

Knowledge Base Article

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Overview

In accordance with <u>5101:2-48-11.1</u> (Foster Caregiver Adoption of a Foster Child who has Resided with the Caregiver for at least Six Consecutive Months), if a foster-only caregiver express the desire to adopt a foster child who has been residing with that foster caregiver for at least 6 consecutive months, the public children services agency (PCSA), private child placing agency (PCPA) or private noncustodial agency (PNA) shall provide the foster caregiver with a JFS 01692 "Application For Adoption of a Foster Child".

This knowledge base article outlines the steps to complete a Foster to Adopt 1692 Home Study within the Ohio SACWIS system.

Note: If the Provider has an approved adoptive span, a 1692 is not needed.

Similar to the process for foster care and adoptive care applicants, an **Adoption Foster Caregiver Applicant (1692) Inquiry** is created and linked to the **Foster Care Provider** record where the child has been placed for at least six months.

Note: The child(ren) included in the Adoption Foster Caregiver Applicant (1692) Inquiry must be in the agency's **Permanent Custody** to link the completed Inquiry to the **Foster Care Provider** record.

Important: An **Adoptive Placement** cannot be made (neither in Ohio SACWIS nor outside of Ohio SACWIS) until the **Foster to Adopt 1692 Home Study** is completed and approved. However, some agencies may choose to link the **Adoption Foster Caregiver Applicant** (1692) Inquiry to the **Foster Care Provider** record and enter information into the 1692 home study as each requirement is completed. All sections of the 1692 home study must be completed before the agency is able to approve the home study for placement.



Creating an Adoption Foster Caregiver Applicant (1692) Inquiry

To create the **Adoption Foster Caregiver Applicant (1692) Inquiry** record, complete the following steps:

Completing an Inquiry Search

- 1. From the Ohio SACWIS Home screen, click the Provider tab.
- 2. Click the Inquiry tab. The Inquiry Search Criteria screen appears.
- 3. Select the appropriate agency in the **Agency** field drop-down list.

Note: The agency of the logged in user will default in this field.

4. Enter a name in the **Last Name** field and **First Name** field; OR, if known, enter the **Person ID** for the 1692 applicant.

Important: Use the **SAME Person Id** that is listed as a member of the existing (approved) Foster Care Provider.

5. Enter filter criteria in the other fields, as needed.

	Home		Case			Provider		Financial	Administration
Workload	Provider Search	Provider Match	Recruitment	Inquiry Trair	ning Contracts	Agency Certifications	KCCP Pre-Screening T	[ool	
			Inquiry Search					Inquiries to be Link	ed .
Inquiry Search C	riteria								
Agency:		Lucas County	y Children Services			v)			
Inquiry Worker:		(~)		C Include	e Historical Workers			
Status: Reason for Inqui	iry:		2)	~					
Provider Type:			-)	~		Inquiry ID:			
From Inquiry Dat	to:		— ##			To Inquiry Date:			
Person Search	Criteria								
Search Person	As:	Otnquirer Ot	Child Of Interest @All						
Prefix:			~		Last Nam	e:			
First Name:		[1	Suffix:	V			
Middle Name:)	Sounds [HINT: App Wildcard (s Like plies to first, middle and/or last name %) search and 'Sounds Like' functior	only. cannot be used together.]		
Person ID:]					
Advanced	1 Search Criteria								
Sort Results By:		(~						
Search Clear F	Form								

6. Click the **Search** button.

The **Inquiry Search Results** screen appears, listing any inquiries that match the selected search criteria.



1

Inquiry Searc	quiry Search Results									
Result(s) 1 to 1	seul(s) 1 to 1 of 1/ Page 1 of 1									
	Inquiry <u>ID</u>	Inquirer 1	Inquiry Date	Provider Type	Address	Status	Provider ID / Name	Inquiry Worker	Agency	
view edit report			03/01/2014	Adoptive Home-Out of State		Closed			Children Services	
Generate Re	port									

- 7. Click **View** to view an **Inquiry** record.
- 8. Click Edit to modify an Inquiry record in Pending status.

Important: An **Inquiry** cannot be modified once it is linked to a **Provider** record. If a **Provider ID** appears in the **Provider Id** column (outlined in green above), this is an indication that the **Inquiry** has already been linked to a **Provider** record.

Note: In addition, an **Inquiry** with a **Status** of **Completed** (circled in green above) that has not yet been linked to a **Provider** record, cannot be modified.

9. If the **Inquiry Search** does not return a **Pending** (active) 1692 inquiry with your agency, click the **Add Inquiry** button at the bottom of the screen.

The Inquirers tab appears.

Completing the Inquirers Tab

Prior to starting the Adoption Foster Caregiver Applicant (1692) Inquiry:

• Write down the Name(s) and/or Person ID(s) for Applicant 1 and/or Applicant 2 from the Foster Care Provider record so that you can use the same Person ID(s) for Inquirer 1 and Inquirer 2 on the Inquiry record.

Note: By using the same Person ID(s) that are linked to the **Foster Care Provider** record (where the **Child of Interest** has been placed for at least six months) for **Inquirer 1** and **Inquirer 2**, it ensures that the **Inquiry** gets linked to the correct **Provider ID** for the 1692 applicants.

• Write down the **Name(s)** and/or **Person ID(s)** of the **Child(ren) of Interest** who have been placed in the Foster Home for at least six months.

Important: The **Child(ren) of Interest** must be in the agency's **Permanent Custody** to link the completed **Adoption Foster Caregiver Applicant (1692) Inquiry** to a **Foster Care Provider** record.



From the **Inquirers** tab,

1. Select **Provider Interest/Child of Interest** as the **Reason for Inquiry** by clicking the corresponding radio button.

Note: The **Reason for Inquiry** MUST be **Provider Interest/Child of Interest** when completing an **Adoption Foster Caregiver Applicant (1692) Inquiry**.

Inquirers	Address		Referral Sources	Optional Into	Activity/Status
Agency:	100				
Reason for Inquiry: * 0	Provider Interest/Child Of Interest 🗸			Inquiry Worker: *	
Provider Type:	Adoptive Home-Out of State			Inquiry Date: *	
Description:				Inquiry ID:	
Created By:				Created Date:	
Inquirer List					
Person Name	nD	Gender	(Age) DOB		Role
		EMALE		Inquirer 1 🗸	
Specific Children of Interest					
Person Nan	ne /10	Gender	(Age) DOB	Relation	iship to Inquirer 1
		MALE		Non-related Child	
Unknown Child(ren) Hint: check if specific child(r	ren) of interest unknown, this can be in addit	on to identified child(ren) of inter-	est.		
Additional Comments (Including details of specific cl	hild(ren) of interest):				
					le

2. Select the Inquiry Worker from the drop down.

				1
Inquirers	Address	Referral Sources	Optional Into	Activity/Status
Agency:				
Reason for Inquiry: * 0 Provider Interest	•		Inquiry Worker: *	(v)
Provider Type: Adoption Foster Caregiver Applicant	(1692) 🗸		Inquiry Date: *	01/03/2022
Description:			Inquiry ID:	
Created By:			Created Date:	
Inquirer List				
Person Name /ID	Gender	(Age) DOB		Role
	MALE		Inquirer 2 V	8
	FEMALE		Inquirer 1 🗸	8
Deleted Demons				
Landalog Landera				
Add Inquirer				
specific Children of interest				
Person Name /ID	Gender	(Age) DOB	Relatio	nship to Inquirer 1
Unknown Child(ren) Hint: check if specific child(ren) of interest unknown, this can	be in addition to identified child(ren) of interest.			
Add Child				

- 3. Select Adoption Foster Caregiver Applicant (1692) from the Provider Type dropdown list.
- 4. Enter the **Inquiry Date** in the date field.

Note: The date selected must be on or prior to the Application Received date.

5. Click the Add Inquirer button.



The Person Search Criteria screen appears.

- 6. Enter the person's information into the filter criteria fields.
 - If you know a provider's **Person ID** (that is attached to the **Foster Care Provider** record) you can enter that number in the **Person ID** field rather than create a duplicate person or provider in the system.

Search For Person					
Person ID:			~ OR ~	5591:	
Note: If Person ID or SSN an	re entered, all other search criteria will	be ignored	OR		
Last Name: O'Malley	First Name:	Middle Name:		Gender:	
DOB:	(~ OR ~	Age Range: From Age To Age	
Reference, TCN, and Addre	ess Criteria_∀				
Name Match Precision Returns results matching enten Fewer Results	ed names including AKA nameshickname + AKA/Nicknames	d	Sort by: Relevanc	nce (Highest-Lowest)	
Search Clear Form	Return				

7. Click the **Search** button.

The results appear in the **Person Search Results** section at the bottom of the screen.

Person Search Results					
Result(s) 1 to 15 of 120 / Page 1 of 8					
	Person Name / ID	Address	Gender	(Age) DOB	Active Case
0					
0					
		Select Create New Person	Female (48)		

- 8. Click the check box in the appropriate person's row.
- 9. Click the **Select** button.

Reminder: Do NOT create a new Person ID. The Person ID for the **Inquirer** should already exist in Ohio SACWIS as the Inquirer's Person ID MUST be the same Person ID that is linked to the **Foster Care Provider** record.



The selected person appears in the Inquirer List section on the Inquirers tab.

10. In the **Role** field, select the appropriate role from the drop-down list.

Important: For Adoption Foster Caregiver Applicant (1692) Inquiries, all Adoptive Applicants must have a Role of Inquirer.

Note: When the record is linked to a provider record, **Inquirer 1** will become **Applicant 1** and **Inquirer 2** will become **Applicant 2**.

Provider > Inquiry > Inquiry Search					
Inquirers	Address	Referral Sources	Optional Into	Activity/	Status
Agency: County Children Service	es	·			
Reason for Inquiry: * 0 Provider Interest	~	1	Inquiry Worker: *	· · · · · ·	
Provider Type: Foster Care/Adoption	~	1	Inquiry Date: *	01/03/2022	
Description:			Inquiry ID:		
Created By:			Created Date:	01/03/2022 01:29:44 PM	
Inquirer List					
Person Name //D	Gender	(Age) DOB		Role	
	MALE		Inquirer 2 V		â
	FEMALE		Inquirer 1 V		â
Related Persons					
	FEMALE		~		â
Related Persons			Adult HH Member		
			Child Household Member Inquirer 1		
Add Inquirer			Inquirer 3 Inquirer 4		
			Inquirer 5		
Specific Children of Interest					
Person Name //D	Gender	(Age) DOB		Relationship to Inquirer 1	
Unknown Child(ren) Hint: check if specific child(ren) of interest unknown, this can	be in addition to identified child(ren) of inte	rest.			
Add Child					

- 11. If needed, select the **Add Inquirer** button and repeat steps 5 10 to add additional **Inquirers** and/or family member(s) and then their applicable role(s).
- 12. Click the **Add Child** button and repeat steps 6 9 (above) to select the correct **Person ID** for the **Child of Interest**.

Reminder: Do NOT create a new Person ID. The Person ID for the **Child of Interest** should already exist in Ohio SACWIS as the Child of Interest's Person ID MUST be the same Person ID that is linked to the **Foster Care Placement** into the 1692 Applicant's **Foster Care Provider** record.

The selected person appears in the **Specific Children of Interest** section on the **Inquirers** tab.

	Specific Children of Interest			
	Person Name /ID	Gender	(Age) DOB	Relationship to Inquirer 1
	JAG CHIG			Adoptve Brother Hadoptve Sister Hadoptve Sister Hadoptve Sister Haleptve Sister Haleptve Sister Haleptve Sister
1	Apply Save Cancel			

13. Select the **Relationship to Inquirer 1** from the drop-down list.



- 14. Enter Additional Comments, if needed.
- 15. Repeat steps 12 14 as needed to add additional Child(ren) of Interest.
- 16. Click the **Apply** button.
- 17. Click the **Address** tab.

The Address tab appears.

Viewing the Address Tab

The **Address** tab is view only. The fields on this screen are auto-populated from the **Person Address** for **Inquirer 1** which is located in their **Person Profile**.

- 1. Verify that the correct **Address** appears in the **Address List**.
 - If there is not an address listed, or if the address listed is incorrect, these changes must be made through the **Person Profile** for **Inquirer 1**.
 - Since **Inquirer 1** is also listed as **Applicant 1** on the **Foster Care Provider** record, a **Home Study Amendment** may be required to correct the address.

Inquirers	Address	Referral Sources	Optional Info	Activity/Status
Agency: County Children	Services		Family Name:	
Address List				
Туре	Address		Effective Date	End Date Primary
Residence			01/01/1900 11/0	7/2021 No
Residence			11/08/2021	Yes
Contact List				
Type		Contact Details		Primary
Cell			Ves	
Email			No	
Home			No	
Associated Providers				
Provider ID Provider	lame Provider Address		Provider Type/Recommending Agency/App	proval Date/Type Status

Apply Save Cancel

- 2. Verify that at least one **Contact** is recorded in the **Contact List**.
- 3. Verify that at least one **Contact Type** is listed a **Primary Contact**.
 - 'Yes' will appear in the Primary column.
- 4. Review the Associated Providers section.
 - This section displays specific information regarding **Provider Types**, **Recommending Agencies, Approval Dates,** and **Type Statuses** for the associated provider records.



Important: If the **Foster Care Provider** is currently approved as an **Adoptive Care Provider**, a 1692 is not required. However, the 1692 Inquiry can be linked to the Provider record, but the **Adoptive Approval Span** will need to be closed before the **Foster to Adopt 1692 Home Study** can be approved.

Completing the Referral Sources Tab

1. Click the Referral Sources tab.

Inquirers	Address	Referral Sources	Optional Info	Activity/Status
Referral Sources				
Available Referral Sources:		Selected Referral Sources:		
٩	Add	Remove	٩	
Agency Staff Member	the second se	*		
Agency Website				
Business/Company				
Church Event				
Civic/Community Fair				
Community Meeting				
County Fair				
Direct Mailing(s)		·		
Spot Check Clear 1000				ß
Attended Recruitment Events				
Agency Add Event	Event Type	Event Name	Begin Date	End Date

Apply Save Cancel

- 2. Select the Referral Source(s) from the Available Referral Sources tab.
- 3. Click the **Add** > button.
 - The Referral Source(s) appear in the Selected Referral Sources box.
- 4. Enter a **Description**, if needed.
- 5. Click the Add Event if the Inquirer(s) attended a Recruitment Event (optional).
- 6. Click **Apply**.



Completing the Optional Info Tab

Note: The information entered on this tab is optional and the **Inquiry** can be **Completed** if no information is entered on this tab.

- 1. Click the **Optional Info** tab.
- 2. Enter the Acceptable Child Characteristics.
- 3. Select the applicable **Race**(s).
- 4. Enter the **Ethnicity/Ancestry** information.
 - Select the Hispanic/Latino value.
 - Select the applicable Ethnicities from the Available Ethnicity push box.
- 5. Enter the **Other Information**.

Inquirers	Address	Referral Sources	Optional Info	Activity/Status
Referral Sources				
Available Referral Sources:		Selected Referral Sources:		
Q	Add	Remove	٩	
Agency Staff Member		*		
Agency Website				
Business/Company				
Church Event				
Civic/Community Fair				
Community Meeting				
County Fair				
Direct Mailing(s)		•		
Spel Check Clear 1990				Đ
Attended Recruitment Events				
Agency Add Event	Event Type	Event Name	Begin Date	End Date

Apply Save Cancel

6. Click the **Apply** button.



Completing the Activity/Status Tab

1. Click the Activity / Status tab.

	Address		Referral Sources	Optional Into	Activ	ty/Status
uiry Activity Log Filter Criteria						
ated in Error: Exclude Include						
uiry Activity Log Activity Type	Date of Activity			Comments		Created in Error
Invited to Pre-Service Training	01/03/2022	Emailed the 2022 pre-servic	e training scrhedule and requested a call when they are re	eady to register		

2. Click the Add Activity button.

The Activity Information screen appears.

Provider > Inquiry > Inquiry Search > Activity Status			
Activity Information			
Anthris formation Anthris formation Date of Anthrity Type * Comments:	Control Control Address references Application Applica		
Spell Citesk Clear 4000			
Created By: Modified By:		Created Date: Modified Date:	
OK Cancel			

3. Select the **Activity Type** from the drop down.

Important: While users can select any **Activity Type**, the following 3 activities are required to complete the inquiry: **Application Provided**, **Application Received**, and **Adoption Packet Provided** or **Adoption/Foster Packet Provided**.



- 4. Enter the **Date of Activity**.
 - This date should be the date the activity occurred, not the date you are entering the record. All activity dates should be the day of or after the date of the inquiry.
- 5. Record the **Comments** for the activity.

Activity Information	
Activity Type: *	
Date of Activity: *	
Comments:	
Spell Check Clear 4000	2
Created in Error	
Created By:	Created Date:
Modified By:	Modified Date:

6. Click the **OK** button.

The **Activity/Status** tab appears displaying the recorded activities in the **Inquiry Activity Log** section.

Reminder: At minimum, the following **3 Activity Types** must be recorded in the **Inquiry Activity Log** to **Complete** the Inquiry Record: **Application Provided**, **Application Received**, and **Adoption Packet Provided** or **Adoption/Foster Packet Provided**.

7. Update the Status to 'Screen In – Application Received'.



Inquirers	Address	Referral Sources	Optional <u>Info</u>	Activity/Status
nquiry Activity Log Filter Criteria				
Created in Error: Exclude Oinclude				
Inquiry Activity Log				
Activity Typ	e	Date of Activity	Comments	Created in Error
view Application Provided	07/01/2023			
view Application Received	07/01/2023			
view Adoption packet provided	07/01/2023			
Following Activities are required to complete this inc	Application Provided, Application Receive	d, Adoption Packet Provided or Adoption/Fo	ster Packet Provided	
Cénétus				
Status: * Screen In - Application Receiv	ed/Accepted 🗸	Status Date:	Closed Reason:	~
Comments:				
<u></u>				10

8. Click the **Save** button.

Linking a 1692 Inquiry to a Provider

To link an Adoption Foster Caregiver Applicant (1692) Inquiry to a Foster Care Provider record:

- The Child(ren) of Interest must be in the agency's Permanent Custody to link the completed Adoption Foster Caregiver Applicant (1692) Inquiry to a Foster Care Provider record.
- The **Person ID(s)** used for **Inquirer 1** and **Inquirer 2** must have the role of an **Applicant** on the Foster Care Provider record.
- There must be an Active Foster Care Certification for the Provider.
- There may be an **Active Adoptive Care Span** at the time the 1692 Inquiry is linked, however, this span must be **Closed** prior to finalizing the 1692 home study.
- 1. Click the Inquiries to be Linked tab.

The list of **Inquiries to be Linked to Provider** screen appears.



	Home		[P	rovider		Adminis	tration	
Workload	Provider Search	Provider Match	Recruitment	Inquiry	Training	Agency Certifications	s KCCP Pre-Screening Tool		
		Inquiry Search					Inquiries to be Linked		
List of Inquiries	to be Linked to Provider								
Ir	quiry ID Inquirer 1	Inquiry Date	Provider Type	•		Address	Status	Inquiry Worker	Agency
view link 58	003029 FosterMom, Fi	07/01/2023	Adoption Foster Caregiver App	licant (1692)	100 Main Street,	Anywhere, OH 40000	Screen In - Application Received/Accepted	Worker, Wendy	All Kidz

2. Click the **Link** hyperlink next to the appropriate row.

The Link Provider Information screen appears.

3. Click the **Link** hyperlink next to the appropriate row.

Note: All provider records, of which the **Inquirer** is a member, will appear on this page. However, the **Link** hyperlink will only display on the **Foster Care Provider** record where the **Child of Interest** is placed.

874 000 Föster Mom, Fi 100 Main Street, Anywhere, OH 40000 Föster Care All Kidz - 10/24/2006 - Certified Ør Föster Care Program (CLOSED 12/31/2008) - 07/03/1997 - Closed Föster Care Program (CLOSED 12/31/2008) - 07/03/1997 - Closed	Prov	Provider ID	Provider Name	Provider Address	Provi	der Type/ Recommending Agency/ Approval Date / Type Status
	link view	874 000	Foster Mom, Fi	100 Main Street, Anywhere, OH 40000	Foster Care All Kidz Foster Care -	- 10/24/2006 - Certified Program (CLOSED 12/31/2008) - 07/03/1997 - Closed

The **Manage Provider Details** screen appears. Scroll to the **Provider Type Information** section.

Provide	er Type Information						
Closed	Type Status:	$\label{eq:sclude}$ Exclude \bigcirc Include		Foster to Adopt (1692):	⊖ Exclude ® Incl	ude	
	Pr	ovider Type/Child Name	Agency	Type Effective Date	Type End Date	Type Status	
<u>view</u>	Adoptive Care - 16	92/FosterChild, Phinneas	All Kidz	07/01/2023		Application Received	
view	Foster Care		All Kidz	10/24/2006		Certified	
Provide	er Status Informatio	'n					
			Apply	Save Cancel			

4. Verify the following:

Cancel

- The **Provider Type/Child Name** column displays the value of **Adoptive Care-1692/ Child Last Name, Child First Name.**
- The Type Status column displays Application Received.
- 5. Click the **Save** button.



Navigating to the Foster to Adopt (1692) Home Study Topics Screen

The **Provider Overview** screen appears.

Provider Overview								
Activity Log	PROVIDER NAME / ID:		CATEGORY / STATUS:	CATEGORY / STATUS:				
Inquiries	FosterMom, Fi & Fost	erDad, Fo/ 32	Home / Active					
Forms/Notices								
Skills	PRIMART ADDRESS.		Homo: (555) 555 5555					
Training	100 Main Street Anywn	ere, OH 40000 🖤	nome. (000) 000-0000					
Acceptance Criteria								
Description of Home	Provider Actions							
Description of Family	Provider Information Link	red 1602 Providers Associated Providers						
Foster to Adopt (1692) Home		<u>100011010013</u>						
Study								
Home Study	Approval/Certification S	pans						
Approval/Certification								
Large Family Assessment	Provider Type	Level of Care	Approval/Certification Period	Agency	Certifying Entity			
Service Credentials								
Placements/Services	Foster Care	Treatment Foster Home	10/24/2022 - 10/23/2024	All Kidz	ODJFS			
Complaints/Rule Violations								
Waiver	View History							
AP Search History								
Living Arrangement	Approval Information							

1. Click the Foster to Adopt (1692) Home Study link in the Navigation menu.

The Maintain Home Study History screen appears.

Provider Overview Activity Log	PROVIDER NAME / ID: Fost	terMom, Fi & FosterDad, Fo / 3	32 CAT	EGORY: Hom	e		
Inquiries	Home Study Filter Criteria						
Skills	Created in Error:	Exclude O Include					
Training	Maintain Home Study History						
Description of Home							
Description of Family	Child Name	Application Received Date	Recommendation	Status	Decision Effective Date	Agency	Letter Sent
Foster to Adopt (1692) Home Study	edit FosterChild, Phinneas	07/01/2023	Pending	In progress		All Kidz	
Home Study							
Approval/Certification							

Note: The 'In Progress' **1692 Home Study** record was automatically created when the **Adoption Foster Caregiver Applicant (1692) Inquiry** was linked to the provider record.



Completing the Home Study Topics

The **Maintain Home Study Information** screen appears displaying the **Foster to Adopt Home Study Topics**.

Maintain Home Study Informatio	n			
Agency:	All Kidz			
Provider Type:	Adoptive Care - 1692	1692 Applicant 1	:	FosterMom, Fi
Date of Foster Care Placement:	05/31/2016	1692 Applicant 2		FosterDad, Fo
Date of Application for Adoption:	07/01/2023	Child Name:		FosterChild, Phinneas
Foster to Adopt Home Study To	opics			
	Торіс			Status
Basic Provider Information (Name,	Household Members, Address and Contact, Caregiver)			
Verifications			Not Completed	
Training			Training Require	ements Not Completed
Information on the child to be Adop	oted		Not Completed	
Narratives			Not Completed	
Recommendation			Pending	
Validata far Approval				
validate for Approval				

Completing the Basic Provider Information Topic

1. Click the **Basic Provider Information (Name, Household Members, Address** and Contact, Caregiver) link (shown above).

The **Provider Information** screen appears.

Member List							
	Name/Person ID		Date of Birth	Role	Effective Date	Туре	Estimated Leave Date
FosterMom, Fi/32			01/01/1962	Applicant 1	03/15/2008	Permanent	
Skills:							
FosterDad, Fo/328			01/01/1960	Applicant 2	03/15/2008	Permanent	
Skills:							
Applicant Relationship Information ~							
Marital Status							
Marital Status:	Married two parent house	ehold with two biological/adoptive parents			Effective Date	*:	10/24/2006
Provider Address							
Address:		100 Main Street Anywhere, OH 40000					
Directions to Home from Agency:		Make a left onto South Street from the Age	ncy. Go west on I-100 for 7 miles and t	ake Exit 235. Turn right onto	Main Street. The house will be on the ri	ight in 3.7 miles.	
Name of Public School District:							
Provider Contact							
Туре		Detail			Description		
Home	(555) 555-5555		Default Phone Number, needs correctio	n			
Expiration date of current foster home	certificate or adoptive home study a	approval:					
[HINT: An expiration date only displays wh	en completing the JFS 01385]						
Close Update Provider Information							

- 2. Click the **Update Provider Information** button to verify and update information on the Provider record as needed. However, any substantive changes to Provider Address, Provider Members, etc. must be done through an official amendment to the foster study, and not done as part of the 1692 study process.
- 3. Click Save.

The Foster to Adopt Home Study Topics screen appears.

Completing the Verifications Topic

1. Click the **Verifications** link.

Maintain Home Study Information			
Agency:	All Kidz		
Provider Type:	Adoptive Care - 1692	1692 Applicant 1:	FosterMom, Fi
Date of Foster Care Placement:	05/31/2016	1692 Applicant 2:	FosterDad, Fo
Date of Application for Adoption:	07/01/2023	Child Name:	FosterChild, Phinneas
Foster to Adopt Home Study Topic	S		
	Торіс		Status
Basic Provider Information (Name, Hor	usehold Members, Address and Contact, Caregiver)		
Verifications			Not Completed
Training			Training Requirements Not Completed
Information on the child to be Adopted			Not Completed
Narratives			Not Completed
Recommendation			Pending
Validate for Approval			

The Maintain Verifications Tasks screen appears.

Assessor: * Worker, Wendy v		
Maintain Verification Tasks		
Verification Task	Status	Date
Application reviewed with foster caregiver(s)	~	
Applicant(s) signature and date on the form (JFS01682)	~	
Applicant(s) have been informed that the placement decision will be based on the child's best interest	~	
Applicant informed about adoption training requirement	~	
Applicant provided information on application process and eligibility requirements of Title IV-E adoption assistance, state adoption maintenance, post adoption special services subsidy and non-recurring adoption expenses	~	
Medical Statements (JFS 01653)	~	
Foster care home study (JFS 01349 or 01673)	~	
Child Characteristics Checklist (JFS 01673-A)	~	
Foster home record including case record information	~	
BCI and FBI reports	~	
Alleged Perpetrator/Central Registry check	~	
Multiple Children/Large Family Assessment (JFS 01530)	~	
Assessment for Child Placement Update(s) (JFS 01385)	~	



Comments:	
Spell Check Clear 4000	
Apply to Other Children	
•	Child Name - DOB

- 2. Select the Assessor from the drop down.
- 3. Select **Verified** from the **Status** drop down for each required item.
- 4. Enter the **Date** the item was verified (not required).
- 5. Enter **Comments** in the narrative text box (not required).
- 6. Click the **Apply to Other Children** checkbox to apply the **Verification Tasks** to other children included in the 1692 home study, if applicable.
- 7. Click Save.

The Foster to Adopt Home Study Topics screen appears.

Completing the Training Topic

1. Click the **Training** link.

The Completed Training List screen appears.

Complete	Jompieted Training List							
	Trainee Name	Session ID / Name	Session Start Date	Number of Hours	How Delivered	Status		
Link Tra	Hing Requirements have been Successfully Completed							
Apply 5	Barve Canoel							

- 2. Click the Link Training button.
- 3. Check the box next to any training taken for the 1692 process.
- 4. Click OK.



Training	Session Search Criteria									
From Se	ssion Date:				To Session Date:		***			
Provider	Member/ID:			V OR	Historical Provider MemberIID:					
Training	Type:			V						
Level of	Care:			•						
Actual H	lours:									
Apply H	ours to Certification:		_							
Delivery	Method:									
Location	1:			~						
Filter	Jear Form									
Complet	ed Training List									
	Hombod Name (Training	Level of Care	Service Name / ID	Instanter Name	Seccion Date	Delivery Method	Losofion	Antoni	Apply Hours to
	Person ID	Type				Section Care	Contrary and the	LOUBDON	Hours	Certification
	FosterMom, FI/	Continuing	Treatment Foster Home	What Every Parent Should Know About Substance Abuse / 68777692	Dr. Denis Daley	03/22/2023	Live Synchronous Training	Agency	3	Yes
	Training Competencies:			Effects of physical abuse, sexual abuse, emotional abuse, neglect, and substance abuse, Resource Readiness: Substance Abuse, Topic 988: Careg	ver/Adoptive Parent Training On Substance Abuse					
•	FosterDad, Fo /	Continuing	Treatment Foster Home	What Every Parent Should Know About Substance Abuse / 88777892	Dr. Denis Daley	03/22/2023	Live Synchronous Training	Agency	3	Yes
	Training Competencies:			Effects of physical abuse, sexual abuse, emotional abuse, neglect, and substance abuse. Resource Readiness: Substance Abuse , Topic 988: Careg	ver/Adoptive Parent Training On Substance Abuse					
•	FosterMom, Fi	Continuing	Treatment Foster Home	Educational Advocacy / 58768353	Anthony President	01/25/2023	Live Synchronous Training	Agency	3	Yes
	Training Competencies:			Resource Readiness: Education advocacy						
•	FosterDad, Fo / *	Continuing	Treatment Foster Home	Educational Advocacy / 68769353	Anthony President	01/25/2023	Live Synchronous Training	Agency	3	Yes
	Training Competencies:			Resource Readiness: Education advocacy						
Total Traini	old Training Hyper for Summary 1943									
ок										

The **Completed Training List** screen appears displaying the selected training(s).

anjarawa naming kan									
Trainee Name	Session JD / Name	Session Start Date	Number of Hours	How Delivered	Status				
unlink FosterMorn, Fi	66777602 / What Every Parent Should Know About Substance Abuse	03/22/2023	3	Live Synchronous Training	Completed				
unlink FosterDad, Fo	66777692 / What Every Parent Should Know About Substance Abuse	03/22/2023	8	Live Synchronous Training	Completed				
Link Taking Call Training Requirements have been Successfully Completed									
App y Save Cancel									

5. Click the box indicating All Training Requirements have been Successfully Completed, then click Save.

The Foster to Adopt Home Study Topics screen appears.

Completing the Information on the Child to be Adopted Topic

1. Click the Information on the Child to be Adopted link.

Maintain Home Study Information					
Agency:	All Kidz				
Provider Type:	Adoptive Care - 1892		1692 Applicant 1:	FosterMom, Fi	
Date of Foster Care Placement:	05/31/2018		1692 Applicant 2:	FosterDad, Fo	
Date of Application for Adoption:	07/01/2023		Child Name:	FosterChild, Phinneas Wayne	
Foster to Adopt Home Study Topics					
		Торіс			Status
Basic Provider Information (Name, Household Members, Address and Con	tact, Caregiver)				
Verifications				Completed	
Training				Training Requirements Completed	
Information on the child to be Adopted				Not Completed	
Narratives				Not Completed	
Recommendation				Pending	
Validate for Approval					
Close					

The Information on the Child to be Adopted screen appears.



Information on the child to be adopted	
Is the child a part of a sibling group?	OYesONo
If yes, how many children are part of this sibling group?	
Are you interested in exploring the adoption of the sibling group?	O'Yes O'No
These fields are disabled and no longer required if home study start date is on or after 10/01/2015	
How long has this child been living in your home?	
Were you involved in the child's case plan?	⊂_Yes ONo
If yes, please discuss how you have been working to achieve the case plan goals:	
Spell Check Clear 4000	
Apply to Other Children	
•	Child Name - DOB
Apply Save Cancel	

- 2. For each question, click the radio button that corresponds to the correct answer.
- 3. Click the **Apply to Other Children** checkbox to apply the **Verification Tasks** to other children included in the 1692 home study, if necessary.
- 4. Click the **Save** button.

The **Foster to Adopt Home Study Topics** screen appearsCompleting the Narratives Topic

1. Click the **Narratives** link.

Maintain Home Study Information			
Agency:	All Kidz		
Provider Type:	Adoptive Care - 1692	1692 Applicant 1:	FosterMom, Fi
Date of Foster Care Placement:	05/31/2016	1692 Applicant 2:	FosterDad, Fo
Date of Application for Adoption:	07/01/2023	Child Name:	FosterChild, Phinneas Wayne
Foster to Adopt Home Study Topics			
	Торіс		Status
Basic Provider Information (Name, Household Members, J	Address and Contact, Caregiver)		
Verifications			Completed
Training			Training Requirements Completed
Information on the child to be Adopted			Completed
Narratives			Not Completed
Recommendation			Pending
Validate for Approval			

The Foster to Adopt Home Study Narratives screen appears.



Foster to Adopt H	ter to Adopt Home Study Narratives						
	Narrative Topic	Narrative					
edit	If additional household members have moved into the home since the most recent homestudy or recertification, please describe their general characteristics, including why heisthe is living in the household, whether they plan on being a permanent member of the home, and what his/her role will be regarding the adopted child/ren.)						
edit	List any significant health changes since the most recent homestudy or recertification- provide supporting documentation from a licensed physician or health care professional.						
edit	Please describe the relationship between the child(ren) and members of your family.						
edit	Please describe how the child(ren) feels about becoming a permanent member of your family.						
edit	How do you plan to address any special needs the child has? What is your plan to handle any long-term difficulties or challenges the child(ren) may have?						
edit	In the event that you or your spouse are unable to care for the child(ren), what arrangements have you made for their care? Is this the same plan you have for other children in your home?						
edit	Please describe how you will meet your adopted child's needs in the absence of Foster Care Maintenance.						
edit	Please identify any training needs that you may have.						

2. Click the Edit link for each Narrative Topic.

The Narrative Details screen appears.

Narrative Details			
Topic:	List any significant health changes since the most recent homestudy or recertification- provide supporting documentation from a licensed physician or health care professional.		
Marrative: 5			
(avpand full screen)			
(expand run screen)			
Spell Check Clear 4000			
Apply to Other Children			
•	Child Name - DOB		

Apply Save Cancel Previous Next

Close

- 3. Enter the **Narrative** in the text box.
- 4. Click the **Apply to Other Children** checkbox to apply the **Verification Tasks** to other children included in the 1692 home study, if necessary.
- 5. Click the **Next** button to advance through the **Narrative Topics**.
- 6. Repeat Steps 2-4 for each Narrative Topic.
- 7. Click the **Save** button.

The Foster to Adopt Home Study Topics screen appears.



Completing the Recommendation Topic

1. Click the **Recommendation** link.

Maintain Home Study Information					
Agency:	All Kidz				
Provider Type:	Adoptive Care - 1692	1692 Applicant 1:		FosterMom, Fi	
Date of Foster Care Placement:	05/31/2016	1692 Applicant 2:		FosterDad, Fo	
Date of Application for Adoption:	07/01/2023	Child Name:		FosterChild, Phinneas Wayne	
Foster to Adopt Home Study Topics					
	Торіс				Status
Basic Provider Information (Name, Household Members, Ac	ddress and Contact. Caregiver)				
Verifications			Completed		
Training			Training Requirements Co	ompleted	
Information on the child to be Adopted			Completed		
Narratives			Completed		
Recommendation			Pending		
Validate for Approval					
Basis: Provider Information (Name Alsoushold Members Adv Verifications Training Information on the child to be Adopted Narratives Becommendation Validate for Approval	dáress and Contact Careviver)		Completed Training Requirements Co Completed Completed Pending	smpleted	

The Recommendation Information screen appears.

Recommendation Information					
Recommendation: *	Pending V	Decision Effective Date:	`	Date Letter Sent:	
Comments:	Pending				
	Deny Created in Error				
	Closed				
					6
Spell Check Clear 4000					
Anata Orana Oranata					
Apply Save Cancel					

- 1. Select **Approve** (or the appropriate recommendation) from the **Recommendation** drop down box.
- 2. Enter the **Decision Effective Date:**.
- 3. Enter Date Letter Sent: (not required)
- 4. Enter **Comments** in the text box (not required).
- 5. Click the **Save** button.

Close

The Foster to Adopt Home Study Topics screen appears.



Processing the 1692 Home Study for Approval

1. Click the Validate for Approval button.

Maintain Home Study Information					
Agency:	All Kidz				
Provider Type:	Adoptive Care - 1692	1692 Applicant 1:	FosterMom, Fi		
Date of Foster Care Placement:	05/31/2016	1692 Applicant 2:	FosterDad, Fo		
Date of Application for Adoption:	07/01/2023	Child Name:	FosterChild, Phinneas Wayne		
Foster to Adopt Home Study Topics					
	Торіс		Status		
Basic Provider Information (Name, Household Members, A	Address and Contact_Caregiver)				
Verifications			Completed		
Iraining			Training Requirements Completed		
Information on the child to be Adopted			Completed		
Narratives			Completed		
Recommendation			Approve		
Validate for Approval					
Close					

If required information is missing, the Unresolved Tasks screen appears.

ĺ	Unresolved Tasks		
	Торіс		Message
	Narrative	Narrative Information is missing	
	Training	'All Training requirements have been successfully completed field' has not been checked	
	Verifications	Verifications are required to be 'Verified' or 'Not Applicable'.	

2. Complete any **Unresolved Tasks**, if necessary.

When all **Foster to Adopt Home Study Topics** are **Complete** the **Process for Approval** button appears on the **Unresolved Tasks** screen.

Unresolved Tasks								
Торіс	Message							
Process for Approval								
Close								

3. Click the **Process for Approval** button.



The Process Approval screen appears.

Work Item					
I <u>D:</u> Task ID:	3282874 53948256	Type: Task Type:	PROVIDER Home Study	Reference: Task Reference: Task Status:	FosterMom, Fi & FosterDad, Fo
Routing/Approval Action					
Touring Poppi of all Action					
Action: *	Please Select An Action 🗸				
Comments:					
	Spell Check Clear 2000				
Agency:	All Kidz	~)		
Reviewers/ Approvers:	Please Select A Reviewer/Approver 🗸				
Save Cancel					

4. Select the appropriate Action from the drop-down box.

Note: If the logged in user has the **User Group Security** to final-approve a home study they will see **Approved-Final** as an option in the **Action** dropdown. If the logged in user does not have this security, they will need to **Route** the home study to their supervisor for approval.

- 5. Select the appropriate approval authority from the **Reviewers/Approvers** drop down box.
- 6. Click the Save button.

The **Provider Overview** screen now displays the **Approval Information** for the **Adoptive Care – 1692** provider type.

Approval/Certification Spans											
Provider Type Level of Care Approval/Certification Period Agency Certifying Entity											
Foster Care	Treatment Foster Home		10/24/2022 - 10/23/2024		All Kidz	ODJFS					
View History											
Approval Information											
Provider Type		Type Status		Decision Effective Date	Agen	су		Child Name			
Adoptive Care - 1692		Approved	07/10/2023		All Kidz	Fo	osterChild, Phinneas Wayne				
Action litems Provider Alerts Assignments											
No Action Items Found											



Recording the Letter Sent Date

- 1. Click the Foster to Adopt (1692) Home Study link from the navigation menu.
- 2. Click the **Date** link in the **Letter Sent** column.

Provider Overview Activity Log	PROVIDER	NAME / ID: FosterMom, FI & Foster	rDad, Fo / 3282874		CATEGORY: Home								
handring													
inquites	Home Study Fi	Home Study Filter Criteria											
Forms/Notices	Created in Erro	or:	Exclude Include										
Skills			@ Exclude C Include										
Training													
Acceptance Criteria	Maintain Home	e Study History											
Description of Home		Child Name	Application Percei	ived Date	Percommondation \$	tatur Docir	ion Effective Date	Agoney	Latter Sent				
Description of Family		Child Halle	Application Recei			uus Decis	IOII Ellective Date	Agency	Letter Sent				
Foster to Adopt (1692) Home Study	view Foster	Child, Phinneas Wayne	07/01/2023	Approve	Ae	proved 07/10/2023		All Kidz	Date				
Home Study								- L					
Approval/Certification													
Large Family Assessment													
Service Credentials													
Placements/Services													
Complaints/Rule Violations													
Waiver													
AP Search History													
Living Arrangement													

The Recommendation Information screen appears.

Recommendation Information					
Recommendation: *	Approve 🗸	Decision Effective Date:	07/10/2023	Date Letter Sent:	—
Comments:					
C					0

Apply Save Cancel

- 3. Enter the Date Letter Sent.
- 4. Click the **Save** button.

The **Maintain Home Study History** screen appears with the **Letter Sent** date displayed on the approved home study record.

Mainta	in Home Study History						
	Child Name	Application Received Date	Recommendation	Status	Decision Effective Date	Agency	Letter Sent
view	FosterChild, Phinneas Wayne	07/01/2023	Approve	Approved	07/10/2023	All Kidz	07/10/2023



Linking a 1692 Provider to a Placement Record

When adding an **Adoptive Placement** for a child with a **1692 Placement Provider**, click the **Link 1692 Provider** button within the **Placements** screen.

ase > Workload :	> Placements				
ase ID: ase Name:			Case Status: Case Category:	Open (02/13/2012) Adoption	
Service Informa	ation				
Agency: Child Name/ID:	County Children Service	es Board	DOB:		
Service Type: *	Approved Adoptive Home	• •	Begin Date:	06/06/2014 🔝 💿	
Placement Type: *	Adoptive Placement - AP		Estimated End Date:		
Additional Pla	cement Information				
E ICPC Placem	ent 🗈 Emergency	Placement	After-Hours Pl	acement	ICWA Placement
🖾 Was Race, C	color, or National Origin a factor in the P	lacement Decision?			
Provider Infor	mation				
Provider	r Service Description	Service ID Prima	ry Address 🙆 🛛	ICCA Delivered Date	Relationship To Child 💟
Link Provider	Link 1692 Provider ONNO-Conform	ing Placement Reason:			
Provider Used	to Determine Payment				
Pay Substit	ute Care Placement Rate in Lieu of Subs	idv.	Payment Service	Type:	
			- of the of the	1	
	Payment Provider	Service Description	in Si	ervice ID	Primary Address
Elek;pypyider					
Status: *	Draft				

Upon clicking **Link 1692 Provider**, Ohio SACWIS will automatically pull in the **1692 Provider** to which the child is linked.

Case > Workload :	> Placements	i								
Case ID: Case Name:					Case Status: Case Category:	Open (0) Adoption	2/13/2012)			
Service Informa	ation									
Agency: Child Name/ID:					DOB:	08/16/1997				
Service Type: *	Approved A	doptive Home	× (۲	Begin Date:	06/06/2014	📑 💿			
Placement Type: •	Adoptive Pla	acement - AP			Estimated End Date:					
Additional Pla	acement Info	rmation								
E ICPC Placem	nent	E Emerge	ncy Placeme	nt	After-Hours Pl	acement		E ICWA P	facement	
🖾 Was Race, C	Color, or Nation	nal Origin a factor in th	he Placement	Decision?						
Provider Infor	rmation									
Pr	rovider	Service Description	Service ID		Primary Address		ICCA Deliver Date	ed 1	Relationship To Child 🔘	
xien		Adoptive Placement								soliek
Eink Pypyider	Link 1692 Pro	wider 🗆 Non-Conf	orming Place	ment Reaso	n:					



Closing the Adoptive Care – 1692 Provider Type Record

The Adoptive Care-1692 Provider Type will automatically Close when the Child's Placement is End-Dated within the Placements screen on the child's Case record.

End Date:	06/06/2014 The following end information will only be saved if an end date is entered
End Reason:	Discharge
Secondary End Reason:	
Discharge Reason:	Adoption Finalized
Was there an effort to maintain placement?:	No 💌

The placement end-date will be a result of the child's **Adoption Finalization** (as shown above) OR due to a **Placement Move** recorded in Ohio SACWIS.

The **Provider Type Information** will reflect the closure of the **Adoptive Care – 1692 Provider Type** status.

Provider Type Information				
Closed Type Status: © Exclude Include	Foster to Adopt (1692):	Exclude Include		
Provider Type/Child Name	Agency	Type Effective Date	Type End Date	Type Status
view Adoptive Care - 1692	County Children Services Board	05/01/2014	06/06/2014	Closed
xiem Adoptive Care	County Children Services Board	09/19/2009	11/26/2009	Closed
view Foster Care	County Children Services Board	05/10/1996		Cettified

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at SACWIS_HELP_DESK@jfs.ohio.gov .

