

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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Completing a Foster Care or Adoption Initial Home Study

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.

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

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

Completing a Foster Care or Adoption Initial Home Study

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.

Search Results				
Result(s) 1 to 1 of 1 / Page 1 of 1				
	Provider Name / ID	Provider Status	Provider Category	Address
view	Test, Provider/ 121212	ACTIVE	HOME	
edit				
View Provider Type Information ▾				

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

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

- Provider Overview
- Activity Log
- Inquiries
- KPIP History
- KCCP Pre-Screening Tool
- Forms/Notices
- Skills
- Training
- Acceptance Criteria
- Description of Home
- Description of Family
- Foster to Adopt (1692) Home Study
- Home Study**

PROVIDER NAME / ID:
Test, Provider / 123456

CATEGORY / STATUS:
Home / Active

PRIMARY ADDRESS:
**123 Test Rd
Test, Oh 12345**

PRIMARY CONTACT:
Home:

Provider Actions

[Provider Information](#) | [Linked 1692 Providers](#) | [Associated Providers](#)

Approval/Certification Spans

Provider Type	Level of Care	Approval/Certification Period	Agency	Certifying Entity
---------------	---------------	-------------------------------	--------	-------------------

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

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

Completing a Foster Care or Adoption Initial Home Study

7. Click the **Add Initial Home Study** button.

Home Study Filter Criteria

From Home Study Start Date:  To Home Study Start Date: 

Created in Error: Exclude Include

[Filter](#)

Maintain Home Study History

	Provider Type	Home Study Type	Start Date	Status	Recommendation	Recommendation Date	Agency
view	Foster Care	Initial	07/27/2023	In progress	Pending	09/08/2023	Test County Children Services Board
edit							
copy							
report							

[Add Initial Home Study](#)

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.

Home Study Details

Agency: Test County Children Services Board

Home Study Type: *

Provider Type: *

Start Date: * 

Assessor: *

Level of Care:

Priority:

Completing the Home Study Details Screen

1. In the **Home Study Type** field, select **Initial** from the drop-down list.
2. Make a selection from the **Provider Type** dropdown-menu.
3. Enter the appropriate **Start Date** OR click the **Calendar** icon and select the date.
4. In the **Assessor** field, select the appropriate name from the drop-down list.
5. Select **Level of Care** from the drop-down menu.

Completing a Foster Care or Adoption Initial Home Study

Home Study Details

Agency: Test County Children Services Board

Home Study Type: * Initial

Provider Type: * Foster Care

Start Date: * 07/27/2023

Assessor: * Test, Assessor

Level of Care: Family Foster Home

Priority:

Save **Cancel**

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

Maintain Home Study Information

Agency: Test County Children Services Board

Home Study Type: Initial

Provider Type: Foster Care

Start Date: 07/27/2023

Assessor:

Level of Care: Family Foster Home

Priority:

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 - Not Available / Usage Placement Criteria - Not Available
Recommendation	Pending

Validate for Approval

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

Completing a Foster Care or Adoption Initial Home Study

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.

Home Study Topics	
Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	

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			
Provider Name Information			
Provider Name	Effective Date	End Date	

Completing a Foster Care or Adoption Initial Home Study

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.

Note: When putting an address in the address overview it populates for all members. If individuals lived at a different address, add under the **Provider Household Member's Person ID**. This is located on the **Provider's Member Details** screen. The addresses from the **Provider Household Member's Person ID** is what populate into the generated Homestudy and is included in the Address History for the case. **Skip to Page 18** to Update the Address and View Address History.

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

Completing a Foster Care or Adoption Initial Home Study

[Domestic Address Search](#) | [Foreign Address Search](#)

Domestic Address Search Criteria

Address Lookup:

PO Box or Manual Search Criteria

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

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.

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

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.

Completing a Foster Care or Adoption Initial Home Study

Domestic Address Details

Types: Regular PO Box

Street Number: Street Name:

Unit:

City: * State: * Zip Code: -

County: * Other County:

School District: Other District:

Census Tract: Geographical Designation:

Neighborhood Name:

Law Enforcement Jurisdiction:

Environmental Hazard Details: No Known Environmental Hazards

Spell Check Clear 4000

Directions:

Spell Check Clear 4000

Created Date: Created By:

Modified Date: Modified By:

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.

Provider Address Details

Address:

Address Type: * Primary Address

Effective Date: * End Date:

C/O:

Location Details:

Spell Check Clear 4000

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

Completing a Foster Care or Adoption Initial Home Study

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

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

Provider Address

[View Address History](#)

	Type	Address	Effective Date	Primary	Hazard	
edit	Work1	111 Test Rd, Test Oh 12345	01/07/2016	No	No	delete

[view](#)

The **Provider Address Details** screen appears.

Provider Address Details

Address:

Address Type: * Primary Address

Effective Date: * End Date:

C/O:

Location Details:

[Spell Check](#) [Clear](#) 4000

[OK](#) [Cancel](#)

- 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.

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

Provider Contact

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

[Add Contact](#)

Completing a Foster Care or Adoption Initial Home Study

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.

Basic Address **Members** Relationships Caregivers Capacity

Current Active Members [View Member History](#)

Name / ID	Gender	DOB	Age	Role	Effective Date
edit view Test_Provider / 123456	FEMALE	09/22/1974	49	Applicant 1	05/23/2023

Add Member

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.

Completing a Foster Care or Adoption Initial Home Study

Search For Person

Person ID: ~ OR ~ SSN:

Note: If Person ID or SSN are entered, all other search criteria will be ignored

OR

Last Name: First Name: Gender:

Middle Name:

DOB:  ~ OR ~ Age Range: -
From Age To Age

[Reference, TCN, and Address Criteria](#) v

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

Sort by:

+ AKA/Nicknames

Fewer Results More Results

Search Clear Form Return

3. Enter the person's name information in the appropriate search fields OR enter the **Person ID** if known.
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](#) v

Create New Person

Completing a Foster Care or Adoption Initial Home Study

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.

The screenshot shows the 'Basic Profile' screen with the following sections:

- Person Information:** Fields for Prefix, First Name, Last Name, Middle Name, Suffix, Gender, SSN, DOB, Age, Hair Color, Eye Color, Sexual Orientation, Deceased status, and Driver's License.
- AKA Names:** A table with columns for Prefix, First Name, Middle Name, Last Name, Suffix, and AKA Type. An 'Add AKA' button is below the table.
- Buttons:** 'Apply', 'Save', and 'Cancel' buttons at the bottom.

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.

Completing a Foster Care or Adoption Initial Home Study

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

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

The **Member Details** screen appears.

Completing a Foster Care or Adoption Initial Home Study

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.

Basic Address **Members** Relationships Caregivers Capacity

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 / 28926004				Adult Household Member	10/18/2023	

Add Member

Household Marital Status

Attention ✕
Check Person marital status information for provider members when updating Household marital status.

[View Marital Status History](#)

	Provider Marital Status ^a	Effective Date	
edit	Single parent household, mother only	05/23/2023	Apply Save Cancel

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

Completing a Foster Care or Adoption Initial Home Study

Updating Provider Member's Address

Complete the following steps to update **Provider Member Address**.

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

The **Current Active Members** screen appears.

Basic Address **Members** Relationships Caregivers Capacity

Current Active Members

[View Member History](#)

	Name / ID	Gender	DOB	Age	Role	Effective Date
view	Sacwis, Susie / 123456	FEMALE	09/22/1974	49	Applicant 1	05/23/2023
view	Test, Child / 121212	FEMALE	07/18/2007	16	Child Household Member	12/19/2023

2. Click the appropriate **Provider Member** name link.

The **Person Overview** screen appears.

3. Click the **Profile** link on the side navigation menu.

< >

Person Overview

- Profile**
- Education
- Medical
- Employment
- Military
- Background
- Delinquency
- SACWIS History
- Relationships

PERSON NAME / ID:
Sacwis, Susie / 123456
Female Age 49, DOB 09/22/1974

123 Test Rd
Test Oh 12345

ENVIRONMENTAL HAZARDS:

PROVIDER

RACE: *White*
HISPANIC / LATINO: *No*
HAIR COLOR:
EYE COLOR:

AKA Names

The **Basic Profile** screen displays.

Completing a Foster Care or Adoption Initial Home Study

4. Click the **Address** tab.

The **Provider Member Address** screen appears.

Type	Address	Valid	Effective Date	Primary	Hazard
edit Residence	123 Test Rd, Test Oh 12345	Yes	01/10/2010	<input checked="" type="radio"/>	No

5. To edit the current address, click the **Edit** link.

6. To add a provider member's address, click the **Add Address** button.

- **Editing and Adding an Address** is the same process detailed on **Page 10**.

7. To view address history, click the **View Address History** link shown in green.

The **Person Address History** screen displays.

Name: Sacwis, Susie **PROVIDER** Person ID: 123456 DOB: 09/22/1974

Type	Address	Primary	Effective Date	End Date	reactivate
edit Work1	111 Testing Rd, Test Oh 12345	No	10/31/2013	01/06/2016	reactivate
edit Work1	1213 Testing Rd, Test Oh 12345	No	01/07/2016	05/20/2024	reactivate

Close

8. Click the **Close** button.

Completing a Foster Care or Adoption Initial Home Study

The **Provider Member Address** screen displays.

Person Address								View Address History
	Type	Address	Valid	Effective Date	Primary	Hazard		
edit	Residence	123 Test Rd., Test Oh 12345	Yes	01/10/2010	<input checked="" type="radio"/>	No		

[Add Address](#) [Add Unknown Address](#)

Person Phone/Email				
	Type	Detail	Primary	
edit	Work		<input type="radio"/>	delete
edit	Work		<input type="radio"/>	delete
edit	Email		<input checked="" type="radio"/>	

[Add Phone/Email](#)

[Apply](#) [Save](#) [Cancel](#)

9. When completed click the **Save** button.

The **Person Overview** screen displays.

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.

Completing a Foster Care or Adoption Initial Home Study

Household Marital Status

Attention
Check Person marital status information for provider members when updating Household marital status.

[View Marital Status History](#)

Provider Marital Status ⓘ	Effective Date
edit Single parent household, mother only	05/23/2023

Add Marital Status

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

Household Marital Status Details

Marital Status:*

Effective Date* 

OK **Cancel**

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.

Household Marital Status

Attention
Check Person marital status information for provider members when updating Household marital status.

[View Marital Status History](#)

Provider Marital Status ⓘ	Effective Date
edit Single parent household, mother only	05/23/2023

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

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

Completing a Foster Care or Adoption Initial Home Study

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.

Completing a Foster Care or Adoption Initial Home Study

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

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.

Completing a Foster Care or Adoption Initial Home Study

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](#) ▾

- If the desired caregiver was found, click the **Select** link in the appropriate row.
- OR
- Click the **Add Non- ODJFS Provider** button.

Caregiver Details

Name: Test, Caregiver Primary Contact: Email:

Primary Address: 111 Test Rd,
Test, Oh 12345

Caregiver Type: * ▾

Effective Date: * 

End Date: 

[OK](#) [Cancel](#)

- Select the appropriate **Caregiver Type** from the drop-down list.
- Enter the **Effective Date** for the Caregiver.
- Click the **OK** button.

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

Caregiver Information

[View Caregiver History](#)

	Caregiver type	Name	Primary Address	Primary Contact Details	Effective Date
view	Alternative Caregiver	Test, Caregiver	111 Test Rd, Test Oh 12345	Email:	10/18/2023

[edit](#)

[Add Care Giver](#)

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

The **Caregiver Details** screen appears.

Completing a Foster Care or Adoption Initial Home Study

Caregiver Details

Name: Test, Caregiver Primary Contact: Email:

Primary Address: 111 Test Rd, Test Oh 12345

Caregiver Type: * Alternative Caregiver

Effective Date: * 10/18/2023

End Date:

OK Cancel

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).

Completing a Foster Care or Adoption Initial Home Study

Basic Address Members Relationships Caregivers **Capacity**

Current Capacity Information

Available # of Placement Beds: # of Bedrooms:
 Available # of Placement Cribs:
 Service Limits: Current Vacancies:
 Capacity Notes: (expand full screen)

Current Children Placed

	Male	Female	Total
Current Placements:	0	1	1

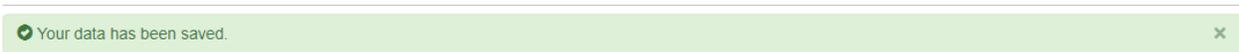
Result(s) 1 to 1 of 1 / Page 1 of 1

Name	Gender	DOB	Age	Placement Date	Placement Type
Test, Child	Female	07/18/2007	16	06/02/2023	Placement

Current Household Members

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.

Home Study Topics

Topic	Status
Basic Provider Information (Name, Household Members, Address and Contact, Caregiver)	
Verifications	Not Completed

The **Maintain Verification Tasks** screen appears.

Completing a Foster Care or Adoption Initial Home Study

Maintain Verification Tasks						
	Verification Task	Status	Date	Narrative		
view	Applicant Attended Information/Orientation Meeting	Verified	03/01/2023	attended the informational meeting on 3/1/2023.		
edit						
view	Initial Assessor Contact	Verified	07/27/2023	Assessor	reached out to	to initiate home study process on 7/27/2023.
edit						
view	Application Received by Agency	Verified	07/27/2023			
edit						

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**.

Verification Details	
Task:	Application Received by Agency
Status: *	Verified
Date:	07/27/2023
Narrative:	<input type="text"/>
	Spell Check Clear 2000
Apply Save Cancel Previous Next	

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.

Completing a Foster Care or Adoption Initial Home Study

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**.

Completing a Foster Care or Adoption Initial Home Study

Safety Audit I Safety Audit II Safety Audit III **Disposition**

Maintain Disposition Details

Safety Audit and Fire Inspection Approval Status

Home Meets the Safety Audit Standards:

Date Safety Audit was Conducted:

Based on my observations of this home on this date, the required fire inspection will need to be completed before a decision can be made regarding the safety of the home.

Date Fire Inspection was Conducted:

Auditors Comments

Comments:

Spell Check Clear 1000

Apply **Save** Cancel

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.

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.

Completing a Foster Care or Adoption Initial Home Study

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 Test Reference	test	10/18/2023	test	delete
edit				

[Add Reference](#)

Completing a Foster Care or Adoption Initial Home Study

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.

Completing a Foster Care or Adoption Initial Home Study

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				
<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Attic	<input type="checkbox"/> 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.

Completing a Foster Care or Adoption Initial Home Study

Sleeping Arrangement Details

Bedroom Number: * <input style="width: 80%;" type="text"/>	Floor/Level: * <input style="width: 80%;" type="text"/>	Bed Type: * <input style="width: 80%;" type="text"/>	Crib Manufacture Date: <input style="width: 80%;" type="text"/>
Will the Foster/Adoptive Child Use this Bed? * <input style="width: 80%;" type="text"/>			

House Members Sharing a Bed

Test, Adult

Living Arrangements Sharing a Bed

Comments:

Spell Check
Clear
1000

OK Cancel

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.

Sleeping Arrangements

	Bedroom	Floor/Level	Occupants	Bed Type	Child will Occupy Bed		
view edit	2	First		Full	Yes	delete	
Approved Number of Beds:				1	Approved Number of Cribs:		0

Add Sleeping Arrangement

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).

Completing a Foster Care or Adoption Initial Home Study

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

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? [v]
Does Any Family Member Smoke? [v]

Pet Conditions
Are there Pets in the Home? [v]
Do Pets Meet Local Safety Requirements (vaccinations, vicious animal restrictions, etc.)? [v]
Describe/List Pets in the Home:

Spell Check Clear 2000

Home Business Conditions
Does the Applicant Operate a Business from the Home? [v]
What Type of Business? [v]
Has the Agency Approved the Business? [v]
If applicable, describe impact of home business on Foster/Adopt plan (hours of operation, flexibility, etc.):

Spell Check Clear 2000

Apply Save Cancel

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

13. 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**.

Completing a Foster Care or Adoption Initial Home Study

14. 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](#)

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.

Completing a Foster Care or Adoption Initial Home Study

The screenshot shows the 'Outdoor / Neighborhood' tab selected. The 'Outdoor Home Amenities' section includes a list of checkboxes for various features: Attached Garage, Fenced and Locked Gate, Hot Tub, Pool/Pond/Lake, Other, Deck, Fenced Yard, Patio, Porch, Detached Garage, Handicapped Accessible, Play Equipment, and Shed/Barn. Below this list is a text field labeled 'If Other, Describe:'. The 'Outdoor Safety Conditions' section contains a text field labeled 'Comments on safety issues in areas outside of the home:'.

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

The screenshot shows the 'Description of Home History' screen. It contains a table with the following data:

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

At the bottom of the screen, there is a button labeled '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.

Completing a Foster Care or Adoption Initial Home Study

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.

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.

Completing a Foster Care or Adoption Initial Home Study

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

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

[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.

Maintain Transportation Information

Vehicle Information

Number of Cars: Number of Vans:

Number of Trucks/SUV: Number of Recreational Vehicles:

Number of Motorcycles:

Other Vehicles (specify):

Does the Family have Infant Car Seats? Number of Infant Car Seats:

Does the Family have Toddler Car Seats? Number of Toddler Car Seats:

Are vehicles in operable condition?

List and Describe the Vehicles not in Running Condition:

Spell Check Clear 250

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

Completing a Foster Care or Adoption Initial Home Study

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.

Insurance Information

Does the Applicant have Proof of Insurance for All Operational Vehicles?

Insurance Company Name	Policy Begin Date	Policy End Date
------------------------	-------------------	-----------------

[Add Insurance Company](#)

Identify Operational Vehicles that are Uninsured:

[Spell Check](#) [Clear](#) 250

Alternative Transportation Information

Is the Home on a City Bus Line Route?

Distance to Nearest Bus Stop:

Describe Alternative Transportation Plan if Family does not Own an Operating Vehicle or Lives Near a Bus Line:

[Spell Check](#) [Clear](#) 250

[Apply](#) [Save](#) [Cancel](#)

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.

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](#)

[Close](#)

Completing a Foster Care or Adoption Initial Home Study

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.

Description of Home Information			
	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.

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.

Completing a Foster Care or Adoption Initial Home Study

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**.

Description of Family Details

Agency: Test County Children Services Board

Created By:

Narrative Type: * Effective Date: * 10/19/2023

Review Effective Date: Review End Date:

Save Cancel

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.

Completing a Foster Care or Adoption Initial Home Study

Your data has been saved. x

PROVIDER NAME / ID: Test, Provider / 123456 CATEGORY: Home

Maintain Description of Family

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

	Type	Effective Date	CreatedBy	Agency	Status	
view	Initial	10/19/2023		Test County Children Services Board		delete
copy						
edit						

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

Description of Family Details

Agency: Test County Children Services Board

Created By:

Narrative Type: Initial Effective Date: * 

Narratives

[Applicant Narratives](#) [Member Narratives](#) [Family Narratives](#)

Note: By selecting the Update Narratives button all Applicant and Member specific narrative topics will be refreshed to reflect current Provider Participants.

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 a Foster Care or Adoption Initial Home Study

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
<input type="button" value="Link Visits"/>		
<input type="button" value="Apply"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>		

2. Click the **Link Visits** button.

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						
<input type="checkbox"/>	Start Date / Activity State	Contact Type	Category	Sub-category	Responsible Worker	Created By
<input type="checkbox"/> view	10/19/2023 Completed	Announced Home Visit , Education	General	Assessment Visit		
Associated Participants:						
<input type="checkbox"/> view	10/19/2023 Completed	Court	General	Assessment Visit		
Associated Participants:						

Completing a Foster Care or Adoption Initial Home Study

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

<input type="checkbox"/>	Start Date / Activity State	Contact Type	Category	Sub-category	Responsible Worker	Created By
<input type="checkbox"/> view	10/19/2023 Completed	Announced Home Visit , Education	General	Assessment Visit		
Associated Participants:						
<input type="checkbox"/> 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.

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.

Completing a Foster Care or Adoption Initial Home Study

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
Training Completed	Training Requirements Not Completed

The **Completed Training List** screen appears.

Completed Training List					
Trainee Name	Session ID / Name	Session Start Date	Number of Hours	How Delivered	Status
<input type="button" value="Link Training"/>					
<input type="checkbox"/> All Training Requirements have been Successfully Completed					

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

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										
<input type="checkbox"/>	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
<input type="checkbox"/>										

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

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

Completing a Foster Care or Adoption Initial Home Study

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

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

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

Completing a Foster Care or Adoption Initial Home Study

The **Acceptance Criteria Information** screen appears.

The screenshot shows a web interface with a header 'Acceptance Criteria Information'. Below it are two tables. The first table, 'Characteristic(s)', has columns: Provider Type, Effective Date, End Date, and Status. The second table, 'Placement Criteria', has the same columns. At the bottom left, there is a button labeled 'Maintain Acceptance Criteria'.

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

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

3. Click the **Add Characteristics** button.

The screenshot shows a web interface with two tabs: 'Characteristics' and 'Usage Placement Criteria'. The 'Characteristics' tab is active, showing 'Acceptance Characteristics List'. Below it is a table with columns: Provider Type, Effective Date, End Date, Status, and Created Date. A row is visible with 'Adoptive Care' as the Provider Type, '10/23/2023' as the Effective Date, and 'In Progress' as the Status. Action links 'view', 'copy', and 'edit' are present for the first row. A 'report' link is at the end of the row. At the bottom left, there is a button labeled '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**.

Completing a Foster Care or Adoption Initial Home Study

Characteristics	
Provider Type: *	Characteristics Status: * In Progress
Effective Date: 10/23/2023	End Date:
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.

Group Name: Gender

Description	Select All : Unknown
Values Undefined	<input checked="" type="radio"/> Willing to Consider <input type="radio"/> Unwilling to Consider <input type="radio"/> Unknown
Female	<input checked="" type="radio"/> Willing to Consider <input type="radio"/> Unwilling to Consider <input type="radio"/> Unknown
Male	<input checked="" type="radio"/> Willing to Consider <input type="radio"/> Unwilling to Consider <input type="radio"/> Unknown

Apply **Save** Cancel Previous Group Next Group

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.

Completing a Foster Care or Adoption Initial Home Study

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

2. Click the **Add Criteria** button.

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: *	<input type="text"/>	Placement Criteria Status:	In Progress	
Effective Date:	<input type="text" value="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.

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: *	<input type="text" value="Male"/>	Number of Children: *	<input type="text" value="1"/>	
Minimum Age: *	<input type="text" value="0"/>	Maximum Age: *	<input type="text" value="18"/>	<input type="text" value="0"/>
OK Cancel				

Completing a Foster Care or Adoption Initial Home Study

8. **Add** criteria or modify any existing criteria as appropriate.
9. When complete, click the **OK** button.

The **Criteria** screen appears.

Criteria

Provider Type: * Placement Criteria Status: In Progress

Effective Date: End Date:

Total Number of Children: Created Date:

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

10. Click the **Save** button.

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.

Completing the “Recommendation” Work Item

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

Completing a Foster Care or Adoption Initial Home Study

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

2. Complete the fields as needed.
3. In the **Recommendation** field, select **Approve**.

Completing a Foster Care or Adoption Initial Home Study

Recommendation Information	
Recommendation: *	<input type="text" value="Approve"/>
Service Limits:*	<input type="text" value="2"/>
Certifying Entity:	<input type="text" value="ODJFS"/>

Recommendation Date: 

[[Link Rule Violations](#)]

- 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**.

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

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

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	Approve

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

Completing a Foster Care or Adoption Initial Home Study

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: *

Comments:

Spell Check Clear 2000

Agency:

Reviewers/ Approvers:

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.

Completing a Foster Care or Adoption Initial Home Study

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.

PROVIDER NAME / ID: Sacwis, Susie / 123456 CATEGORY: Home

Maintain Approval/Certification Recommendations

	Provider Type	Transaction Type	Status	Recommending Agency	Effective Date	Expiration Date
view	Adoptive Care	Change in Circumstances	Pending Approval	Test County Children Services Board	10/23/2023	
review						
report						

[Add Recommendation](#)

3. Click the **Review** link in the appropriate **Initial Recommendation for Certification** or **Initial Approval** row.

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

Completing a Foster Care or Adoption Initial Home Study

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. If the **incorrect date** is entered, the worker will still be able to enter the correct date in the **Approval/Certification** transaction.

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

The screenshot shows the 'Maintain Transactions' form. The 'Agency' is 'Test County Children Services Board'. The 'Agency Contact Person' field is highlighted with a red box. The 'Application Date' is '07/27/2023'. The 'Recommendation Date' is '10/23/2023'. The 'Provider Type' is 'ADOPTIVECARE'. The 'Level of Care' field is empty. The 'Transaction' is 'Change in Circumstances'. The 'Certifying Entity' is 'ODJFS'. Below the form, there is a section for 'Change Transaction Information' with four checkboxes: 'Name Change', 'Level of Care Change', 'Marital Status Change', and 'Relocation'. The 'Level of Care Change' checkbox is checked.

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**.

Note: The User will need to select **ODJFS** from the drop-down menu in order for Dana Harden-Freeman's name to populate. The menu defaults to the logged in user's Agency. This will need to manually be changed to **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.

Completing a Foster Care or Adoption Initial Home Study

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:

- **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 <i>HS Agency name</i>		Assessor <i>Person name of HS Assessor</i>			Phone# <i>Primary Contact number for HS agency</i>		Email Address <i>Email Address of HS Assessor (located on employee record)</i>		Date <i>HS Start Date</i>	
Applicant #1 Name First Middle Last (Maiden) <i>Person Profile (PP): Basic Page (where member role is Applicant 1)</i>				Applying to <input type="checkbox"/> foster <i>HS provider type</i> adopt		Email <i>PP: Address Page (type is Email)</i>		Cell # <i>PP: Address Page (type is Cell)</i>		Work # <i>PP: Address Page (type is Work)</i>
Applicant #2 Name First Middle Last (Maiden) <i>Person Profile (PP): Basic Page (where member role is Applicant 2)</i>				Applying to <input type="checkbox"/> foster <i>HS provider type</i> adopt		Email <i>PP: Address Page (type is Email)</i>		Cell # <i>PP: Address Page (type is Cell)</i>		Work # <i>PP: Address Page (type is Work)</i>
Street Address <i>PI: Address Page (address marked as primary)</i>		(Apartment)		City		State		Zip Code		County
Home Phone # <i>PI: Address Page (type is Home)</i>			Fax Number <i>PI: Address Page (type is Fax)</i>			Emergency Contact Name <i>PI: Address Page (type is Emergency. Description Field text)</i> Phone # <i>PI: Address Page (type is Emergency)</i>				

Completing a Foster Care or Adoption Initial Home Study

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 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
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	Person Overview Page: Employment link (in blue area), Employer Info. documented for Applicant 2				

Completing a Foster Care or Adoption Initial Home Study

	Employer Info. documented for Applicant 1		
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	
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	<input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor (must be direct exit to outside fire escape) <input type="checkbox"/> Basement (must be approved by fire inspector)

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

Completing a Foster Care or Adoption Initial Home Study

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.	<input type="checkbox"/> Patio <input type="checkbox"/> Hot Tub <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Detached Garage <input type="checkbox"/> Play Equipment <input type="checkbox"/> Porch <input type="checkbox"/> Deck <input type="checkbox"/> Shed/Barn <input type="checkbox"/> Attached Garage <input type="checkbox"/> Pool/Pond/Lake <input type="checkbox"/> Fenced and Locked Gate <input type="checkbox"/> Handicapped Accessible <input type="checkbox"/> Other Specify
Comments on safety issues in areas outside of the home	

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

Completing a Foster Care or Adoption Initial Home Study

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		
<i>Description of Home record linked to Home Study; Transportation tab</i>		
Vehicles <input type="checkbox"/> One Car <input type="checkbox"/> Two Cars <input type="checkbox"/> Truck/SUV <input type="checkbox"/> Van <input type="checkbox"/> Recreation Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other (specify)		
Are vehicles in operable condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.		
Was proof of insurance provided for all operational vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company	Dates of Policy to
Does family have infant car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain	Does family have toddler car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain	
Is the residence on a city bus line? <input type="checkbox"/> Yes <input type="checkbox"/> 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				
<i>Person Profile: Military link</i>				
For any household member with military history				
Name	Branch	Date Entered	Date Discharged	Type of Discharge
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
Explain if other than honorable discharge.				

CRIMINAL HISTORY					
<i>Person Profile: Background tab</i>					
Does any adult household member have a criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Name	Offense	City and State	Convicted? If yes, date of conviction?	Sentence	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Completing a Foster Care or Adoption Initial Home Study

			Date <input type="checkbox"/> Yes <input type="checkbox"/> No Date		Date <input type="checkbox"/> Yes <input type="checkbox"/> No Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following for each incident					
Name	City and State	Convicted? If yes, date of conviction?	Sentence	License Suspended or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	On Probation? Date of release from probation? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any minor in the household been adjudicated as a juvenile delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <i>PP: Address page</i>	<i>PP: Members page</i>	
Previous address (city/state)	<i>Home Study link; Basic Provider Info.; Address tab; View Address History link</i>	<i>Home Study link; Basic Provider Info.; Address tab</i>
Date moved to this address	<i>Members Page; Person Profile (when member role is Applicant 1); Address Page; View Address History link</i>	<i>Person Profile (where member role is Applicant 2); Address Page; View Address History link</i>
Employment History		
List applicant's employer(s) for the last 10 years		
Current employer	<i>Person Profile: Employment History Page (Employment); non end-dated record</i>	<i>Person Profile: Employment History Page (Employment); non end-dated record</i>
Job title/occupation		
Date of employment		
Previous employer	<i>Person Profile: Employment History Page (Employment)</i>	
Job title		

Completing a Foster Care or Adoption Initial Home Study

Dates of employment		Person Profile: Employment History Page (Employment)
Previous employer		
Job title		
Dates of employment		
Previous employer		
Job title		
Dates of employment		
Previous Marriage/Relationship History <i>Person Profile: Demographics tab; Marital Details</i>		
Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		
Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		

Completing a Foster Care or Adoption Initial Home Study

Mapping – Relationship Between Applicants & Religious Affiliation Sections

RELATIONSHIP BETWEEN APPLICANT #1 AND APPLICANT #2 (Or, for single applicant, relationship with significant other, if applicable) <i>Description of Family record (initial) linked to Home Study; Family Narratives; Relationship Between Applicant 1 and Applicant 2</i>
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 <i>Description of Family record (initial) linked to Home Study; Applicant Narratives; Describe applicant's Religious Affiliation and/or Spiritual Beliefs</i>
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 <i>Home Study link; Basic Provider Info; Members Page; current and active member(s)</i>			
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. <i>Description of Family record (initial) linked to Home Study; Member Narratives; Children in Home</i>			
ABSENT OR PART-TIME CHILDREN <i>Description of Family record (initial) linked to Home Study; Family Narratives; Absent or Part-time Children Topic</i>			
NON-APPLICANT ADULTS IN THE HOME (Complete for each non-applicant adult member of the household) <i>Home Study link; Basic Provider Info; Members Page; current active member(s) where role is</i>			
Name	Relationship to applicant(s)		
Date when entered household			
Is this person considered a permanent member of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, state estimated date this person may be leaving the household			

Completing a Foster Care or Adoption Initial Home Study

Mapping – Family Finances & Attitudes/Beliefs Sections

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

ATTITUDES AND BELIEFS REGARDING FOSTER CARE/ADOPTION ISSUES <i>Description of Family record (initial) linked to Home Study; Applicant Narratives; Describe Applicant's Attitudes and Beliefs regarding Foster Care/Adoption Issues</i>
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 <i>Description of Family record (initial) linked to Home Study; Applicant Narratives; Multiple Topics</i>
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.
12) Describe applicant's ability and willingness to take a "hands on" approach to parenting.

Completing a Foster Care or Adoption Initial Home Study

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

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

Completing a Foster Care or Adoption Initial Home Study

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		
Date Verified Marriage	How verified	
Date Verified Divorce(s) (if applicable)	How verified	
Date Verified Driver's License(s)	How verified	
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	
Date Received Reference #1 HS link; References; References Info.	Name	Address
Date Received Reference #2 HS link; References; References Info.	Name	Address
Date Received Reference #3 HS link; References; References Info.	Name	Address
Date Received Ref. #4 (adopt. req'd) HS link; References; References Info.	Name	Address
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)		

Completing a Foster Care or Adoption Initial Home Study

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain <i>HS link; Recommendation; Recommendation details</i>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain <i>HS link; Recommendation; Recommendation details</i>
<input type="checkbox"/> Check this box if home study was not initiated within 30 days and explain why. <i>HS link; Recommendation; Recommendation details</i>
<input type="checkbox"/> Check this box if home study was not completed within 180 days and explain why. <i>HS link; Recommendation; Recommendation details</i>

Completing a Foster Care or Adoption Initial Home Study

Mapping – Training Completed Section

TRAINING COMPLETED					
<i>Home Study link: Training Completed; Completed Training List displaying for Applicant(s)</i>					
	List Date(s)	List Topic(s) Covered	Number of Hours	How Delivered	Successfully Completed?
Applicant #1					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant #2					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Mapping – Disposition of Adoption / Foster Care Applications Sections

DISPOSITION OF ADOPTION APPLICATION (if applicable)		
<i>Adoptive Care Home Study link; Recommendation; Recommendation Info; Home Study Status of Approved</i>		
<input type="checkbox"/>	Adoption application denied.	Reasons
<input type="checkbox"/>	Adoption application approved for applicant #1 <input type="checkbox"/> and applicant #2 <input type="checkbox"/> .	
Summarize child or type of child for which approval is granted (include, at a minimum, age, gender, number of children and acceptable characteristics)		
<i>Adoptive Care Home Study link; Acceptance Criteria Information; Linked Placement Criteria Record</i>		
SIGNATURES		
Assessor	Date	
Supervisor	Date	
OPTIONAL SIGNATURES		
Other	Title	Date
Other	Title	Date
DISPOSITION OF FOSTER CARE APPLICATION (if applicable)		
<i>Foster Care Home Study link; Recommendation; Recommendation Info; Home Study Status of Approved</i>		
<input type="checkbox"/>	Foster home certification denied. Reasons (list specific rules and attach documentation)	
<input type="checkbox"/>	Foster home certification recommended for applicant #1 <input type="checkbox"/> and applicant #2 <input type="checkbox"/> .	
For what age, sex and number of children may this home be used?		
<i>Foster Care Home Study link; Acceptance Criteria Information; Linked Placement Criteria Record</i>		
Use either one of the boxes below, but do not use both		

Completing a Foster Care or Adoption Initial Home Study

DISPOSITION OF ADOPTION APPLICATION (if applicable)			
<i>Adoptive Care Home Study link; Recommendation; Recommendation Info; Home Study Status of Approved</i>			
Initial Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either sex, check box <input type="checkbox"/> and enter number
List any restrictions on license, or waivers/variances to be requested <i>Description of Family record (initial) linked to Home Study; Family Narratives; List any restrictions on license, or waivers/variances to be requested topic</i>			
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. <i>Foster Care Home Study link where home study type is Amend; Acceptance Criteria Information; Linked Placement Criteria Record</i> 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 <input type="checkbox"/> 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 <input type="checkbox"/> and enter number
Assessor Signature		Supervisor Signature	Date

If you have additional questions pertaining to this Deployment Communication, please contact the [Customer Care Center](#).