints) and Nebraska State Patrol Check Results

Date Completed:

Nebraska Sex Offender Registry Results:

Date Completed:

Law Enforcement Check Results:

Date Completed:

Nebraska Child Abuse/Neglect Central Registry Results:

Date Completed:

Nebraska Adult Abuse/Neglect Central Registry Results:

Date Completed:

REGISTER/Y CHECKS for Other Household Members Age 13 - 17

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:

Date Completed:

Nebraska Adult Abuse/Neglect Central Registry:

Date Completed:

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:

Date Completed:

Nebraska Adult Abuse/Neglect Central Registry:

Date Completed:

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:

Date Completed:

Nebraska Adult Abuse/Neglect Central Registry:

Date Completed:

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:

Date Completed:

Nebraska Adult Abuse/Neglect Central Registry:

Date Completed: