Completing a Foster Care or Adoption Initial Home Study

Knowledge Base Article

Completing a Foster Care or Adoption Initial Home Study

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Overview

This Knowledge Base Article describes how to complete a **Foster Care or Adoption Initial Home Study**, including how to process it for approval and how to process it after receiving approval.

The last section of this article includes a **Mapping Document** explaining the mapping between the information on the generated Initial Home Study (JFS 1673) 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 Initial Home Study document.

Navigating to the Home Study Details Screen

1. From the Ohio SACWIS **Home** screen, click the **Provider** tab.

2. Click the **Provider Search** tab.

The **Provider Profile Search Criteria** screen appears.

3. Enter the appropriate search criteria into the fields as needed OR enter the **Provider ID**, if known.

4. Click the **Search** button.

The search results appear in the **Provider Profile Search Results** grid at the bottom of the screen.

5. Click the **Edit** link in the appropriate row.

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The **Provider Overview** screen for the selected provider appears.

6. Click the **Home Study** link in the **Navigation** menu.

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

OR

8. If you are adding an initial home study for another **Provider Type** (i.e., **Foster Care** or **Adoptive Care**) on the Provider record, click the **Copy** link beside the existing initial home study in order to complete an initial home study for the other provider type.

Home Study Details screen appears.

Completing the Home Study Details Screen

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

Note: The **Provider Type** field auto-populates.

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.

The **Maintain Home Study Information** screen appears displaying work items.

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5. Complete the work items (links) in any order. The work items are discussed in the following sections.

Completing the "Basic Provider Information" Work Item

The following steps and sub-sections describe how to complete the **Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)** work item.

1. On the **Maintain Home Study Information** screen, click the **Basic Provider Information** link.

The **Provider Information** screen appears.

Provider Information

Assessor Name:	Test, Provider
Agency:	Test County Children Services Board
Agency Address:	123 Test Rd
	Test, Oh 12345
Phone:	
Fax:	

2. Click the **Update Provider Information** button at the bottom of the screen.

Provider Contact

Type	Detail	Description
Work	(123) 456-7899	
Email		
Work		1/7/16

Expiration date of current foster home certificate or adoptive home study approval:

[HINT: An expiration date only displays when completing the JFS 01385]

Close   Update Provider Information

The **Basic Provider Information** screen appears.

Basic   Address   Members   Relationships   Caregivers   Capacity

Provider Name Information

Provider Name	Effective Date	End Date	

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Updating Provider Address or Contact Information

Complete the following steps to add or update **Provider Address** or **Provider Contact** information.

1. On the **Basic Provider Information** screen, click the **Address** tab.

	Basic	Address	Members	Relationships	Caregivers	Capacity

Provider Address

View Address History

	Type	Address	Effective Date	Primary	Hazard	
edit view	Work1	Test Address	01/07/2016	No	No	delete
edit view	Residence	Test Address	05/23/2023	Yes	No	

Add Address

2. To **Add** a provider address, click the **Add Address** button.
    *   OR skip to **Step 9** below to update or end date an existing address.

The **Address Search Criteria** screen appears when adding an address.

Domestic Address Search | Foreign Address Search

Domestic Address Search Criteria

Address Lookup:	Enter at least 8 characters to get address suggestions

⊞ PO Box or Manual Search Criteria

Note: Manual Search Criteria will override Address lookup (Google Search)

Search   **Clear Form**   **Cancel**

3. Enter the address information in the appropriate search criteria fields and click the **Search** button.

The results appear in the **Address Search Results** grid at the bottom of the screen.

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Domestic Address Search Results

	Address	Valid	County	Geo Code	Hazard
select	111 Test Rd Test, Oh 12345	Yes	Athens	None	No

Add New Address

4. If the desired address was found, click the **Select** link in the appropriate row.   Then skip to **Step 7** below.

5. If the desired address was not found, click the **Add New Address** button.

The **Address Details** screen appears when adding a new address.

6. Enter the address information as appropriate to create the new address and click the **Save** button at the bottom of the screen.

7. The **Provider Address Details** screen appears.

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8. Enter the **Address Type**, **Effective Date**, and other appropriate information and click the **OK** button.

The **Provider Address** screen appears displaying the address information.

9. To update or end date any existing address information, click the **Edit** link in the appropriate row.

The **Provider Address Details** screen appears.

10. Update the **Address Type**, **Effective Date**, and/or other information as appropriate and click the **OK** button.

The **Provider Address** screen appears displaying the address information.

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11. To add or update **Provider Contact** information, click the **Add Contact** button, OR click the **Edit** link in the appropriate row.

	Type	Details	Primary	
edit	Work		No	delete
edit	Email		Yes	
edit	Work	1/7/16	No	delete

Add Contact

Contact Information

Type: Cell ☐ Primary

Phone: _____ Ext: _____ OR ☐ Not Applicable

Description: _____

Created Date: Created By:

Modified Date: Modified By:

OK   Cancel

12. Enter or update the appropriate information and click the **OK** button to return to the **Provider Address** screen.

13. Click the **Apply** button at the bottom of the **Provider Address** screen.

Note: Please refer to the following Knowledge Base articles for additional information:

- **Adding Directions to a Provider's Address**
- **Populating Emergency Contact Info on a Home Study Form (JFS 1673)**

Updating Provider Member Information

Complete the following steps to update provider **Member** information.

1. On the **Provider Address** screen, click the **Members** tab.

The **Current Active Members** screen appears.

2. To add a provider member, click the **Add Member** button.

   OR skip to **Step 12** below to update or end date an existing provider member.

The **Person Search Criteria** screen appears when adding a member.
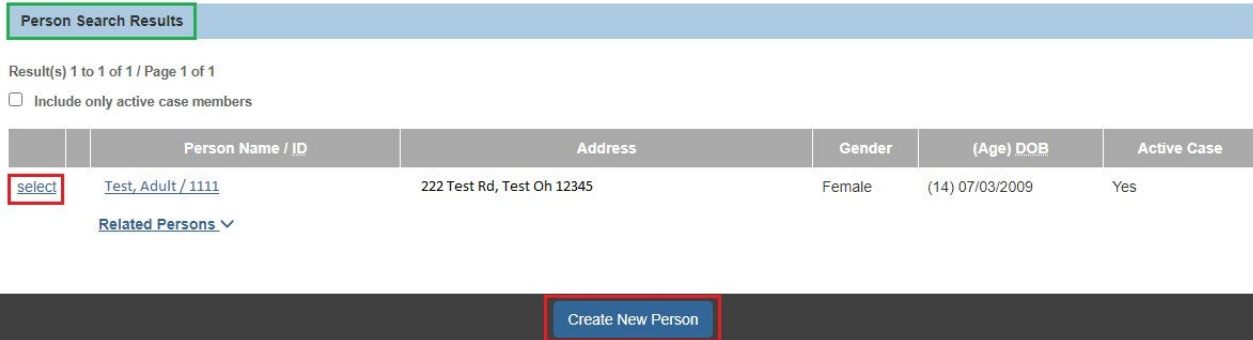
3. Enter the person's name information in the appropriate search fields OR enter the **Person ID** if known.

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4. Click the **Search** button.

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

Person Search Results					

Result(s) 1 to 1 of 1 / Page 1 of 1

☐ Include only active case members

	Person Name / ID	Address	Gender	(Age) DOB	Active Case
select	Test, Adult / 1111	222 Test Rd, Test Oh 12345	Female	(14) 07/03/2009	Yes
	Related Persons ∨				

Create New Person

5. If the desired person was found, click the **Select** link in the appropriate row.

    Then skip to **Step 9** below.

6. If the desired person was not found, click the **Create New Person** button to create the person.

The **Basic Profile** screen displays when creating a new person.

Basic	Demographics	Address	Additional	Characteristics	Safety Hazard

Person Information

Prefix: [▼]

First Name: * [   ]   Middle Name: [   ]

Last Name: * [   ]   Suffix: [▼]   **Populate AKA Name**

Gender: ⓐ [▼]   SSN: [   ]   ⦿ Retain ◯ Add/Edit

                                                        ☐ No SSN Exists ⓘ

DOB: ⓐ [   ] 📅   Age: [   ]   ☐ Estimated DOB   ☐ DOB Unknown

Hair Color: [▼]   Eye Color: [▼]

Sexual Orientation: [▼]

☐ Deceased   Deceased Date: [   ] 📅   Age At Time Of Death: [   ]   ☐ Deceased Date Unknown

Driver's License #: [   ]   Issue State: [▼]   Expiration: [   ] 📅

AKA Names

	Prefix	First Name	Middle Name	Last Name	Suffix	AKA Type

Add AKA

Apply **Save** **Cancel**

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7. Enter the specific person information as appropriate to create the new person.

8. Click the **Save** button at the bottom of the screen to save the new person.

9. The **Member Details** screen appears.

Member Details

Member Name/ ID:
Test, Adult / 28926003

Member Role:

Member Type:

Estimated Leave Date:

Effective Date:

End Date:

End Reason:

Member Relationships

Note: Displaying member relationship to Applicants below

Test , Adult / 28926003

- **Unspecified Relationship**   -   Applicant 1

Edit Relationships

Ok   Cancel

10. Enter the **Member Role**, **Member Type**, **Effective Date**, and other information as appropriate.

11. When complete, click the **OK** button to save the information.

The **Current Active Members** screen appears displaying the new member information.

Current Active Members

View Member History

	Name / ID	Gender	DOB	Age	Role	Effective Date	
edit view	Test, Adult 1 / 123456	FEMALE	09/22/1974	49	Applicant 1	05/23/2023	
edit view	Test, Adult / 28926003				Adult Household Member	10/18/2023	

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12. To update or end date any existing provider members, click the **Edit** link in the appropriate row.

The **Member Details** screen appears.

13. Enter or update the appropriate member information.

14. When complete, click the **OK** button to save the information.

The **Current Active Members** screen appears displaying the updated member information.

15. Click the **Apply** button at the bottom of the **Current Active Members** screen.

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Updating Household Marital Status Information

Complete the following steps to update **Household Marital Status** information.

1. To **Add** household marital status, click the **Add Marital Status** button on the **Current Active Members** screen.

    OR skip to **Step 5** below to edit existing marital status information.

The **Household Marital Status Details** screen appears.

2. Select the appropriate **Marital Status** for the provider from the drop-down list.

3. Enter the **Effective Date** for the selected marital status.

4. Click the **OK** button to save the marital status information.

The **Current Active Members** screen appears displaying the marital status information.

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5. To **Edit** existing household marital status information, click the **Edit** link in the appropriate row.

The **Household Marital Status Details** screen appears.

Household Marital Status Details
Marital Status:* Single parent household, mother only
Effective Date* 05/23/2023

OK Cancel

6. Update the **Marital Status** and/or **Effective Date** as appropriate.

7. Click the **OK** button to save the marital status information.

The **Current Active Members** screen appears displaying the updated marital status information.

8. Click the **Apply** button at the bottom of the **Current Active Members** screen.

Updating Caregiver Information

Complete the following steps to update **Caregiver** information.

1. On the **Current Active Members** screen (**Members** tab), click the **Caregivers** tab.

Basic	Address	Members	Relationships	Caregivers	Capacity

Caregiver Information

View Caregiver History

	Caregiver type	Name	Primary Address	Primary Contact Details	Effective Date

Add Care Giver

2. To **Add** a caregiver, click the **Add Care Giver** button.

OR skip to **Step 11** below to update or end date existing Caregiver information.

The **Provider Profile Search Criteria** screen appears.

Search For Provider Profile

Provider ID:

OR

Provider Name: Member Last Name: Member First Name: Member Middle Name :

Provider Category:

Agency Type:

Agency:

Provider Type: ☑ Include "Closed" Provider Type Status

Provider Status:

Address, Contact and Provider Reference Criteria ∨

Name Match Precision
Returns results matching entered names including AKA names/nicknames

| | + AKA/Nicknames | |

Fewer Results   More Results

[Search]   [Clear Form]

3. Enter the caregiver's name information in the appropriate search criteria fields OR enter the caregiver's **Provider ID**, if known.

4. In the **Provider Category** field, select **Non-ODJFS** from the drop-down list.

5. Click the **Search** button.

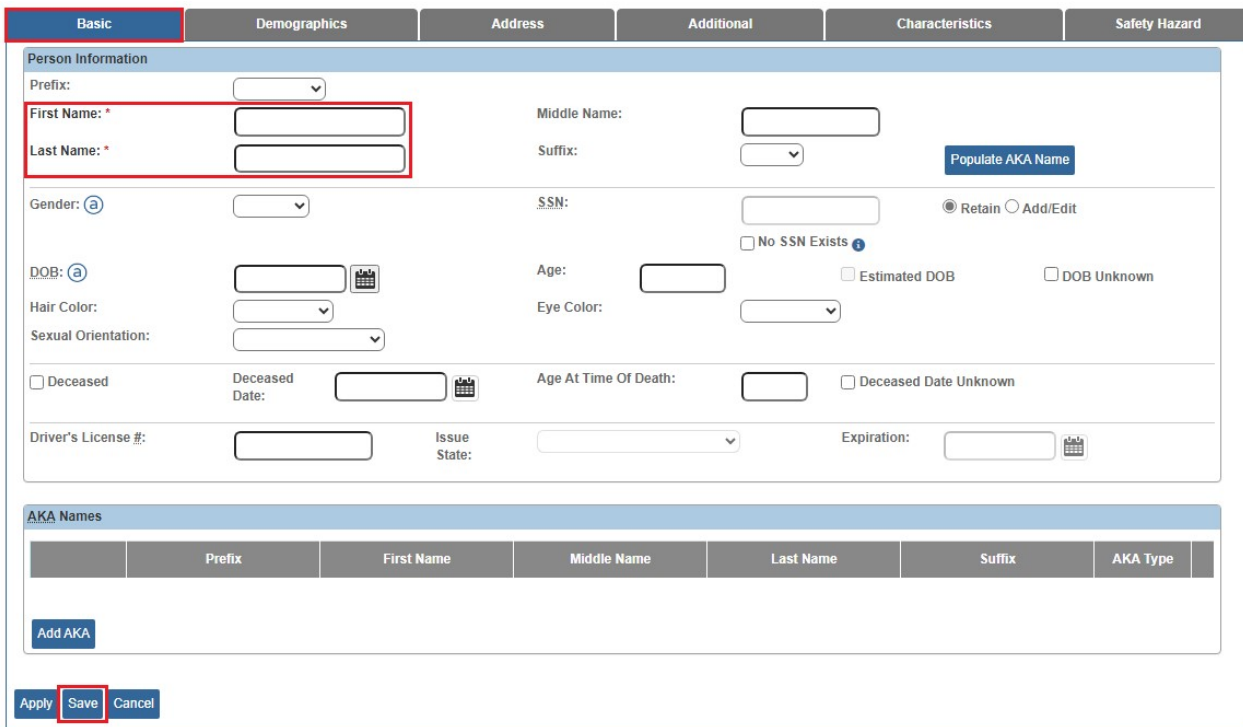The results appear in the **Provider Profile Search Results** grid at the bottom of the screen.

Search Results

Result(s) 1 to 1 of 1 / Page 1 of 1

	Provider Name / ID	Provider Status	Provider Category	Address
select	Test, Provider / 1111	ACTIVE	HOME	Test Address
	View Provider Type Information ∨			

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6. If the desired caregiver was found, click the **Select** link in the appropriate row.

   OR

7. Click the **Add Non- ODJFS Provider** button.

8. Select the appropriate **Caregiver Type** from the drop-down list.

9. Enter the **Effective Date** for the Caregiver.

10. Click the **OK** button.

The **Caregiver Information** screen appears displaying the caregiver information.

11. To update or end date existing Caregiver information, click the **Edit** link in the appropriate row.

The **Caregiver Details** screen appears.

12. Update the **Caregiver Type**, **Effective Date**, and/or **End Date** as appropriate.

13. Click the **OK** button.

The **Caregiver Information** screen appears displaying the updated Caregiver information.

14. Click the **Apply** button at the bottom of the **Caregiver Information** screen.

Viewing Capacity Information & Saving the Basic Provider Information

Complete the following steps to view **Capacity** information and **Save** your updates to the **Basic Provider Information** work item.

1. On the **Caregiver Information** screen, click the **Capacity** tab.

The **Current Capacity Information** screen (**Capacity** tab) appears as shown further below.

- The screen displays Available Beds, Service Limits, Current Vacancies, Current Children Placed, Current Household Members and Current Living Arrangements on the provider.

- The information displayed on this screen is pulled from various areas in the Provider Record (i.e., the Description of Home, Home Study, Placements/Services link, Living Arrangement link, and Current provider members).

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2. After viewing the Capacity information, click the **Save** button.

The **Maintain Home Study Information** screen appears indicating your **Basic Provider Information** data has been saved.

Completing the "Verifications" Work Item

Follow the steps below to complete the **Verifications** work item.

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

The **Maintain Verification Tasks** screen appears.

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2. Click the **Edit** link in an appropriate row to enter status information for that **Verification Task**.

The **Verification Details** screen appears for the selected **Verification Task**.

3. Select the appropriate **Status** for this Verification Task.

4. Enter the **Date** of the verification.

5. Enter **Narrative** information as applicable.

6. Click the **Save** button at the bottom of the screen.

The **Maintain Verification Tasks** screen appears.

7. Repeat **Steps 2-6** as needed to enter **Status**, **Date**, and **Narrative** information for each Verification Task.

Important: All required verification information must be completed for the Provider record.

8. When complete, click the **Close** button at the bottom of the **Maintain Verification Tasks** screen.

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

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Completing the "Safety Audit" Work Item

Follow the steps below to complete the **Safety Audit** work item.

1. On the **Maintain Home Study Information** screen, click the **Safety Audit** link.

Home Study Topics	
Topic	**Status**
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered

The **Maintain Safety Audit Details** screen appears displaying the **Safety Audit I** tab.

2. Select the appropriate value in the **Status** drop-down list for each topic on the three Safety Audit tabs: **Safety Audit I**, **Safety Audit II**, and **Safety Audit III.**

Safety Audit I	Safety Audit II	Safety Audit III	Disposition

Maintain Safety Audit I Details

All items listed can be found in rule 5101:2-7-12 of the Administrative Code.

	Safety Audit Rules	**Status**
1.	The home and all structures associated with the home are maintained in a clean, safe, and sanitary condition and in a reasonable state of repair.	Undetermined
2.	Swimming pool on foster home property has barriers on all sides, access through the safety barrier equipped with a safety device such as a bolt lock, a life saving device such as a ring buoy and a working pump if it cannot be emptied after each use.	Undetermined
3.	Hot tub and spas on foster home property have a safety cover which is locked when not in use.	Undetermined
4.	Outdoor recreation equipment on the grounds of the foster home is maintained in a safe state of repair.	Undetermined
5.	Potentially hazardous outdoor areas on the grounds of or immediately adjacent to the foster home are reasonably safeguarded.	Undetermined

3. Click the **Disposition** tab to enter the results of the Safety Audit and Fire Audit.

The **Maintain Disposition Details** screen appears.

4. Select the appropriate value in the **Home Meets the Safety Audit Standards** drop-down list.

5. Enter the **Date Safety Audit was Conducted** and **Date Fire Inspection was Conducted**.

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6. Click the **Save** button.

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

Completing the "References" Work Item

Follow the steps below to complete the **References** work item.

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

Home Study Topics	

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	No References Provided

The **Maintain References** screen appears.

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Maintain References				
Reference Name	**Location:**	**Date**	**Verification Comments**	

Add Reference

2. To add a reference, click the **Add Reference** button.

Reference Details

Reference Name: *

Date Received: *

Location: *

Spell Check **Clear** 250

Verification Comments:

Spell Check **Clear** 2000

Apply **Save** **Cancel**

3. Enter the **Reference Name**, **Date Received**, and **Location**, as well as applicable **Verification Comments**.

4. Click the **Save** button.

The **Maintain References** screen appears displaying the added reference information.

5. Repeat **Steps 2-4** to enter additional references as appropriate. Per rule, three (3) references are required per applicant for initial home studies.

6. To update existing reference information, click the **Edit** link in appropriate rows.

Maintain References					
	Reference Name	**Location:**	**Date**	**Verification Comments**	
view edit	Test Reference	test	10/18/2023	test	delete

Add Reference

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7. To delete existing reference information, click the **Delete** link in appropriate rows.

8. When complete, click the **Close** button at the bottom of the **Maintain References** screen.

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

Completing the "Description of Home" Work Item

Follow the sub-sections below to complete the **Description of Home** work item.

Completing the Home Info & Living Conditions Tabs

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

Home Study Topics	
Topic	**Status**
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	1 of References Provided
Adult Children References	Reference Information not provided
Description of Home	Not Available
Description of Family	Not Available

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

Description of Home Information		
Primary Address	**Effective Date**	**End Date**
Maintain Description of Home		

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

The **Description of Home History** screen appears.

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Description of Home History			
Address	Effective Date	End Date	Status

Add Description of Home

3. Click the **Add Description of Home** button.

The **Maintain Home Information** screen appears (**Home Info** tab).

Home Info	Living Conditions	Outdoor / Neighborhood	School Info	Transportation

Maintain Home Information

Description of Home is Applicable to the Following Primary Address of the Provider:

111 Test Rd, Test Oh 12345

Effective Date *   10/18/2023

Number of Bedrooms:

Approved Fire Inspected Floors for Sleeping Arrangements

☐First   ☐Second   ☐Third   ☐Attic   ☐Basement

Sleeping Arrangements

Bedroom	Floor/Level	Occupants	Bed Type	Child will Occupy Bed	

Approved Number of Beds: 0   Approved Number of Cribs: 0

Add Sleeping Arrangement

4. Enter the **Effective Date**, **Number of Bedrooms**, and **Approved Fire Inspected Floors for Sleeping Arrangements**.

5. Click the **Add Sleeping Arrangement** button.

The **Sleeping Arrangement Details** screen appears.

6. Select the appropriate value in the **Bedroom Number**, **Floor/Level**, **Bed Type**, and **Will the Foster/Adoptive Child Use this Bed?** drop-down lists.

7. Indicate **House Members Sharing a Bed** by selecting the appropriate **Checkboxes** and enter any applicable **Comments**.

8. Click the **OK** button.

The **Maintain Home Information** screen (**Home Info** tab) appears displaying the entered information in the **Sleeping Arrangements** section.

9. Repeat **Steps 5-8** as needed to enter information for each specific **Bedroom** and **Bed Type**.

10. When complete, click the **Apply** button at the bottom of the **Maintain Home Information** screen (**Home Info** tab).

11. Click the **Living Conditions** tab.

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Home Info	Living Conditions	Outdoor / Neighborhood	School Info	Transportation

Maintain Liveable Conditions

The **Maintain Liveable Conditions** screen appears.

Home Info	Living Conditions	Outdoor / Neighborhood	School Info	Transportation

Maintain Liveable Conditions

Description of Family's Home

Briefly describe family's home. Please use the following as a guide. What type of structure is the home? Is it a single family home, two family, mobile or apartment, etc.? What type of construction is the home? How many levels are there? How many rooms are there? Does the home have a basement? Is the basement finished? Is there an exit from the basement? Describe "livability" and general atmosphere. Describe furnishings, housekeeping, etc.:

[Spell Check] [Clear] [2000]

Smoking Conditions

Is Smoking Allowed in the House? [▼]

Does Any Family Member Smoke? [▼]

Pet Conditions

Are there Pets in the Home? [▼]

Do Pets Meet Local Safety Requirements (vaccinations, vicious animal restrictions, etc.)? [▼]

Describe/List Pets in the Home:

[Spell Check] [Clear] [2000]

Home Business Conditions

Does the Applicant Operate a Business from the Home? [▼]

What Type of Business? [▼]

Has the Agency Approved the Business? [▼]

If applicable, describe impact of home business on Foster/Adopt plan (hours of operation, flexibility, etc.):

[Spell Check] [Clear] [2000]

[Apply] [Save] [Cancel]

12. In the **Smoking Conditions**, **Pet Conditions**, and **Home Business Conditions** sections (shown in red above), select the appropriate values in the **Drop-Down Lists** and enter appropriate comments in the related **Narrative Text Fields**.

13. Add the **Description of Family's Home** by entering comments in the narrative text field (shown in blue above).

14. Click the **Save** button at the bottom of the screen.

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The **Description of Home History** screen appears.

Completing the Outdoor/Neighborhood, School Info, & Transportation Tabs

Follow the steps below to continue completing/updating the **Description of Home** information.

1. On the **Description of Home History** screen, click the **Edit** link in the appropriate row.

The **Maintain Home Information** screen (**Home Info** tab) appears.

2. Click the **Outdoor / Neighborhood** tab.

The **Maintain Outdoor & Neighborhood Information** screen appears.

3. In the **Outdoor Home Amenities** section, click all applicable **Checkboxes**. Enter additional description in the **If Other, Describe** narrative text field, if applicable.

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4. Enter the appropriate information in the **Outdoor Safety Conditions** and **Neighborhood Conditions** narrative text fields.

5. Click the **Save** button at the bottom of the screen.

The **Description of Home History** screen appears.

	Address	Effective Date	End Date	Status	
view copy edit	111 Test Rd, Test Oh 12345	10/18/2023			delete

Description of Home History

Add Description of Home

6. Click the **Edit** link in the appropriate row to continue completing/updating the **Description of Home** information.

The **Maintain Home Information** screen (**Home Info** tab) appears.

7. Click the **School Info** tab.

The **Maintain School Information** screen appears.

Home Info	Living Conditions	Outdoor / Neighborhood	School Info	Transportation

Maintain School Information

School District in which the Home is Located: CITY

School Placement Plans

Child would Attend the Following Schools:

Elementary School:

Location:

Middle/Jr. High School:

Location:

High School

Location:

8. Enter **School Placement Plans** in the **Narrative Text Fields** as appropriate.

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9. In the **Home-Schooling Plans** section, select the appropriate values in the **Dropdown Lists**. Enter additional information in the related **Narrative Text Field**, as appropriate.

Home Schooling Plans

Is any child currently residing in the applicant's home excused from school attendance due to a home education program?

If yes, for each child, attach a copy of the public school district superintendent's form or letter excusing the child from school attendance for the current school year.

Does applicant plan to home educate any child that will be placed?

If yes, permission for home education must be approved by child's custodial agency. If applicant plans to home educate any child or children that will be placed, please give a description of the home education program.

10. Click the **Save** button at the bottom of the screen.

The **Description of Home History** screen appears.

Description of Home History

	Address	Effective Date	End Date	Status	
view copy edit	111 Test Rd, Test Oh 12345	10/18/2023			delete

Add Description of Home

11. Click the **Edit** link in the appropriate row to continue completing/updating the **Description of Home** information.

The **Maintain Home Information** screen (**Home Info** tab) appears.

12. Click the **Transportation** tab.

The **Maintain Transportation Information** screen appears.

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13. In the **Vehicle Information** section, enter information in the **Narrative Text Fields** and select the appropriate values in the **Drop-Down Lists**.

14. In the **Insurance Information** section, select the appropriate value in the **Dropdown List** and enter additional information in the related **Narrative Text Field**, as appropriate.

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15. In the **Alternative Transportation Information** section, select the appropriate value in the **Drop-Down List** and enter additional information in the related **Narrative Text Fields**, as appropriate.

16. Click the **Save** button at the bottom of the screen.

The **Description of Home History** screen appears.

	Address	Effective Date	End Date	Status	
view copy edit	111 Test Rd, Test Oh 12345	10/18/2023			delete

Add Description of Home

Close

17. To delete existing **Description of Home** information, click the **Delete** link in the appropriate row.

18. When the **Description of Home** information is complete, click the **Close** button.

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

	Primary Address	Effective Date	End Date
view	111 Test Rd, Test Oh 12345	10/18/2023	

Maintain Description of Home

Close

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

Completing the "Description of Family" Work Item

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

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Home Study Topics	
Topic	**Status**
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	No References Provided
Adult Children References	Reference Information not provided
Description of Home	Linked
Description of Family	Linked

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

Description of Family Information			
Type	**Effective Date**	**End Date**	**Agency**
Maintain Description of Family			

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

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

Maintain Description of Family
Add Family Description

3. Click the **Add Family Description** button.

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

4. In the **Narrative Type** field, select **Initial** from the drop-down list.

5. The **Effective Date** field defaults to the current date. If needed, enter the appropriate **Effective Date**.

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Note: When you select **"Initial"** as the **Narrative Type**, the **Review Effective Date** and **Review End Date** fields are disabled. You do not need to complete these Review Date fields for an "Initial" Description of Family record.

6. Click the **Save** button.

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

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

8. Click the following three **Narratives** links and answer the questions in each:
   • **Applicant Narratives**
   • **Member Narratives**
   • **Family Narratives**

9. When complete, click the **Save** button at the bottom of the **Description of Family Details** screen. The **Maintain Description of Family** screen appears.

10. Use the **Close** button to navigate back to the **Maintain Home Study Information** screen.

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

Completing the "Assessment Visits" Work Item

1. On the **Maintain Home Study Information** screen, click the **Assessment Visits** link.

Home Study Topics	
Topic	**Status**
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	1 of References Provided
Adult Children References	Reference Information not provided
Description of Home	Record Exists
Description of Family	Record Exists
Assessment Visits	No Visits Linked

The **Maintain Linked Assessment Visits** screen appears.

Maintain Linked Assessment Visits		
Date of Visit	**Where Visit Occurred**	**Name of Those Present**

Link Visits

Apply   Save   Cancel

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The **Activity Log Filter Criteria** screen appears displaying the **Activity Log** grid at the bottom of the screen. The screen is pre-filtered to display logs with the **"Assessment Visit" Sub-Category** and **"Completed" Activity State**.

Activity Log

Result(s) 1 to 2 of 2 / Page 1 of 1

☑		Start Date / Activity State	Contact Type	Category	Sub-category	Responsible Worker	Created By
☐	view	10/19/2023 Completed	Announced Home Visit , Education	General	Assessment Visit		
Associated Participants:							
☐	view	10/19/2023 Completed	Court	General	Assessment Visit		
Associated Participants:							

3. Click the checkbox beside each **Assessment Visit** you wish to link.

4. Click the **Link Visits** button at the bottom of the screen.

Activity Log

Result(s) 1 to 2 of 2 / Page 1 of 1

☑		Start Date / Activity State	Contact Type	Category	Sub-category	Responsible Worker	Created By
☐	view	10/19/2023 Completed	Announced Home Visit , Education	General	Assessment Visit		
Associated Participants:							
☐	view	10/19/2023 Completed	Court	General	Assessment Visit		
Associated Participants:							

Add Activity Log

Link Visits   Cancel

5. To Unlink an Assessment Visit, click the **Unlink** link in the appropriate row.

Maintain Linked Assessment Visits

unlink all	Date of Visit	Where Visit Occurred	Name of Those Present
unlink	10/19/2023		
unlink	10/19/2023		

The **Maintain Linked Assessment Visits** screen appears displaying the Assessment Visit(s) you linked.

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6. Click the **Save** button at the bottom of the screen.

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

Completing the "Training Completed" Work Item

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

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Verifications	Not Completed
Safety Audit	Disposition Status Has Not Been Entered
References	1 of References Provided
Adult Children References	Reference Information not provided
Description of Home	Record Exists
Description of Family	Record Exists
Assessment Visits	No Visits Linked
Training Completed	Training Requirements Not Completed

Home Study Topics

The **Completed Training List** screen appears.

Completed Training List

Trainee Name	Session ID / Name	Session Start Date	Number of Hours	How Delivered	Status

Link Training

☐All Training Requirements have been Successfully Completed

The **Training Record** List screen appears.

3. Click the checkbox next to any training that needs to be linked to the home study.

Completed Training List									
☐	Member Name / Person ID	Training Type	Level of Care	Session Name / ID	Instructor Name	Session Date	Delivery Method	Location	Actual Hours	Apply Hours to Certification

OK

4. When complete, click the **OK** button at the bottom of the screen.

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

5. Repeat **Steps 2-5** for each person whose training needs to be linked to the home study.

6. When complete, click the **All Training Requirements have been Successfully Completed** checkbox.

☑ All Training Requirements have been Successfully Completed

Close

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

Completing the "Acceptance Criteria Information" Work Item

Complete the following sub-sections to update **Characteristics** and **Usage Placement Criteria** information.

Updating Characteristics

1. On the **Maintain Home Study Information** screen, click the **Acceptance Criteria Information** link.

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

The **Acceptance Criteria Information** screen appears.

Acceptance Criteria Information			
Characteristic(s)			
Provider Type	**Effective Date**	**End Date**	**Status**

Placement Criteria			
Provider Type	**Effective Date**	**End Date**	**Status**

Maintain Acceptance Criteria

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

    Acceptance Characteristics List screen (**Characteristics** tab) appears.

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	Provider Type	Effective Date	End Date	Status	Created Date	
view copy edit	Adoptive Care	10/23/2023		In Progress	10/23/2023	report

Acceptance Characteristics List

Characteristics | **Usage Placement Criteria**

Add Characteristics

OR

4. Click the **Copy** link in the appropriate row to copy characteristics that have been added for another provider type (if appropriate).

The **Characteristics** screen appears.

5. In the **Provider Type** field, select **Foster Care** or **Adoptive Care**.

Characteristics

Provider Type: * [▼]   Characteristics Status: *   In Progress
Effective Date: End Date:
10/23/2023
Created Date: Oct 23, 2023 9:16:49 AM

Groups List

	Group Name	Group Status
edit	Gender	Completed
edit	Age	Not Started

6. Click the **Edit** button next to the appropriate **Group Name**.

7. Indicate the appropriate selections within that group.

Characteristics

Group Name: Gender

Description	Select All : Unknown ▼
Values Undefined	◉ Willing to Consider ◯ Unwilling to Consider ◯ Unknown
Female	◉ Willing to Consider ◯ Unwilling to Consider ◯ Unknown
Male	◉ Willing to Consider ◯ Unwilling to Consider ◯ Unknown

Apply **Save** **Cancel** **Previous Group** **Next Group**

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8. Repeat **Steps 6-7** to indicate selections for other groups as appropriate.

9. Click the **Save** button.

The **Acceptance Characteristics List** screen (**Characteristics** tab) appears.

Updating Usage Placement Criteria

1. On the **Acceptance Characteristics List** screen (**Characteristics** tab), click the **Usage Placement Criteria** tab.

The **Usage Placement Criteria** screen appears.

Characteristics			Usage Placement Criteria	
Usage Placement Criteria				
Provider Type	Effective Date	End Date	Status	Created Date
Add Criteria				

OR

3. Click the **Copy** link in the appropriate row to copy criteria that have been added for another provider type (if appropriate).

The **Criteria** screen appears.

Criteria			
Provider Type: *	[▾]	Placement Criteria Status:	In Progress
Effective Date:	10/23/2023 📅	End Date:	
Total Number of Children:		Created Date:	

	Gender	Minimum Age	Maximum Age	Number of Children	
Add					

Apply **Save** **Cancel**

4. In the **Provider Type** field, select **Foster Care** or **Adoptive Care**.

5. Click the **Apply** button at the bottom of the screen.

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6. If criteria exist, click the **Edit** link in the appropriate row to edit the criteria information. OR
7. Click the **Add** button to add criteria.

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

Usage Placement Criteria Details		
Gender: * Male ⌄	Number of Children: *	1
Minimum Age: * [ ] 0	Maximum Age: *	18 0

OK   Cancel

8. Add criteria or modify any existing criteria as appropriate.

9. When complete, click the **OK** button.

The **Criteria** screen appears.

Criteria					
Provider Type: * Adoptive Care ⌄			Placement Criteria Status:	In Progress	
Effective Date: 10/23/2023 📅			End Date:		
Total Number of Children:			Created Date:		

	Gender	Minimum Age	Maximum Age	Number of Children	
edit	MALE	0Years, 0Months	18Years, 0Months	1	delete

Add

Apply   Save   Cancel

The **Usage Placement Criteria** screen appears.

11. Click the **Close** button as needed to navigate back to the **Maintain Home Study Information** screen.

Note: Please refer to the **Recording Child Acceptance Characteristics and Usage Criteria** Knowledge Base article for additional information.

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Completing the "Recommendation" Work Item

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

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

The **Recommendation Details** screen appears.

General Rule Compliance (For Foster Care or Joint Applications only)

Has agency provided applicant(s) with a copy of Chapters 5101:2-5, 5101:2-7, and/or 5101:2-48, as applicable?

Has agency provided applicant(s) with a copy or summary of the agency's policies?

Has agency discussed these materials with the applicant(s)?

Recommendation Details

Do any of the above listed verifications contain information that would disqualify either applicant for the program for which they applied?

If Yes, Explain:

[Spell Check] [Clear] 1000

Do any of the above listed verifications contain information that would cause limitations/restrictions regarding the care of a foster or adopted child?

If Yes, Explain:

[Spell Check] [Clear] 1000

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2. Complete the fields as needed.

3. In the **Recommendation** field, select **Approve**.

4. In the **Service Limits** field, enter the appropriate number of children that the home is approved to accept.

Important: The number of children cannot be higher than the number of approved beds listed in the **Description of Home**.

Note: When you select **Approve** in the **Recommendation** field, the **Certifying Entity** field is enabled and defaults to **ODJFS**.

5. When complete, click the **Save** button at the bottom of the screen.

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

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

Validate for Approval

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

7. Complete any unresolved tasks.

Processing for Approval

1. When all information is complete, click the **Process for Approval** button at the bottom of the **Maintain Home Study Information** screen.

Unresolved Tasks	
Topic	**Message**

Process for Approval

Close

Process Approval

Work Item

ID: Type: PROVIDER   Reference:

Task ID: Task Type: Home Study   Task Reference:
                                                      Task Status:

Routing/Approval Action

Action: *   Please Select An Action

Comments:

Spell Check   Clear   2000

Agency: Test County Children Services Board

Reviewers/ Approvers: Please Select A Reviewer/Approver

Save **Cancel**

2. **If you have approval authority**, select **Approved - Final** in the **Action** drop-down list.

3. **If you do NOT have approval authority**, select the appropriate action in the **Action** drop-down list.

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4. If the home study is being routed to a supervisor, select the supervisor's name in the **Reviewers/Approvers** drop-down list.

5. Click the **Save** button.

Once the final approver has approved the home study, the status will change to **Approved**.

Processing After Receiving Home Study Approval

Once the home study has been approved by the supervisor, the system will automatically create an **Initial Recommendation for Certification** or request for **Initial 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 **Review** link in the appropriate **Initial Recommendation for Certification** or **Initial Approval** row.

The **Maintain Transactions** screen appears as shown below.

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

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

5. In the **Certifying Entity** field, select **ODJFS** from the drop-down list.

Transactions	Administrative Rules	Decision

Maintain Transactions

Agency:	Test County Children Services Board	
Agency Contact Person: *	☐	
Application Date:	07/27/2023	Recommendation Date: * 10/23/2023
Provider Type: *	ADOPTIVECARE	
Level of Care:		
Transaction: *	Change in Circumstances	
Certifying Entity:	ODJFS ☐	

Change Transaction Information

☐ Name Change	☑ Level of Care Change	☐ Marital Status Change	☐ Relocation

6. Click the **Process Approval** button at the bottom of the screen.

7. If this is a foster care certification, the supervisor must route this **Initial Recommendation for Certification** to Dana Harden-Freeman at ODJFS.

8. If this is an adoption approval, the **Initial Approval** must be routed to the **County Supervisor** only.

9. Once the **Initial Recommendation for Certification** or **Initial Approval** is approved, a new **Certification/Approval Span** will appear on the **Provider Overview** screen and appropriate **Services** will display in the **Service Credentials** link in the Provider record.

Mapping

This section explains the mapping between the information on the generated Initial Home Study (JFS 1673) 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 Initial Home Study document.

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

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

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

Assessor and Applicant Information Section

Ohio Department of Job and Family Services ASSESSMENT FOR CHILD PLACEMENT (Homestudy) Refer to the JFS 01673-I to assure each narrative is adequately assessed				
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 First Middle Last (Maiden) #1 Name *Person Profile (PP): Basic Page (where member role is Applicant 1)*	Applying to ☐ foster *HS provider type* ☐ adopt	Email *PP: Address Page (type is Email)*
		Cell # *PP: Address Page (type is Cell)*
		Work # *PP: Address Page (type is Work)*

Applicant First Middle Last (Maiden) #2 Name *Person Profile (PP): Basic Page (where member role is Applicant 2)*	Applying to ☐ foster *HS provider type* ☐ adopt	Email *PP: Address Page (type is Email)*
		Cell # *PP: Address Page (type is Cell)*
		Work # *PP: Address Page (type is Work)*

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

| Home Phone #
PI: Address Page (type is Home) | Fax Number
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)

HOUSEHOLD MEMBERS (If more than 6 people, add another sheet)						
	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	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)

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			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*
Race*	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)
Ethnic Background*	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)	PP: Demographics Page (Part 1)
What Languages are spoken in the home	PP: Demographics Page (Part 2)	PP: Demographics Page (Part 2)	PP: Demographics Page (Part 2)	PP: Demographics Page (Part 2)	PP: Demographics Page (Part 2)	PP: Demographics Page (Part 2)
School Grade Completed	*PP: Demographics Page (Part 2) "Highest Level of Education"*	*PP: Demographics Page (Part 2) "Highest Level of Education"*	*PP: Demographics Page (Part 2) "Highest Level of Education"*	*PP: Demographics Page (Part 2) "Highest Level of Education"*	*PP: Demographics Page (Part 2) "Highest Level of Education"*	*PP: Demographics Page (Part 2) "Highest Level of Education"*
Area of Specialized Education (If Applicable)	*PO: Skills link (in blue area), skill(s) documented for Applicant 1*	*PO: Skills link (in blue area), skill(s) documented for Applicant 2*				
Marital Status (if Currently Married, Date of Marriage)	*PP: Demographics Page (Part 2)*	*PP: Demographics Page (Part 2)*				
Employer or Source of Income	*Person Overview Page: Employment link (in blue area), current Employer Info. documented for Applicant 1*	*Person Overview Page: Employment link (in blue area), Employer Info. documented for Applicant 2*				
How Many Years With This Employer	*Employment Record; years calculated based on begin and end dates documented on current Employer record*	*Employment Record; years calculated based on begin and end dates documented on current Employer record*				

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Occupation	*Edit Current Employer record, Description Text field (for Applicant 1)*	*Edit Current Employer record, Description Text field (for Applicant 2)*	
Gross Annual Income	*PP: Employment History Page (Employment & Income)*	*PP: Employment History Page (Employment & Income)*	
Days/Hours of Work (In Normal Week)	*PP: Employment History Page (Employment & Income)*	*PP: Employment History Page (Employment & Income)*	
Driver's License Number	*PP: Basic Page*	*PP: Basic Page*	

*For statistical purposes only

Description of Home & Sleeping Arrangements Sections

DESCRIPTION OF HOME AS IT PERTAINS TO ADOPTION OR FOSTER CARE OF CHILDREN	
FLOORS APPROVED FOR SLEEPING	☐ First Floor ☐ Second Floor ☐ Third Floor (must be direct exit to outside fire escape) ☐ Basement (must be approved by fire inspector)

SLEEPING ARRANGEMENTS *If family will obtain crib at the time an infant is placed in the home, please indicate that below.*

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			

Briefly describe family's home. Please use the following as a guide. What type of structure is the home? Is it a single-family home, two family, mobile or apartment, etc.? What type of construction is the home? How many levels are there? How many rooms are there? Does the home have a basement? Is the basement finished? Is there an exit from the basement? Describe "livability" and general atmosphere. Describe furnishings, housekeeping, etc.

Outside Space, Smoking/Pets, & Neighborhood Sections

Outside Space Check all that apply.	☐ Patio ☐ Hot Tub ☐ Fenced Yard ☐ Detached Garage ☐ Play Equipment ☐ Porch ☐ Deck ☐ Shed/Barn ☐ Attached Garage ☐ Pool/Pond/Lake ☐ Fenced and Locked Gate ☐ Handicapped Accessible ☐ Other Specify
Comments on safety issues in areas outside of the home	

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Does any family member smoke? ☐ Yes ☐ No	Is smoking allowed in the house? ☐ Yes ☐ No
Are there pets in the home? ☐ Yes ☐ No	If yes, List/Describe
Do pets meet local safety requirements (vaccinations, vicious animal restrictions, etc.)? ☐ Yes ☐ No	

School District & Business Sections

What resources are available in the community that meet the needs of the child(ren) that may be placed in the home; such as, medical facilities, counseling agencies, schools, colleges, places of worship, theaters, museums, and recreational opportunities?	
Name of school district where home is located	

Children placed in the home would attend the following schools	Elementary School	
	Address	
	Middle School	
	Address	
	High School	
	Address	

Is any child currently residing in the applicant's home excused from school attendance due to a home education program? ☐ Yes ☐ No
If yes, for each child, attach a copy of the district's documentation excusing the child from school attendance for the current school year.
Does applicant plan to home educate any child that will be placed? ☐ Yes ☐ No
If yes, permission for home education must be approved by child's custodial agency. If applicant plans to home educate any child or children that will be placed, please give a description of the home education program.

Does applicant operate a business from the residence? ☐ Yes ☐ No
Is the business for childcare, adult day care or a rooming house? ☐ Yes ☐ No
If other than childcare, adult day care or a rooming house, describe type of business.
If applicable, describe impact of home business on Foster/Adopt plan (hours of operation, flexibility, etc.)

TRANSPORTATION
Description of Home record linked to Home Study; Transportation tab

Vehicles
☐ One Car ☐ Two Cars ☐ Truck/SUV ☐ Van ☐ Recreation Vehicle ☐ Motorcycle ☐ Other (specify)

Are vehicles in operable condition? ☐ Yes ☐ No If no, explain.

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Was proof of insurance provided for all operational vehicles? ☐ Yes ☐ No	Name of Insurance Company	Dates of Policy to

Does family have infant car seat(s)? ☐ Yes ☐ No ☐ Will Obtain	Does family have toddler car seat(s)? ☐ Yes ☐ No ☐ Will Obtain

Is the residence on a city bus line? ☐ Yes ☐ No	If yes, distance to nearest bus stop

Describe alternative transportation plan if family does not own an operating vehicle or live on a bus line.

MILITARY HISTORY
Person Profile: Military link
For any household member with military history

Name	Branch	Date Entered	Date Discharged	Type of Discharge
				☐ Honorable ☐ Other
				☐ Honorable ☐ Other

Explain if other than honorable discharge.

CRIMINAL HISTORY
Person Profile: Background tab

Does any adult household member have a criminal history? ☐ Yes ☐ No If yes, please list:

Name	Offense	City and State	Convicted? If yes, date of conviction?	Sentence	On probation? Date of release from probation?
			☐ Yes ☐ No Date		☐ Yes ☐ No Date
			☐ Yes ☐ No Date		☐ Yes ☐ No Date
			☐ Yes ☐ No Date		☐ Yes ☐ No Date

Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs?
☐ Yes ☐ No If yes, complete the following for each incident

Name	City and State	Convicted? If yes, date of conviction?	Sentence	License Suspended or Revoked?	On Probation? Date of release from probation?
				☐ Yes ☐ No	☐ Yes ☐ No

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				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
Has any minor in the household been adjudicated as a juvenile delinquent? ☐ Yes ☐ No If yes, please list.					
Name	Type of Offense	City and State	Approximate Date of Adjudication	Sentence	
Assessor's comments re criminal history or DUI/DWI convictions					

Mapping – Applicant Residential, Employment & Marital History Sections

APPLICANT RESIDENTIAL, EMPLOYMENT AND MARITAL HISTORY		
	Applicant #1	**Applicant #2**
Residential History		
List residences for the last 10 years		
Date moved to current address. *PP: Address page*	*PP: Members page*	
Previous address (city/state)	*Home Study link; Basic Provider Info.; Address tab; View Address History link*	*Home Study link; Basic Provider Info.; Address tab*
Date moved to this address	*Members Page; Person Profile (when member role is Applicant 1); Address Page; View Address History link*	*Person Profile (where member role is Applicant 2); Address Page; View Address History link*
Employment History		
List applicant's employer(s) for the last 10 years		
Current employer	*Person Profile: Employment History Page (Employment); non end-dated record*	*Person Profile: Employment History Page (Employment); non end-dated record*
Job title/occupation		
Date of employment		
Previous employer	*Person Profile: Employment History Page (Employment)*	*Person Profile: Employment History Page (Employment)*
Job title		
Dates of employment		
Previous employer		
Job title		
Dates of employment		
Previous employer		
Job title		
Dates of employment		
Previous Marriage/Relationship History *Person Profile: Demographics tab; Marital Details*		
Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		

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Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		

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Mapping – Relationship Between Applicants & Religious Affiliation Sections

RELATIONSHIP BETWEEN APPLICANT #1 AND APPLICANT #2
(Or, for single applicant, relationship with significant other, if applicable)
Description of Family record (initial) linked to Home Study; Family Narratives;
Relationship Between Applicant 1 and Applicant 2
If Applicant #1 is involved in a relationship with a spouse or domestic partner, or if the applicant is significantly involved with another adult, describe the nature of the relationship between these persons. Describe the characteristics of the relationship now and in the past, as well as the likely impact on the foster/adopt plan.

RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS
Description of Family record (initial) linked to Home Study; Applicant Narratives;
Describe applicant's Religious Affiliation and/or Spiritual Beliefs
Describe applicant(s) spiritual beliefs, values, and practices and how these will impact the foster/adopt plan.

Mapping – Persons Residing in Home Sections

CHILDREN RESIDING IN THE HOME			
Home Study link; Basic Provider Info; Members Page; current and active member(s)			
Name	Relationship to Applicant #1	Relationship to Applicant #2	Date Entered Household

If any child listed above is not a permanent member of the household, please note child's name and when (date) they may be leaving.
Describe each child's characteristics, including physical description, personality, educational situation, and health. Describe child's attitude toward foster/adopt plan and how such placements are likely to impact the child. *Description of Family record (initial) linked to Home Study; Member Narratives; Children in Home*

ABSENT OR PART-TIME CHILDREN
Description of Family record (initial) linked to Home Study; Family Narratives; Absent or Part-time Children Topic

NON-APPLICANT ADULTS IN THE HOME	
(Complete for each non-applicant adult member of the household)	
Home Study link; Basic Provider Info; Members Page; current active member(s) where role is	
Name	Relationship to applicant(s)
Date when entered household	
Is this person considered a permanent member of the household? ☐ Yes ☐ No	
If no, state estimated date this person may be leaving the household	

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Mapping – Family Finances & Attitudes/Beliefs Sections

FAMILY FINANCES **(Attach JFS 01681 Applicant Financial Statement)** *Description of Family record (initial) linked to Home Study; Family Narratives; Family Finances*
Summarize applicant'(s) financial situation and how this will impact the foster/adopt plan.

ATTITUDES AND BELIEFS REGARDING FOSTER CARE/ADOPTION ISSUES *Description of Family record (initial) linked to Home Study; Applicant Narratives;* *Describe Applicant's Attitudes and Beliefs regarding Foster Care/Adoption Issues*
Describe the applicant's ability to meet the special challenges of foster care and/or adoption, including birth parent issues, issues related to commitment and teamwork and his/her ability to work within the guidelines of the child welfare system.

Mapping – Narrative & Additional Observations Sections

Narrative *Description of Family record (initial) linked to Home Study; Applicant Narratives; Multiple Topics*

Categories 1-12 should be fully explored for each applicant. Use as much space as needed for each category, adding more sheets if needed. When there are two applicants, the writer has the option of
    A) Completing Categories 1-12 for Applicant #1, then completing Categories 1-12 for Applicant #2, **OR**
    B) Under each of the 12 categories, give information about Applicant #1 and #2.
(If option "B" is selected, please make sure that each person remains distinct; that the reader has a clear idea of each applicant as an individual, as well as part of a parenting team.)
You may want to use questions listed in the JFS 01673 User's Guide to assure each category is fully explored

1)   Describe each applicant's appearance and general personality.
2)   Summarize applicant's personal history.
3)   Describe evidence of personal and emotional maturity.
4)   Describe applicant's coping skills and history of stress management.
5)   Describe applicant's stability and quality of interpersonal relationships.
6)   Describe the level of openness applicant has in relationships.
7)   Describe applicant's ability to empathize with others.
8)   Describe applicant's motivation to foster/adopt.
9)   Describe evidence of applicant's understanding of entitlement issues.
10) Describe evidence of applicant's ability to make and honor commitments.
11) Describe applicant's parenting skills and abilities.

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Narrative
Description of Family record (initial) linked to Home Study; Applicant Narratives; Multiple Topics
12) Describe applicant's ability and willingness to take a "hands on" approach to parenting.

ADDITIONAL ASSESSOR OBSERVATIONS
Description of Family record (initial) linked to Home Study; Family Narratives; Additional Assessor Observations topic
Briefly describe any additional observations about this family's situation not captured above.

Mapping – Support System, Family Strengths, & Collateral Contacts Sections

APPLICANT(S) SUPPORT SYSTEM
(May choose to attach an ecomap here)
Description of Family record (initial) linked to Home Study; Family Narratives; Support System topic
Describe applicant(s) current support system and supports available in the community. Describe how foster/adopt placement impacts and is impacted by these supports?

FAMILY STRENGTHS AND NEEDS	
Description of Family record (initial) linked to Home Study; Family Narratives; Strength's topic; Needs topic	
List below strengths and needs that have been identified by the agency and the family.	
Strengths	**Needs**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
Describe the plan developed with the applicant(s) to build on their strengths and to address their needs. Include such things as skill development and education. ***Description of Family record (initial) linked to Home Study; Family Narratives; Describe the plan developed with the applicant to build on the family's strengths and needs topic***	
Briefly (in 1-2 paragraphs) give a summary of this family and their readiness to adopt and/or foster. ***Description of Family record (initial) linked to Home Study; Family Narratives; Summarize this family and their readiness to adopt and/or provide foster care topic***	

SUMMARY OF COLLATERAL CONTACTS AND INFORMATION
Summarize references and information from other agencies and organizations with which applicant has had contact (including other foster care or adoption agencies). ***Description of Family record (initial) linked to Home Study; Family Narratives; Summary of Collateral Contacts and Information topic***

Mapping – Rule Compliance, Assessor Visits, & Process Checklist Sections

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Reminder: HS = Home Study; DOF = Description of Family

General Rule Compliance (For Foster Care or Joint Applications only)
Home Study link; Recommendation; General Rule Compliance section
Has agency provided prospective caregiver(s) with a copy of Chapters 51012-5 and 50102-7 of the Ohio Administrative Code? ☐ Yes ☐ No Has agency provided prospective foster caregiver(s) with a copy or summary of the agency's foster care policies? ☐ Yes ☐ No Has agency discussed these materials with prospective foster caregiver(s)? ☐ Yes ☐ No
Indicate if there are any rules of the department or agency policies with which the prospective foster caregiver(s) is not in compliance or cannot comply. *DOF record (initial) linked to HS; Family Narratives; Indicate if there are any rules of the department or agency policies with which the prospective foster caregiver(s) is not in compliance or cannot comply topic*
State the agency's rationale if requesting a waiver or variance of any rule(s). *DOF record (initial) linked to HS; Family Narratives; State the agency's rationale if requesting a waiver or variance of any rule(s) topic*
If a waiver is recommended specify what the caregiver(s) will do to come into compliance and when compliance will be achieved. *DOF record (initial) linked to HS; Family Narratives; If a waiver is recommended specify what the caregiver(s) will do to come into compliance and when compliance will be achieved topic.*

ASSESSOR VISITS WITH APPLICANT(S)
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 Assessments Visits Completed	Date of Visit	Where visit occurred	Name(s) of those present	Date of visit	Where visit occurred	Name(s) of those present

ASSESSMENT PROCESS CHECKLIST
HS link; Verifications; Verification Tasks

(Please note that this is a general checklist form. Not all applicants will need every block completed in order to meet approval/licensing standards. Applicants/assessments will vary in verifications, visits, etc., needed depending on individual situations.)

Date Applicant Attended Information/Orientation Meeting	
Date of Initial Assessor Contact	
Date Application Received by Agency	
Date Applicant Completed Preplacement Training (Must attach training log or complete the training log in the following table)	
For Adoption Only- Date of Training Waiver, if applicable *Training link; Person; Training Needs tab; Training Status of Waived*	

	How verified
Date Verified Marriage	
Date Verified Divorce(s) (if applicable)	
Date Verified Driver's License(s)	

Date Safety Audit Approved by Supervisor (attach)	
Date Fire Inspection Approved by Fire Inspector (attach)	
Date of Applicant(s) Financial Statement JFS 01681 (attach)	

Date Well Water Test Completed (if using well water)	Alternative Water Plan Submitted/Approved Date

	Name	Address
Date Received Reference #1 *HS link; References; References Info.*		
Date Received Reference #2 *HS link; References; References Info.*		
Date Received Reference #3 *HS link; References; References Info.*		
Date Received Ref. #4 (adopt. req'd) *HS link; References; References Info.*		

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Date Received Ref.#5 (optional) **HS link; References; References Info.**	Name	Address

Date Criminal Record Check(s) Received from BCII

Date FBI Check(s) Completed (if needed)

Date All Medical Forms (JFS 01653) Received (attach)

Date Child Characteristics Checklist Completed by Applicant(s) at the end of assessment process (attach)

Do any of the above listed verifications contain information that would disqualify applicant for program for which applied? ☐ Yes ☐ No   If yes, explain   **HS link; Recommendation; Recommendation details**

Do any of the above listed verifications (except the home study visits) contain information that would cause limitations/restrictions regarding the care of a foster or adopted child?   ☐ Yes ☐ No   If yes, explain **HS link; Recommendation; Recommendation details**

☐ Check this box if home study was not initiated within 30 days and explain why. **HS link; Recommendation; Recommendation details**

☐ Check this box if home study was not completed within 180 days and explain why. **HS link; Recommendation; Recommendation details**

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Mapping – Training Completed Section

TRAINING COMPLETED					
Home Study link: Training Completed; Completed Training List displaying for Applicant(s)					
	List Date(s)	List Topic(s) Covered	Number of Hours	How Delivered	Successfully Completed?
Applicant #1					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
Applicant #2					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Mapping – Disposition of Adoption / Foster Care Applications Sections

DISPOSITION OF ADOPTION APPLICATION (if applicable)		
Adoptive Care Home Study link; Recommendation; Recommendation Info; Home Study Status of Approved		
☐ Adoption application denied. Reasons		
☐ Adoption application approved for applicant #1 ☐ and applicant #2 ☐.		
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*		
SIGNATURES		
Assessor	Date	
Supervisor	Date	
OPTIONAL SIGNATURES		
Other	Title	Date
Other	Title	Date
DISPOSITION OF FOSTER CARE APPLICATION (if applicable) *Foster Care Home Study link; Recommendation; Recommendation Info; Home Study Status of Approved*		
☐ Foster home certification denied. Reasons (list specific rules and attach documentation)		
☐ Foster home certification recommended for applicant #1 ☐ and applicant #2 ☐.		
For what age, sex and number of children may this home be used? *Foster Care Home Study link; Acceptance Criteria Information; Linked Placement Criteria Record*		
	Use either one of the boxes below, but do not use both	

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DISPOSITION OF ADOPTION APPLICATION (if applicable)			
Adoptive Care Home Study link; Recommendation; Recommendation Info; Home Study Status of Approved			
Initial Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either sex, check box ☐ and enter number
List any restrictions on license, or waivers/variances to be requested *Description of Family record (initial) linked to Home Study; Family Narratives; List any restrictions on license, or waivers/variances to be requested topic*			

SIGNATURES	
Assessor	Date
Supervisor	Date

OPTIONAL SIGNATURES		
Other	Title	Date
Other	Title	Date

CHANGES TO APPROVED USAGE OF HOME

Note For each change, an addendum must be added to the narrative describing the change and indicating the caregiver(s) approval of the change.
Foster Care Home Study link where home study type is Amend; Acceptance Criteria Information; Linked Placement Criteria Record
Note: Since this report is a JFS 1673, the Amend home study is amending an initial home study previously approved.

		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 sex, 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 sex, check box ☐ and enter number
Assessor Signature		Supervisor Signature	Date

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

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