Completing a Foster Care Recertification or Adoption Home Study Update

Knowledge Base Article

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Overview

This Knowledge Base Article describes how to complete a **Foster Care Home Recertification** or the **Two-Year Update** for an **Adoption Home Study**.

Navigating to the Home Study Details Screen

1. From the SACWIS **Home** screen, click, **Provider**.
2. Click, **Workload**.
3. Click, **select**, beside the name of the appropriate **Provider ID**.

The **Provider Overview** screen appears.

4. Click, **Home Study** in the navigation pane.

The **Home Study Filter Criteria** screen appears.

5. Click the **Copy** link in the row for the same home-study type (i.e., **Foster Care** or **Adoptive Care**) that was completed most recently.

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The **Home Study Details** screen appears.

1. In the **Home Study Type** field, select **Recertify/Update** from the drop-down list.

   Note: The **Provider Type** will be pre-populated.

2. Enter the appropriate **Start Date** OR click the Calendar icon and select the date.
3. In the **Assessor** field, select the appropriate name from the drop-down list.
4. Make a selection from the **Level of Care** drop-down menu (this is only necessary if you've selected Foster Care as the Provider Type.
5. Make a selection from the Priority drop-down menu (optional).
6. Click, **Save**.

Home	Provider	Financial	Administration
Workload	Provider Search	Provider Match	Recruitment	Inquiry	Training	Agency Certifications	KCCP Pre-Screening Tool

PROVIDER NAME / ID:　　　　　　　　　　　　　CATEGORY: *Home*

Home Study Details

Agency:

Home Study Type: *		Assessor: *	
Provider Type: *		Level of Care:	
Start Date: *		Priority:	

Save Cancel

The **Maintain Home Study Information** screen appears.

Completing Basic Provider Information

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

Maintain Home Study Information	
Agency:	

Home Study Type:	Recertify/Update	**Assessor:**	
Provider Type:	Foster Care	**Level of Care:**	Family Foster Home
Start Date:	11/12/2018	**Priority:**	

Home Study Topics

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Amend/Update	Not Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	6 of References Provided
Adult Children References	No / Not Applicable
Description of Home	Record Exists
Description of Family	Record Exists
Assessment Visits	1 of Visits Linked
Training Completed	Training Requirements Not Completed
Acceptance Criteria Information	Characteristics Information - Record Exists / Usage Placement Criteria - Record Exists
Recommendation	Pending

The **Provider Information** screen appears. You can review the information for accuracy, and if necessary, make changes to the information.

2. If there are no changes to make to the Provider Information, click, **Close**.

    Note: If you wish to make changes to the Provider information, click, **Update Provider Information**, then make and save the necessary changes.

3. When you are finished, click, **Close**.

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The **Maintain Home Study Information** screen appears.

Completing Amend/Update Information

1. Click, **Amend/Update**.

Home Study Type:	Recertify/Update	Assessor:	ProviderWorker
Provider Type:	Foster Care	Level of Care:	Family Foster Home
Start Date:	11/14/2018	Priority:	

Home Study Topics

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Amend/Update	Not Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	7 of References Provided
Adult Children References	No / Not Applicable

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The **Amendment/Update Information** screen appears.

2. **For a recertification or adoption update**, click the **Safety Audit Update** check box on the **Amendment/Update Information** screen. Is it necessary to always update the safety audit, or is this just an example?
3. In the **Comments** field, enter comments as needed.
   Important: When the **Safety Audit Update** check box is selected, the current safety audit will be removed and a new safety audit must be entered.
4. Click, **Save**.

The **Maintain Home Study Information** screen appears.

5. Complete the remaining work items (links) in any order.

Completing the Description of Family Work Item

Note: Please refer to the **Completing a Review Description of Family (DOF)** Knowledge Base Article for additional information.

1. On the **Maintain Home Study Information** screen, click the **Description of Family** link.

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The **Description of Family Information** screen appears.

2. Click the **Maintain Description of Family** button.

The **Maintain Description of Family** screen appears providing a list of all existing Description of Family records.

3. If a Family Description does not exist with a Type of **Review**, click the **Add Family Description** button.

The **Description of Family Details** screen appears.

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4. In the **Narrative Type** field, select **Review** from the drop-down list.
5. The **Effective Date** field defaults to the current date. If needed, enter the appropriate **Effective Date**.

Note: When you select, Review, the **Review Effective Date** and **Review End Date** fields become enabled.

Important: Enter a date range that covers the past two years. This allows the narratives to display all the children who were placed in the home during that time.

6. Enter a date in the **Review Effective Date** field.
7. Enter a date in the **Review End Date** field.
8. Click, **Save**.

The **Maintain Description of Family** screen appears displaying the information in a new grid row with a message that your data has been saved.

1. Click the **edit** link in the newly added row.

The **Description of Family Details** screen appears.

2. Click, **Update Narratives**.

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Note: As stated on the SACWIS screen: By selecting the Update narratives button, all Applicant, Member and Child-specific narrative topics will be refreshed to reflect current Provider Participants and Children currently placed with the Provider.

3. Click the following three Narratives links and provide narrative for each topic. answer the questions in each:

- **Applicant Narratives**
- **Member Narratives**
- **Family Narratives**

Note: You can navigate through the narratives by selecting, "Next," after you finish each entry.

4. When complete, click, **Save**.

The **Maintain Description of Family** screen appears.

5. Navigate back to the **Maintain Home Study Information** screen.

Completing the Training Completed Work Item

1. On the **Maintain Home Study Information** screen, click the **Training Completed** link.

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The **Completed Training List** screen appears.

2. Click the **Link Training** button.

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The **Training Session Search Criteria** screen appears.

3. In the **From Session Date** box, enter the date two years prior to the current date.
4. In the **To Session Date** box, enter the current date.
5. Click, **Filter**.

The **Completed Training List** (for the defined 2-year period) appears.

6. Place a checkmark in each box that corresponds to the training you want to add.
7. Click, **OK**.

The **Completed Training List** screen appears, displaying the selected training.

8. Place a checkmark in the box beside, **All Training Requirements have been Successfully Completed**.
9. Repeat **Steps 2-5** for each person whose training needs to be linked to the home study.
10. Click, **Save**.

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The **Maintain Home Study Information** screen appears.

Completing the Acceptance Criteria Information Work Item

1. Click, **Acceptance Criteria Information** link.

The **Acceptance Criteria Information** screen appears.

2. Click the **Maintain Acceptance Criteria** button.

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The **Acceptance Characteristics List** screen appears.

   3. Click the **Copy** link in the appropriate row.

The **Characteristics** screen appears.

   4. In the **Provider Type** field, select **Foster Care** or **Adoptive Care**.
   5. Select a group in the **Select Group** field to update selections within that group.
   6. Click, **Save**.

The **Acceptance Characteristics List** screen appears.

   1. Click the **Usage Placement Criteria** tab.

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The **Usage Placement Criteria** screen appears.

> 2. Click the **Copy** link in the appropriate row.

The **Criteria** screen appears.

> 3. In the **Provider Type** field, select **Foster Care** or **Adoptive Care**.
> 4. Click the appropriate **edit** link.

The **Usage Placement Criteria Details** screen appears.

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5. Modify the criteria as appropriate.
6. Click, **OK**.

Usage Placement Criteria Details

Gender: *	Male ▾	Number of Children: *	3
Minimum Age: *	3 0	Maximum Age: *	15 11

OK   Cancel

The **Criteria** screen appears.

1. Click the **Save** button at the bottom of the **Criteria** screen.
2. If there is more than one placement criteria present, you must enter a number in the **Total Number of Children** box.
3. Click, **Save**.

Criteria

Provider Type: *	Foster Care ▾		Placement Criteria Status:	In Progress
Effective Date:	11/16/2018 📅		End Date:	
Total Number of Children:			Created Date:	Nov 16, 2018 3:06:03 PM

	Gender	Minimum Age	Maximum Age	Number of Children	
edit		3Years, 0Months	15Years, 11Months	3	delete
edit		3Years, 0Months	15Years, 11Months	3	delete

Add

Apply   Save   Cancel

The **Usage Placement Criteria** screen appears.

1. Navigate back to the **Maintain Home Study Information** screen.

Usage Placement Criteria

	Provider Type	Effective Date	End Date	Status	Created Date
view copy	Adoptive Care	09/03/2013	07/23/2015	Linked To Completed Home Study	09/16/2013
view copy	Foster Care	09/03/2013	08/25/2015	Linked To Completed Home Study	09/09/2013
view copy	Foster Care	08/22/2013	09/02/2013	Linked To Completed Home Study	08/22/2013

Completing the Recommendation Work Item

2. On the **Maintain Home Study Information** screen, click the **Recommendation** link.

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Maintain Home Study Information	
Agency:	

Home Study Type:	Recertify/Update	Assessor:	
Provider Type:	Foster Care	Level of Care:	Family Foster Home
Start Date:	11/15/2018	Priority:	

Home Study Topics

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Amend/Update	Not Provided
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	8 of References Provided
Adult Children References	No / Not Applicable
Description of Home	Record Exists
Description of Family	Record Exists
Assessment Visits	2 of Visits Linked
Training Completed	Training Requirements Not Completed
Acceptance Criteria Information	Characteristics Information - Record Exists / Usage Placement Criteria - Record Exists
Recommendation	Pending

The **Recommendation Details** screen appears.

3. Answer each question by making a selection from the corresponding drop-down menu.
4. Enter narrative in each text box, as appropriate.
5. Make a selection from the **Recommendation** drop-down menu.
   Note: If you make a recommendation to Close or Deny, you will need to make a selection from the **Primary Reason** drop-down menu, as well as any **Secondary Reasons**.
6. The **Certifying Entity** box should be pre-populated.
7. Enter the **Recommendation Date**.
8. Enter a number in the **Service Limits** box.
9. Click, **Save**.

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The **Maintain Home Study Information** screen appears.

1. Click the **Validate for Approval** button.

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The **Unresolved Tasks** screen appears with the following message: **No unresolved topic**.

> **Important**: If information is missing, the **Unresolved Tasks** screen appears, displaying what must be resolved before you can validate the record.

2. Click, **Process for Approval**.

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The **Process Approval** screen appears.

Processing for Approval

1. **If you have approval authority**, select **Approved - Final** in the **Action** drop-down menu.
2. Skip to **Step 5**.
3. **If you do NOT have approval authority**, select the appropriate action in the **Action** drop-down list.
4. If the home study is being routed to a supervisor, select the supervisor's name from the **Reviewers/Approvers** drop-down list.
5. Click the **Save** button.

Note: Prior to approval, the Home Study status will remain as **Pending Approval**.

Note: Once the final approver has approved the home study, the **Status** will change to **Approved**.

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Processing after Receiving Home Study Approval

Once the home study has been approved by the supervisor, the system will automatically create a **Request for Recertification** or **Recommendation for Re-approval** in the Provider's **Approval/Certification** link. To locate the new request or recommendation, complete the following steps.

1. Navigate to the **Provider Overview** screen using the steps previously discussed.
2. Click the **Approval/Certification** link in the **Navigation** menu.

The **Maintain Approval/Certification Recommendations** screen appears.

3. Click the **Edit** link in the appropriate **Recommendation for Recertification** or **Recommendation for Re-approval** row.

	Provider Type	Transaction Type	Status	Recommending Agency	Effective Date	Expiration Date
view report	Adoptive Care	Reapproval	Approved	Ohio Child Welfare Agency	06/07/2017	06/06/2019
view report	Adoptive Care	Reapproval	Approved	Ohio Child Welfare Agency	06/07/2015	06/06/2017
view report	Adoptive Care	Initial Approval	Approved	Ohio Child Welfare Agency	06/07/2013	06/06/2015
view edit report	Foster Care	Recommendation for Recertification	In progress	Ohio Child Welfare Agency	11/20/2018	
view report	Foster Care	Recommendation for Recertification	Approved	Ohio Child Welfare Agency	06/07/2017	06/06/2019
view report	Foster Care	Recommendation for Recertification	Approved	Ohio Child Welfare Agency	06/07/2015	06/06/2017
view report	Foster Care	Initial Recommendation for Certification	Approved	Ohio Child Welfare Agency	06/07/2013	06/06/2015

Maintain Approval/Certification Recommendations

Add Recommendation

The **Maintain Transactions** screen appears.

4. In the **Recommendation Date** field, enter the date as the first day of the new **Certification/Approval** period.

    Important: This date will become the **Effective Date** of the new licensure/approval span.

    Important:

    - If this is a foster care recertification, the supervisor must route this **Recommendation for Recertification** to Rita Jackson at ODJFS.

    - If this is an adoption update, the **Recommendation for Re-approval** must be sent to the **County Supervisor** only.

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Note: Once the **Recommendation for Recertification** or **Recommendation for Re-approval** is approved, a new **Approval/Certification Period** will appear on the **Provider Overview** screen in the Provider record (**Foster/Adoptive Spans** grid).

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Mapping

This section explains **Mapping** between the information on the generated Recertification/Update Home Study (JFS 1385) document and which area (Person, Provider, etc.) and screen each **Data Element** is pulled from into the home study document. This mapping document is meant to assist the user in updating the relevant information prior to generating the Recertification/Update Home Study document.

Items are pulled into the form from the designated area (Person, Provider, etc.) and screen in SACWIS as indicated in Red.

Note: The following abbreviations are used in the mapping sections below:

- PP - Person Profile
- PI – Provider Information
- PO – Provider Overview
- HS – Home Study
- DOF – Description of Family

Mapping – Assessor and Applicant Information Section

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Agency HS Agency name	Assessor Person name of HS Assessor	Phone # Primary Contact Number for HS agency	Email Address Email Address of HS Assessor (located on employee record)	Date HS Start Date

Applicant #1 Name First Middle Last (Maiden) Person Profile (PP): Basic Page (where member role is Applicant 1). Maiden name populates from the AKA type of Maiden Name.	Currently Licensed/ Approved For HS provider type ☐ foster ☐ adopt	Email Address PP: Address Page (type is Email) Cell Phone # PP: Address Page (type is Cell) Work Phone # PP: Address Page (type is Work)
Applicant #2 Name First Middle Last (Maiden) Person Profile (PP): Basic Page (where member role is Applicant 2). Maiden name populates from the AKA type of Maiden Name.	Currently Licensed/ Approved For HS provider type ☐ foster ☐ adopt	Email Address PP: Address Page Cell Phone # PP: Address Page Work Phone # PP: Address Page

Street Address (Apartment) City State Zip Code County PI: Address Page (address marked as primary)			

Home Telephone # PI: Address Page (type is Home)	Fax # PI: Address Page (type is fax)	Emergency Contact Name PI: Address Page (type is emergency, description field text) Phone # PI: Address Page (type is emergency)

HOUSEHOLD MEMBERS (Add another sheet if necessary)

	Applicant #1	Applicant #2	Household Member	Household Member	Household Member	Household Member
Name	PP: Basic Page (where member role is Applicant 1)	PP: Basic Page (where member role is Applicant 2)	PP: Basic Page (where member role is Adult Household Member or Child Household Member)	PP: Basic Page (where member role is Adult Household Member or Child Household Member)	PP: Basic Page (where member role is Adult Household Member or Child Household Member)	PP: Basic Page (where member role is Adult Household Member or Child Household Member)
Relationship to Applicant #1		PI: Relationships Page (select Relationships hyperlink)	PI: Relationships Page (select Relationships hyperlink)	PI: Relationships Page (select Relationships hyperlink)	PI: Relationships Page (select Relationships hyperlink)	PI: Relationships Page (select Relationships hyperlink)
Date of Birth/ Age	PP: Basic Page	PP: Basic Page	PP: Basic Page	PP: Basic Page	PP: Basic Page	PP: Basic Page

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SLEEPING ARRANGEMENTS (for all members of the household)			
HS link; Description of Home record linked to Home Study; Home Info. tab			
BEDROOM #	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): crib*, toddler bed, twin, full, bunk, etc. (If bunk, indicate upper-U, or lower-L)
1			
2			
3			
4			
5			
6			
SECTION III (complete only if information has changed)			

Give directions to the new home from the agency

PP for Applicant 1: Address Page (Select address hyperlink for address marked as primary-Domestic Address Details screen; Directions box)

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HS link; Description of Home record linked to Home Study; School Info. Tab-Children placed in the home would attend the following school district:		
Children placed in the home would attend the following schools	**Elementary School**	
	Address	
	Middle School	
	Address	
	High School	
	Address	

If foster/adoptive parent's employment or work hours have changed during this certification/approval span, give the name and address of the new employer, list the new hours of work, and explain the reason for the change. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic
Have there been any significant changes in the family income or expenses?   ☐ Yes ☐ No If yes, explain. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic
Was there any change in the occupancy of the home other than foster/adoptive children placed?   ☐ Yes ☐ No If yes, explain. Include any relative, kin, ICPC or other living arrangements here. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic
Was there any change in the foster caregiver's/adoptive parent's marital status?   ☐ Yes ☐ No If yes, explain. HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

SECTION IV	
Expiration date of current foster home certificate or adoption homestudy approval	
Date agency sent JFS 01331 to the family HS link; Verifications; Verification task	Date signed JFS 01331 received from the family HS link; Verifications; Verification task

Dates and location of all interviews conducted during the completion of the recertification/update assessment
HS link; Assessment Visits linked to HS where: Contact Type is Face to Face, Category is Foster Home Applicant or Adoptive Home Applicant or Foster/Adoptive Home Applicant, and Sub-Category is Assessment Visit for provider members

Date	Location	Name of Those Present	Date	Location	Name of Those Present

Date JFS 01348 safety audit completed: HS link; Verifications; Verification task	Date SACWIS AP search(es) received: HS link; Verifications; Verification task
Were criminal record checks completed? ☐ Yes ☐ No HS link; Verifications; Verification task	If yes, give date of completion and the results:

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Was a new medical exam required? ☐ Yes ☐ No HS link; Verifications; Verification task		If yes, give date of completion and the results:
Was a well water test required? ☐ Yes ☐ No HS link; Verifications; Verification task		If yes, give date of completion and the results:
Was a new fire inspection required? ☐ Yes ☐ No HS link; Verifications; Verification task		If yes, give date of completion and the results:

SECTION V: TRAINING FOR FOSTER CAREGIVERS ONLY

HS link; Training Completed; Completed Training List displaying for Applicant(s)

Minimum agency requirement is _____ hours for each caregiver

Parent #1 NAME OF COURSE	DATES	# OF HOURS
	TOTAL HOURS	

JFS 01385 (Rev. 12/2014)

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Parent #2 NAME OF COURSE	DATES	# OF HOURS
	TOTAL HOURS	

SECTION VI: AGENCY NARRATIVE - Foster Care Recertification/Adoption Update Assessment **Based on interviews, investigation, observation, and your professional assessment of the family, provide the following information:**

PLACEMENTS:
Discuss the placement of each foster/adoptive child placed in the home during the certification/ homestudy approval span.

Describe the reactions of the child and foster caregiver/adoptive parent during preplacement visits.
HS link; Description of Family record (review) linked to Home Study; Applicant Narrative topic (for each applicant) & Member Narrative topic (for each child placed)

If the placement was an emergency, describe the foster caregiver/adoptive parent's reaction to the placement.
HS link; Description of Family record (review) linked to Home Study; Applicant Narrative topic (for each applicant)

Discuss the adjustment of each foster/adoptive child placed in the home, and the foster caregiver's/adoptive parent's reaction to any removals of children from the home.
HS link; Description of Family record (review) linked to Home Study; Applicant Narrative topic (for each applicant) & Member Narrative topic (for each child placed)

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THE FOSTER/ADOPTIVE FAMILY:
Discuss each family member's (excluding foster children) assessment of being a foster/adoptive family.
HS link; Description of Family record (review) linked to Home Study; Member Narrative topic (for each provider member)

Describe any changes in any family member's attitudes or expectations of foster care/adoption during the past certification or homestudy approval span.
HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

Describe any serious illnesses, injuries or family crises during the past certification or homestudy approval span that may affect the family's ability to successfully provide foster care or adopt a child.
HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

Discuss any changes in household occupancy (excluding foster children), and the agency's perception and assessment of the caregiver's/adoptive parent's suitability for continued approval for foster care/adoption.
HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

STRENGTHS, GROWTH AREAS AND TRAINING NEEDS:
Discuss each foster caregiver's/adoptive parent's strengths, growth areas and training needs and the agency's methods of assessment.
HS link; Description of Family record (review) linked to Home Study; Applicant Narrative topic (for each applicant)

Indicate the foster caregiver's/adoptive parent's assessment of the agency's support of the family and any requests for additional training, support, or involvement in agency services.
HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

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GENERAL RULE COMPLIANCE:
Summarize the agency's review and discussion of all applicable ODJFS rules and the agency's policies for foster care and/or adoption services with the adoptive/foster care family.
HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

Briefly summarize any rule noncompliance the foster parent has had during the past certification period. State the rule and how the noncompliance was resolved. Include in the summary any history of rule violations for the same offense as well as the number of occurrences.
HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

Indicate if there are any OAC rules or agency policies with which the foster caregiver(s)/adoptive parent(s) is not currently in compliance or cannot comply. Is this a first time noncompliance or is it continued from the prior certification/homestudy approval span?
HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

For foster care recertification only, if the agency is recommending a waiver, state the agency's rationale for the recommendation and the caregiver's plan for coming into compliance. Waivers may only be considered for relative foster homes for non-safety issues.
HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

SECTION VII: SUMMARY

Summarize the agency's assessment of this home, the relationship between the agency and the family, and indicate the agency's recommendation regarding recertification/update approval. If child characteristics have changed significantly, indicate why these changes are being made.
HS link; Description of Family record (review) linked to Home Study; Family Narrative topic

SECTION VIII: ADOPTION APPROVAL
Adoptive Care Home Study link; Recommendation; Recommendation Info.; Home Study Status of Approved

☐ Adoption Update is approved	☐ Adoption Update is not approved	If not approved, explain why:

Summarize child or type of child for which approval is granted (include, at a minimum, age, gender, number of children and acceptable characteristics) Adoptive Care Home Study link; Acceptance Criteria Information; Linked Placement Criteria Record

Signature of Assessor			Date
Signature of Supervisor			Date
Other		Title	Date
Other		Title	Date

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<table>
<tr><td colspan="3" align="center">SECTION IX: FOSTER CARE APPROVAL
Foster Care Home Study link; Recommendation; Recommendation Info.; Home Study Status of Approved</td></tr>
<tr><td>☐ Foster Home is recommended for recertification</td><td>☐ Foster Home is not recommended for recertification</td><td>If not recommended for recertification, explain why:</td></tr>
</table>

	Use either one of the boxes below, but do not use both **Foster Care Home Study link; Acceptance Criteria Information; Linked Placement Criteria Record**	
Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box ☐ and enter number

Signature of Assessor			Date
Signature of Supervisor			Date
Other		Title	Date
Other		Title	Date

<table>
<tr><td colspan="5" align="center">SECTION X: CHANGE TO APPROVED USAGE OF HOME
Foster Care Home Study link where home study type is Amend (when amending a previously approved home study recertification) or Recertification; Acceptance Criteria Information; Linked Placement Criteria Record.

Adoptive Care Home Study link where home study type is Amend (when amending a previously approved home study update) or Update; Acceptance Criteria Information; Linked Placement Criteria Record.</td></tr>
</table>

			Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To		Place Number Before Gender M F	If home can accept either gender, check box ☐ and enter number
Assessor Signature		Supervisor Signature		Date

			Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To		Place Number Before Gender M F	If home can accept either gender, check box ☐ and enter number
Assessor Signature		Supervisor Signature		Date

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NOTE: Use of this form is mandated by Chapters 5101:2-5 and 5101:2-48 of the Ohio Administrative Code.

If you need additional information or assistance, please contact the SACWIS Help Desk.

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