



PARENTAL REUNIFICATION READINESS ASSESSMENT AND HOMESTUDY

Date Assessment/Homestudy Completed: <u>August 5, 2008</u>	Caseworker Name: _____
Date(s) of Removal(s): _____	Reasons for Agency Involvement (List All): _____
Names of Child(ren) to be Reunified and Ages: _____	Dates of all Home visits to Parent's/Reunification Home: _____
Date Child(ren) Began <u>Unsupervised</u> Visits with this Parent: _____	Date Child(ren) Began <u>Overnight</u> Visits with this Parent: _____

REUNIFICATION PARENT AND HOUSEHOLD DEMOGRAPHIC INFORMATION

Full Legal Name	Relationship to child being Reunified	Date of Birth	Place of Birth City & State	Social Security Number	Marital Status (check one)	Have required Record Checks been done? (check one)	Does this person have a Juvenile or Criminal Record? (check one)
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Parents/Caregivers in the Reunification Home

#1 Name: _____	_____	_____	_____	_____	S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
#2 Name: _____	_____	_____	_____	_____	S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Information on all other child and adult reunification household members, including anyone who frequently visits the home, or frequently is or will be in the home (whether or not in a potential caretaking capacity); attach an additional sheet if necessary.

Full Legal Name	Relationship to Child being Reunified	Date of Birth	Place of Birth City & State	Social Security Number	Marital Status (check one)	Have required Record Checks been done? (check one)	Does this person have a Juvenile or Criminal Record? (check one)
Name: _____	_____	_____	_____	_____	S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name: _____	_____	_____	_____	_____	S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Comment [NM1]: Date ... [1]
- Comment [NM2]: Caseworker ... [2]
- Comment [NM3]: Date(s) of ... [3]
- Comment [NM4]: Reasons for ... [4]
- Comment [NM5]: Names of ... [5]
- Comment [NM6]: Dates of al ... [6]
- Comment [NM7]: Date Child ... [7]
- Comment [NM8]: Date Child ... [8]
- Comment [NM9]: Parents/Ca ... [9]
- Comment [NM10]: Parents ... [10]
- Comment [NM11]: User en ... [11]
- Comment [NM12]: User en ... [12]
- Comment [NM13]: User en ... [13]
- Comment [NM15]: User en ... [14]
- Comment [NM16]: User en ... [15]
- Comment [NM14]: User en ... [16]
- Comment [NM17]: Parents ... [17]
- Comment [NM18]: User en ... [18]
- Comment [NM19]: User en ... [19]
- Comment [NM20]: User en ... [20]
- Comment [NM21]: User en ... [21]
- Comment [NM23]: User en ... [22]
- Comment [NM24]: User en ... [23]
- Comment [NM22]: User en ... [24]
- Comment [NM25]: Other C ... [25]
- Comment [NM26]: User en ... [26]
- Comment [NM27]: User en ... [27]
- Comment [NM28]: User en ... [28]
- Comment [NM29]: User en ... [29]
- Comment [NM31]: User en ... [30]
- Comment [NM32]: User en ... [31]
- Comment [NM30]: User en ... [32]
- Comment [NM33]: Other C ... [33]



Name:					S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:					S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:					S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Comment [NM34]:** This row repeats the same comments NM24 - NM32
- Comment [NM35]:** This row repeats the same comments NM24 - NM32
- Comment [NM36]:** This row repeats the same comments NM24 - NM32
- Comment [NM37]:** Information on all minor and adult children of the reunification home parent(s), who do not live in the home. Name: User entered text
- Comment [NM38]:** User entered text
- Comment [NM39]:** User entered text
- Comment [NM40]:** User entered text
- Comment [NM41]:** User entered text
- Comment [NM42]:** User entered (3) checkboxes
- Comment [NM43]:** User entered (2) checkboxes
- Comment [NM44]:** User entered (2) checkboxes
- Comment [NM45]:** Information on all minor... This row repeats the same comments NM37 - NM44
- Comment [NM46]:** This row repeats the same comments NM37 - NM44
- Comment [NM47]:** This row repeats the same comments NM37 - NM44
- Comment [NM48]:** This row repeats the same comments NM37 - NM44

Information on all minor and adult children of the reunification home parent(s), who do not live in the home.

Full Legal Name	Relationship to Parent or Caregiver	Date of Birth	Current Address	Telephone Number	Marital Status (check one)	Have required Record Checks been done? (check one)	Does this person have a Juvenile or Criminal Record? (check one)
Name:					S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:					S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:					S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:					S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:					S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Results of all record checks (use this space to provide information on all results; attach additional sheets if necessary)
 Include date of most recent checks and explain results of any juvenile, local, county, state (FCIC) and National (NCIC) record checks. Note that DJJ checks must be completed on all household members age 12 and over; NCIC checks do not need to be done on a parent, but must be completed on any person age 18 and over in the home. **Include all police call-outs/calls to service.**



[Redacted]

Comment [NM49]: User entered text.

Pursuant to 39.521(2)(r)(2), a records checks through the Florida Abuse Hotline Information System on all household members, and any other persons made known to the Department who are frequent visitors in the home, has been conducted. Pursuant to 39.301, the following information can be disclosed; or pursuant to 39.301(22), there is no information that can be disclosed.

Use this space to document results of all FAHIS/abuse reports involving any household member, and every other person known to be a frequent visitor in the home. You do not need to replicate the report that initiated agency involvement, however, if there have been any reports on the parent(s) since the removal of the child(ren), those reports must be listed here, as well as any reports on any other household members or frequent visitors (use additional sheets if necessary).

Name: [Redacted] Is this a reunification home parent? [Redacted]

CSA/FAHIS Number: [Redacted] Date of Report: [Redacted]

Comment [NM50]: User entered text.

Comment [NM51]: User entered text.

Comment [NM52]: User entered text.

Comment [NM53]: User entered text.



Allegations:

Findings of Maltreatment:

Initial and Final Roles in Investigation:

Disposition:

Name: Is this a reunification home parent?

CSA/FAHIS Number: Date of Report:

Allegations:

Findings of Maltreatment:

Initial and Final Roles in Investigation:

Disposition:

ASSESSMENT OF THE REUNIFICATION HOME AND PHYSICAL ENVIRONMENT

1. Reunification Home Address: <input type="text"/>		2. Term of Lease (if applicable): <input type="text"/>
3. How Long at Current Address? Caregiver # 1: <input type="text"/> Caregiver # 2: <input type="text"/>		4. Rent <input type="checkbox"/> or Own <input type="checkbox"/> ? (check one) Landlord name: <input type="text"/> Landlord phone: <input type="text"/>
6. Does the parent have a valid driver's license or State of Florida identification?		5. Home phone: Caregiver #1 cell: <input type="text"/> Caregiver #2 cell: <input type="text"/>
Parent #1: Yes <input type="checkbox"/> No <input type="checkbox"/> Number: <input type="text"/>		Parent #2: Yes <input type="checkbox"/> No <input type="checkbox"/> Number: <input type="text"/>

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- Comment [NM55]: User entered text.
- Comment [NM56]: User entered text.
- Comment [NM57]: User entered text.
- Comment [NM58]: User entered text.
- Comment [NM59]: User entered text.
- Comment [NM60]: User entered text.
- Comment [NM61]: User entered text.
- Comment [NM62]: User entered text.
- Comment [NM63]: User entered text.
- Comment [NM64]: User entered text.
- Comment [NM65]: User entered text.
- Comment [NM66]: User entered text.
- Comment [NM67]: User entered text.
- Comment [NM70]: User entered (2) checkboxes
- Comment [NM68]: User entered text.
- Comment [NM69]: User entered text.
- Comment [NM71]: User entered (2) checkboxes
- Comment [NM73]: User en ... [34]
- Comment [NM72]: User en ... [35]
- Comment [NM74]: User en ... [36]



7a. Previous Address (last 3 years), <u>Parent/Caregiver #1:</u> [redacted]		7b. Previous Address (last 3 years), <u>Parent/Caregiver #2:</u> [redacted]	
8. General Description of Reunification Home (including number of rooms and number of bedrooms): [redacted]			
9. General Description of Neighborhood: [redacted]			
10. Date Sex Offender Neighborhood Check (1 mile radius of home) was completed, and results: [redacted]			
11. Name of School(s) the Child(ren) will Attend: [redacted]			
12. Method of Child's Transportation to School (walk, bus, bike, car; indicate who will drive child): [redacted]			
The reunification home...		For each item, indicate "Yes," "No," or "NA," and provide a brief explanation	
13. is adequately furnished	Yes <input type="checkbox"/> No <input type="checkbox"/>	[redacted]	[redacted]
14. will provide each child with adequate and appropriate sleeping arrangements (every child in own bed/crib; no child in bed w/adult)	Yes <input type="checkbox"/> No <input type="checkbox"/>	[redacted]	[redacted]
15. has no visible hazardous conditions, including level of cleanliness , which would be hazardous to child health and safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	[redacted]	[redacted]
16. has a pool or is near water, and the parent has been counseled on water safety, or safety measures are or will be in place upon reunification	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	[redacted]	[redacted]
17. has reasonable security measures	Yes <input type="checkbox"/> No <input type="checkbox"/>	[redacted]	[redacted]
18. has medicines, alcohol, cleaning agents out of reach of children	Yes <input type="checkbox"/> No <input type="checkbox"/>	[redacted]	[redacted]
19. has working smoke/fire alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>	[redacted]	[redacted]
DETERMINATION OF PARENTAL FINANCIAL SECURITY, RESOURCES, AND CHILDCARE ARRANGEMENTS			
	Parent/Caregiver #1:	Parent/Caregiver #2:	Household:
1. Current Employer Name Verified? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	[redacted]	[redacted]	8. Combined Monthly Income
2. Employer's Address	[redacted]	[redacted]	[redacted] \$
			9. Expenses

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- Comment [NM76]: User entered text.
- Comment [NM77]: User entered text.
- Comment [NM78]: User entered text.
- Comment [NM79]: User entered text.
- Comment [NM80]: User entered text.
- Comment [NM81]: User en ... [37]
- Comment [NM82]: User en ... [38]
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- Comment [NM85]: User en ... [41]
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- Comment [NM89]: User en ... [45]
- Comment [NM90]: User en ... [46]
- Comment [NM91]: User en ... [47]
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- Comment [NM93]: User en ... [49]
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- Comment [NM102]: #8. Ho ... [58]



3. Length of Current Employment		
4. Hours and Shifts Worked		
5. Gross Salary	\$ weekly/biweekly/monthly (check one)	\$ weekly/biweekly/monthly (check one)
6. Medicaid Eligible?	Yes No Unknown (check one)	Yes No Unknown (check one)
7. Additional Support or Income		
• Social Security Benefits	\$	\$
• Retirement Benefits	\$	\$
• WAGES (Temporary Case)	\$	\$
• Disability Benefits	\$	\$
• Other	\$	\$
Total	\$	\$

• Housing	\$
• Utilities	\$
• Transportation	\$
• Food/Supplies	\$
• Medical	\$
• Child Care	\$
• Other Bills (please list)	\$
Total Monthly Expenses =	\$

CONCLUSIONS (attach additional sheets if necessary)

10. Does the family have sufficient funds to support their current expenses? Yes No If "No," explain how they will manage once reunified: _____

11. Will childcare be needed? Yes No If "Yes," how and by whom will it be provided and funded? _____

12. Will after school care be needed? Yes No If "Yes," how and by whom will it be provided and funded? _____

13. What new expenses are anticipated once the child(ren) are reunified? List known and estimated projected costs: _____

14. Will the family be able to provide sufficient care for the reunified child(ren) without causing financial hardship for the family? Yes No If "No," provide a detailed explanation of type, amount and duration of assistance to be provided to the family: _____

15. Do any family members or does the caseworker have any concerns regarding the family's ability to financially provide for this child upon reunification? Yes No If "Yes," provide a detailed explanation of concerns: _____

PARENTAL CASE PLAN SUMMARY AND COMPLIANCE			
PARENT (# 1) NAME: _____			
		Date	On-Going Services / UAs /

- Comment [NM103]: #3. User entered text.
- Comment [NM104]: User entered text.
- Comment [NM105]: #9. Household - User entered text (11) fields.
- Comment [NM106]: #4. User entered text.
- Comment [NM107]: User entered text.
- Comment [NM108]: #5. User entered text.
- Comment [NM109]: User entered text.
- Comment [NM110]: #7. Parent/Caregiver #1-User entered text (6) fields.
- Comment [NM111]: #7. Parent/Caregiver #2-User entered text (6) fields.
- Comment [NM112]: #10. User entered Check boxes(2).
- Comment [NM113]: User entered text.
- Comment [NM114]: #11. User entered Check boxes(2).
- Comment [NM115]: User entered text.
- Comment [NM116]: #12. User entered Check boxes(2).
- Comment [NM117]: User entered text.
- Comment [NM118]: #13. User entered text.
- Comment [NM119]: #14. U... [59]
- Comment [NM120]: User e... [60]
- Comment [NM121]: #15. U... [61]
- Comment [NM122]: User e... [62]
- Comment [NM123]:



Task/Issue	Provider Information	Completed	Safety Plan / Comments
<i>Parenting</i>			
<i>Substance Abuse</i>			
<i>Domestic Violence</i>			
<i>Mental Health Treatment</i>			
<i>Anger Management</i>			
<i>Counseling: Individual or Family</i>			
<i>Services for Child(ren)</i>			
<i>Other (Specify)</i>			

- Comment [NM124]: User entered text .
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- Comment [NM126]: User entered text
- Comment [NM127]: User entered text
- Comment [NM128]: User entered text
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- Comment [NM138]: User e... [64]
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- Comment [NM140]: User e... [66]
- Comment [NM141]: User e... [67]
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- Comment [NM143]: User e... [69]
- Comment [NM144]: User e... [70]
- Comment [NM145]: User e... [71]
- Comment [NM146]: User e... [72]
- Comment [NM147]: User e... [73]



PARENTAL CASE PLAN SUMMARY AND COMPLIANCE

PARENT (# 2) NAME: [REDACTED]

Task/Issue	Provider Information	Date Completed	On-Going Services / UAs / Safety Plan / Comments
<i>Parenting</i>	[REDACTED]	[REDACTED]	[REDACTED]
<i>Substance Abuse</i>	[REDACTED]	[REDACTED]	[REDACTED]
<i>Domestic Violence</i>	[REDACTED]	[REDACTED]	[REDACTED]
<i>Mental Health Treatment</i>	[REDACTED]	[REDACTED]	[REDACTED]
<i>Anger Management</i>	[REDACTED]	[REDACTED]	[REDACTED]
<i>Counseling: Individual or Family</i>	[REDACTED]	[REDACTED]	[REDACTED]
<i>Services for Child(ren)</i>	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]

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- Comment [NM149]: User entered text
- Comment [NM150]: User entered text
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- Comment [NM168]: User e... [83]
- Comment [NM169]: User e... [84]
- Comment [NM170]: User e... [85]
- Comment [NM171]: User e... [86]
- Comment [NM172]: User e... [87]



Other (Specify)			

ASSESSMENT OF PARENTAL READINESS, COMMITMENT AND ABILITY TO CARE FOR CHILD(REN) UPON REUNIFICATION

The parent(s)...	#1 Name:	#2 Name:
	For each item, check "Yes" or "No," and provide an explanation; if NA, please specify as such	
1. demonstrates a strong desire to care for child(ren); explain how (e.g., attends hearings, all visits, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
2. demonstrates an understanding of the reason(s) for removal of child(ren); explain how	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
3. demonstrates an understanding of child-specific care needs	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
4. has family and/or other sources of support	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
5. demonstrates a willingness to follow through with referrals and services; explain how	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
6. demonstrates an ability to ask for and accept help when needed; explain how	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
7. appears to be in good health and reports no serious medical conditions that would be a hindrance in caring for child(ren)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
8. states that s/he is free of substance or chemical dependency; explain any substance abuse history, including treatment received (explanation not needed for parent, if already known)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Comment [NM173]:

Comment [NM174]:

Comment [NM175]: Assessment Of Parental Readiness... #1-10 each question has 3 checkboxes and 1 text field for #1 Name

Comment [NM176]: Assessment Of Parental Readiness... #1-10 each question has 3 checkboxes and 1 text field for #2 Name



9. has a history of mental illness and/or mental illness in the family; explain any mental health history, including treatment received (explanation not needed for parent if already known)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
10. has a history of domestic violence; explain any domestic violence history, including treatment received (explanation not needed for parent if already known)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
The parent(s)...	#1 Name: <input type="text"/>			#2 Name: <input type="text"/>		
	For each item, check "Yes" or "No," and provide an explanation; if NA, please specify as such					
11. demonstrates an understanding of the child's need for stability and permanence (explain how)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
12. shows willingness to participate in case plan and attend court hearings until PPS and court jurisdiction terminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
13. is committed to following through with any court restrictions on parental or relative visitation; identify any visitation restrictions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
14. is committed to support sibling visitation, if applicable; describe how sibling visits will be arranged	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
15. has ensured that any pets are well-cared for and do not present safety concerns; are pet shots up to date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
16. will ensure that the child(ren) will continue to attend school on a regular basis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
17. will ensure that the child(ren) attend daycare on a daily basis and will comply with the Rilya Wilson Act (if applicable); specify name of daycare	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
18. can describe and demonstrate appropriate methods of discipline that are age-appropriate for	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

Comment [NM177]: User entered text field

Comment [NM178]: User entered text field

Comment [NM179]: #11-20 each question has 3 checkboxes and 1 text field for #1 Name

Comment [NM180]: #11-20 each question has 3 checkboxes and 1 text field for #2 Name



the child(ren) who are to be reunified; how?		
19. is able to arrange/provide transportation for child(ren) to all necessary appointments including medical and dental appointments, counseling sessions, school, visitations, and court hearings.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
20. has car seats (as required by law) to transport each child safely	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

INFORMATION ABOUT THE CHILD(REN), THE PARENTS/PRIMARY CAREGIVERS, AND THE REUNIFICATION HOUSEHOLD

21. Will the person responsible for the maltreatment which resulted in the child's out-of-home placement be the primary caregiver of the child(ren) being reunified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please identify and explain:
22. Since case initiation, has the parent demonstrated an ability to safely and appropriately handle stress or crisis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide an explanation of how:
23. Have there been <u>any</u> changes in the parent's status or living arrangements since the initiation of the case?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please identify any changes:
24. Do any of the following factors affect any members of the reunification household <u>at the present time</u> ? Unemployment; disability/chronic illness; recent divorce/separation or marriage; pregnancy or new children (other than ones being reunified); new parental relationship(s); domestic violence; substance abuse; financial problems; housing concerns; mental health issues; death of a close friend or family member; pending law violations or incarceration.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please identify and explain how these issues are being dealt with (i.e., what services are currently in place or need to be in place to address and help minimize the potentially negative impact of these stress factors?)
25. Do any children to be reunified (or already in	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed explanation:

Comment [NM181]: #21-30 each question has 2 checkboxes and 1 text field



the home) have specific medical, emotional, psychological, behavioral or educational needs?		
26. Has the parent demonstrated an increased understanding of each child's needs (including the target child, if applicable)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed explanation:
27a. How will the parent meet the needs and cope with the challenges of child # 1?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed explanation:
27b. How will the parent meet the needs and cope with the challenges of child # 2? (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed explanation:
27c. How will the parent meet the needs and cope with the challenges of child # 3? (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed explanation:
28. Has anyone (including any of the children) expressed any concerns regarding the alleged perpetrator's access to the child(ren) once reunified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please identify provide detailed explanation:
29. Has anyone (including any of the children) expressed any concerns regarding the alleged perpetrator continuing to pose a threat to any of the children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please identify provide detailed explanation:
30. Have any of the children expressed fear of or discomfort around any person who will be in or frequenting the home upon reunification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please identify provide detailed explanation:
31. If there is a GAL assigned to the case, is the GAL in favor of reunification occurring at this time?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	Please identify GAL, and provide explanation:
32. Is there a safety plan needed or already in place for this reunification? If so, what is the plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed explanation:
33. Has the parent or person who will be the primary caregiver shown progress in stable, independent functioning?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed explanation:
34. Are there any challenges or barriers to the parent achieving stable, independent functioning? If so, what are they, and what services can be provided in order to overcome the barriers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed explanation:
35. Has the parent or person who will be the primary caregiver shown progress in utilizing parenting skills that promote child safety and well-being?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed explanation:

Comment [NM182]: #31 this question has 3 checkboxes and 1 text field

Comment [NM183]: #32-36 each question has 2 checkboxes and 1 text field



<p>36. Are there any challenges or barriers to the parent utilizing parenting skills that promote child safety and well-being? If so, what are they, and what services can be provided in order to overcome the barriers?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Please provide detailed explanation:</p>
<p>37. What does the parent see as his/her biggest <i>strength</i> in making this a successful reunification?</p>	<p>Please identify, with reasons: <input type="text"/></p>	
<p>38. What does the parent see as his/her biggest <i>challenge</i> in making this a successful reunification?</p>	<p>Please identify, with reasons:</p>	
<p>39. What does the parent see as his/her biggest <i>need</i> in making this a successful reunification?</p>	<p>Please identify, with reasons:</p>	
<p>40. What does the case manager see as the parent's biggest <i>strength</i> in making this a successful reunification?</p>	<p>Please identify, with reasons:</p>	
<p>41. What does the case manager see as the family's biggest <i>need</i> in making this a successful reunification?</p>	<p>Please identify, with reasons:</p>	
<p>42. What services have been put in place to assist with this reunification?</p>	<p>Please list services:</p>	
<p>43. What services still need to be put in place to assist with this reunification?</p>	<p>Please identify and provide a timetable for each service to begin:</p>	
<p>44. Based upon the Sex Offender Neighborhood Check results (1 mile radius of home), what is the parent's plan for supervision of the child(ren)?</p>	<p>Please explain plan for supervision:</p>	
<p>45. How does the child feel about being reunified?</p>	<p>Please include each child's comments:</p>	

Comment [NM184]: #37-45 each question has 1 text field



46. Are any other children who were removed from this parent not being reunified at this time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please identify:
47. If the reunification of other child(ren) is to be delayed or staggered, explain why <i>this</i> child is being reunified first.	Please provide detailed explanation:	
48. If other children will reunify later, specify who, why, and the timetable for reunification of other children.	Please identify and provide detailed explanation:	
49. Description of parent's relationship with spouse/partner (whether or not in the home).	Parent # 1:	Parent # 2:
50. Description of parent's relationship with child's (or children's) other parent(s), whether or not in the home (if other than person in # 49).	Parent # 1:	Parent # 2:

Comment [NM185]: #46 each question has 2 checkboxes and 1 text field for #1 Name and #2 Name

Comment [NM186]: #47-50 all questions are text field

PARENTAL REUNIFICATION READINESS ASSESSMENT AND HOMESTUDY: RECOMMENDATION TO THE COURT		
The parent(s):	Name: <input type="text"/>	Name: <input type="text"/>
	Parent/Caregiver #1	Parent/Caregiver #2
1. understands and is able to meet the child's need for care and protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. understands child's permanency needs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. understands the dependency process	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. will provide adequate and nurturing care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. has an adequate and safe home	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. cooperated during the home study process and participated honestly	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. is financially able to care for the child	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. substantially complied with case plan tasks as court ordered	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comment [NM187]: User entered text field . . .

Comment [NM188]: User entered text field

Comment [NM189]: PARENTAL REUNIFICATION READINESS... #1-10 each question has 2 checkboxes for Parent/Caregiver #1

Comment [NM190]: PARENTAL REUNIFICATION READINESS... #1-10 each question has 2 checkboxes for Parent/Caregiver #2



9. has been counseled on available support in the community	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. understands the consequences of non-compliance with PPS requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent's Statement: To the best of my knowledge, I have provided truthful information on all questions asked of me.

Parent (#1) Printed Name: _____ Signature: _____ Date: _____

Parent (#2) Printed Name: _____ Signature: _____ Date: _____

REUNIFICATION PLACEMENT DECISION

Is placement recommended by Caseworker? Yes No Caseworker Signature: _____ Date: _____

Does Supervisor concur with Caseworker? Yes No Supervisor Signature: _____ Date: _____

Does Program Administrator concur? Yes No PA/Designee Signature: _____ Date: _____

Is this **Reunification Placement** approved? Yes No Approval/Disapproval Signature: _____ Date: _____

Comments:

Page 1: [1] Comment [NM1]	Nancy Miller	8/7/2008 4:57:00 PM
Date Assessment: Current date - system derived		
Page 1: [2] Comment [NM2]	Nancy Miller	8/7/2008 4:57:00 PM
Caseworker Name: Counselor Name: Provider Primary Worker; System Derived		
Page 1: [3] Comment [NM3]	Nancy Miller	8/7/2008 4:57:00 PM
Date(s) of Removal(s): User entered text		
Page 1: [4] Comment [NM4]	Nancy Miller	8/7/2008 4:57:00 PM
Reasons for Agency Involvement: User entered text		
Page 1: [5] Comment [NM5]	Nancy Miller	8/7/2008 4:57:00 PM
Names of Child(ren) to be Reunified and Ages: User entered text		
Page 1: [6] Comment [NM6]	Nancy Miller	8/7/2008 4:57:00 PM
Dates of all Home visits to Parent's/Reunification Home: User entered text		
Page 1: [7] Comment [NM7]	Nancy Miller	8/7/2008 4:57:00 PM
Date Child(ren) Began Unsupervised Visits with this Parent: User entered text		
Page 1: [8] Comment [NM8]	Nancy Miller	8/7/2008 4:57:00 PM
Date Child(ren) Began Overnight Visits with this Parent: User entered text		
Page 1: [9] Comment [NM9]	Nancy Miller	8/7/2008 4:57:00 PM
Parents/Caregivers #1 Name: User entered text		
Page 1: [10] Comment [NM10]	Nancy Miller	8/7/2008 4:57:00 PM
Parents/Caregivers #2 Name: User entered text		
Page 1: [11] Comment [NM11]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 1: [12] Comment [NM12]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 1: [13] Comment [NM13]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 1: [14] Comment [NM15]	Nancy Miller	8/7/2008 4:57:00 PM
User entered (2) checkboxes		
Page 1: [15] Comment [NM16]	Nancy Miller	8/7/2008 4:57:00 PM
User entered (2) checkboxes		
Page 1: [16] Comment [NM14]	Nancy Miller	8/7/2008 4:57:00 PM
User entered (3) checkboxes <i>S, M, & D</i>		
Page 1: [17] Comment [NM17]	Nancy Miller	8/7/2008 4:57:00 PM
Parents/Caregivers #2 Name: User entered text		
Page 1: [18] Comment [NM18]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 1: [19] Comment [NM19]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 1: [22] Comment [NM23]	Nancy Miller	8/7/2008 4:57:00 PM
User entered (2) checkboxes		
Page 1: [23] Comment [NM24]	Nancy Miller	8/7/2008 4:57:00 PM

User entered (2) checkboxes

Page 1: [24] Comment [NM22]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered (3) checkboxes *S, M, & D*

Page 1: [25] Comment [NM25]	Nancy Miller	8/7/2008 4:57:00 PM
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Other Child And Adult Reunification Household Members

Name: User entered text

Page 1: [26] Comment [NM26]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered text

Page 1: [27] Comment [NM27]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 1: [28] Comment [NM28]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 1: [29] Comment [NM29]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered text

Page 1: [30] Comment [NM31]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered (2) checkboxes

Page 1: [31] Comment [NM32]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered (2) checkboxes

Page 1: [32] Comment [NM30]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered (3) checkboxes *S, M, & D*

Page 1: [33] Comment [NM33]	Nancy Miller	8/7/2008 4:57:00 PM
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Other Child And Adult Reunification Household Members

This row repeats the same comments *NM24 - NM32*

Page 4: [34] Comment [NM73]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered (2) checkboxes

Page 4: [35] Comment [NM72]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered text.

Page 4: [36] Comment [NM74]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered text.

Page 5: [37] Comment [NM81]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered text.

Page 5: [38] Comment [NM82]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered (2) checkboxes

Page 5: [39] Comment [NM83]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered text.

Page 5: [40] Comment [NM84]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered (2) checkboxes

Page 5: [41] Comment [NM85]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered text.

Page 5: [42] Comment [NM86]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered (2) checkboxes

Page 5: [43] Comment [NM87]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered text.

Page 5: [44] Comment [NM88]	Nancy Miller	8/7/2008 4:57:00 PM
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User entered (2) checkboxes

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Page 5: [46] Comment [NM90]	Nancy Miller	8/7/2008 4:57:00 PM
User entered (2) checkboxes		
Page 5: [47] Comment [NM91]	Nancy Miller	8/7/2008 4:57:00 PM
User entered text.		
Page 5: [48] Comment [NM92]	Nancy Miller	8/7/2008 4:57:00 PM
User entered (2) checkboxes		
Page 5: [49] Comment [NM93]	Nancy Miller	8/7/2008 4:57:00 PM
User entered text.		
Page 5: [50] Comment [NM94]	Nancy Miller	8/7/2008 4:57:00 PM
User entered Check boxes(2).		
Page 5: [51] Comment [NM95]	Nancy Miller	8/7/2008 4:57:00 PM
User entered text.		
Page 5: [52] Comment [NM97]	Nancy Miller	8/7/2008 4:57:00 PM
User entered text.		
Page 5: [53] Comment [NM98]	Nancy Miller	8/7/2008 4:57:00 PM
User entered text.		
Page 5: [54] Comment [NM96]	Nancy Miller	8/7/2008 4:57:00 PM
DETERMINATION OF PARENTAL FINANCIAL SECURITY #1. User entered Check boxes(3).		
Page 5: [55] Comment [NM99]	Nancy Miller	8/7/2008 4:57:00 PM
#2. User entered text.		
Page 5: [56] Comment [NM100]	Nancy Miller	8/7/2008 4:57:00 PM
User entered text.		
Page 5: [57] Comment [NM101]	Nancy Miller	8/7/2008 4:57:00 PM
User entered text.		
Page 5: [58] Comment [NM102]	Nancy Miller	8/7/2008 4:57:00 PM
#8. Household - User entered text.		
Page 6: [59] Comment [NM119]	Nancy Miller	8/7/2008 4:57:00 PM
#14. User entered Check boxes(2).		
Page 6: [60] Comment [NM120]	Nancy Miller	8/7/2008 4:57:00 PM
User entered text.		
Page 6: [61] Comment [NM121]	Nancy Miller	8/7/2008 4:57:00 PM
#15. User entered Check boxes(2).		
Page 6: [62] Comment [NM122]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 7: [63] Comment [NM137]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 7: [64] Comment [NM138]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 7: [65] Comment [NM139]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 7: [66] Comment [NM140]	Nancy Miller	8/7/2008 4:57:00 PM
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Page 8: [87] Comment [NM172]	Nancy Miller	8/7/2008 4:57:00 PM
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