

# Completing Mapping Form JFS 1385



## Knowledge Base Article

# Completing Mapping Form JFS 1385

## Table of Contents

[Overview](#)

[Mapping – Assessor and Applicant Information Section](#)

[Household Members](#)

[Sleeping Arrangements](#)

[Section III Directions to New Home](#)

[Section IV Verifications](#)

[Section V: Training for Foster Caregivers Only](#)

[Section VI: Agency Narrative](#)

[Section VII: Summary](#)

[Section VIII: Adoption Approval](#)

[Section IX: Foster Care Approval](#)

[Section X: Change to Approved Usage of Home](#)

# Completing Mapping Form JFS 1385

## Overview

This document 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

**Ohio Department of Job and Family Services  
ASSESSMENT FOR CHILD PLACEMENT UPDATE  
(Homestudy)**

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
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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  <input type="checkbox"/> foster <input type="checkbox"/> 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)
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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  <input type="checkbox"/> foster <input type="checkbox"/> adopt	Email Address PP: Address Page Cell Phone # PP: Address Page Work Phone # PP: Address Page
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Street Address (Apartment) County PI: Address Page (address marked as primary)	City	State	Zip Code
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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)
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**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

**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)

## Completing Mapping Form JFS 1385

<b>Children placed in the home would attend the following school district: <a href="#">HS link</a>; <a href="#">Description of Home record linked to Home Study</a>; <a href="#">School Info. tab</a></b>					
Children placed in the home would attend the following schools	<b>Elementary School</b>				
	<b>Address</b>				
	<b>Middle School</b>				
	<b>Address</b>				
	<b>High School</b>				
	<b>Address</b>				
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. <a href="#">HS link</a> ; <a href="#">Description of Family record (review) linked to Home Study</a> ; <a href="#">Family Narrative topic</a>					
Have there been any significant changes in the family income or expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. <a href="#">HS link</a> ; <a href="#">Description of Family record (review) linked to Home Study</a> ; <a href="#">Family Narrative topic</a>					
Was there any change in the occupancy of the home other than foster/adoptive children placed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. Include any relative, kin, ICPC or other living arrangements here. <a href="#">HS link</a> ; <a href="#">Description of Family record (review) linked to Home Study</a> ; <a href="#">Family Narrative topic</a>					
Was there any change in the foster caregiver's/adoptive parent's marital status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. <a href="#">HS link</a> ; <a href="#">Description of Family record (review) linked to Home Study</a> ; <a href="#">Family Narrative topic</a>					
SECTION IV					
Expiration date of current foster home certificate or adoption homestudy approval					
Date agency sent JFS 01331 to the family <a href="#">HS link</a> ; <a href="#">Verifications</a> ; <a href="#">Verification task</a>			Date signed JFS 01331 received from the family <a href="#">HS link</a> ; <a href="#">Verifications</a> ; <a href="#">Verification task</a>		
Dates and location of all interviews conducted during the completion of the recertification/update assessment					
<a href="#">HS link</a> ; <a href="#">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</a>					
Date	Location	Name of Those Present	Date	Location	Name of Those Present
Date JFS 01348 safety audit completed: <a href="#">HS link</a> ; <a href="#">Verifications</a> ; <a href="#">Verification task</a>			Date SACWIS AP search(es) received: <a href="#">HS link</a> ; <a href="#">Verifications</a> ; <a href="#">Verification task</a>		
Were criminal record checks completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <a href="#">HS link</a> ; <a href="#">Verifications</a> ; <a href="#">Verification task</a>			If yes, give date of completion and the results:		
Was a new medical exam required? <input type="checkbox"/> Yes <input type="checkbox"/> No <a href="#">HS link</a> ; <a href="#">Verifications</a> ; <a href="#">Verification task</a>			If yes, give date of completion and the results:		
Was a well water test required? <input type="checkbox"/> Yes <input type="checkbox"/> No <a href="#">HS link</a> ; <a href="#">Verifications</a> ; <a href="#">Verification task</a>			If yes, give date of completion and the results:		

## Completing Mapping Form JFS 1385

Was a new fire inspection required? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red; font-size: small;">HS link; Verifications; Verification task</span>	If yes, give date of completion and the results:
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**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			

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.

## Completing Mapping Form JFS 1385

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)

### **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)

## Completing Mapping Form JFS 1385

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](#)

**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](#)**

<input type="checkbox"/> Adoption Update is approved	<input type="checkbox"/> Adoption Update is not approved	If not approved, explain why:
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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

## Completing Mapping Form JFS 1385

### SECTION IX: FOSTER CARE APPROVAL

**Foster Care Home Study link; Recommendation; Recommendation Info.; Home Study Status of Approved**

<input type="checkbox"/> Foster Home is recommended for recertification	<input type="checkbox"/> Foster Home is not recommended for recertification	If not recommended for recertification, explain why:
<b>Use either one of the boxes below, but do not use both</b> <b>Foster Care Home Study link; Acceptance Criteria Information; Linked Placement Criteria Record</b>		
Age Range From _____ To _____	Place Number Before Gender M _____ F _____	If home can accept either gender, check box <input type="checkbox"/> and enter number
Signature of Assessor	Date	
Signature of Supervisor	Date	
Other	Title	Date
Other	Title	Date

### 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.**

<b>Use either one of the boxes below, but do not use both</b>			
Subsequent Determination Date	Age Range From _____ To _____	Place Number Before Gender M _____ F _____	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Signature	Supervisor Signature	Date	
<b>Use either one of the boxes below, but do not use both</b>			
Subsequent Determination Date	Age Range From _____ To _____	Place Number Before Gender M _____ F _____	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Signature	Supervisor Signature	Date	

JFS 01385 (Rev. 12/2014)

**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 assistance, please contact the SACWIS Help Desk.