

# Mapping Document for Foster Care or Adoption Initial Home Study



**Knowledge Base Article**

# Creating an Initial Home Study (JFS 1673)

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# Creating an Initial Home Study (JFS 1673)

## Overview

This Knowledge Base Article includes the **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.

## 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<br>ASSESSMENT FOR CHILD PLACEMENT<br>(Homestudy)                                  |   |   |   |   |
|--|---|---|---|---|
| Refer to the JFS 01673-I to assure each narrative is adequately assessed   |   |   |   |   |
| Agency<br><i>HS Agency name</i>  | Assessor<br><i>Person name of HS Assessor</i>                                   | Phone#<br><i>Primary Contact number for HS agency</i> | Email Address<br><i>Email Address of HS Assessor (located on employee record)</i> | Date<br><i>HS Start Date</i>                  |
| Applicant #1 Name<br>First Middle Last (Maiden)<br><i>Person Profile (PP): Basic Page (where member role is Applicant 1)</i> | Applying to <input type="checkbox"/> foster<br><i>HS provider type</i><br>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<br>First Middle Last (Maiden)<br><i>Person Profile (PP): Basic Page (where member role is Applicant 2)</i> | Applying to <input type="checkbox"/> foster<br><i>HS provider type</i><br>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> |

## Creating an Initial Home Study (JFS 1673)

|  |   |   |                 |
|--|---|---|-----------------|
|  |   |   |                 |
| Street Address (Apartment)                             | City  | State   | Zip Code County |
| <i>PI: Address Page (address marked as primary)</i>    |   |   |                 |
| Home Phone #<br><i>PI: Address Page (type is Home)</i> | Fax Number<br><i>PI: Address Page (type is Fax)</i> | Emergency Contact Name <i>PI: Address Page (type is Emergency. Description Field text)</i><br>Phone # <i>PI: Address Page (type is Emergency)</i> |                 |

### 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  | <i>PP: Basic Page</i>  | <i>PP: Basic Page</i>  | <i>PP: Basic Page</i>  | <i>PP: Basic Page</i>  | <i>PP: Basic Page</i>  | <i>PP: Basic Page</i>  |
| 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                                       | <i>PP: Demographics Page (Part 1) "Highest Level of Education"</i>         | <i>PP: Demographics Page (Part 1) "Highest Level of Education"</i>         | <i>PP: Demographics Page (Part 1) "Highest Level of Education"</i>                     | <i>PP: Demographics Page (Part 1) "Highest Level of Education"</i>                     | <i>PP: Demographics Page (Part 1) "Highest Level of Education"</i>                     | <i>PP: Demographics Page (Part 1) "Highest Level of Education"</i>                     |
| Area of Specialized Education (If Applicable)                | <i>PO: Skills link (in blue area), skill(s) documented for Applicant 1</i> | <i>PO: Skills link (in blue area), skill(s) documented for Applicant 2</i> |  |  |  |  |

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|   |  |  |  |
|---|--|--|--|
| Marital Status (if Currently Married, Date of Marriage) | <b>PP: Demographics Page (Part 1)</b>  | <b>PP: Demographics Page (Part 1)</b>  |  |
| Employer or Source of Income                            | <b>Person Overview Page: Employment link (in blue area), current Employer Info. documented for Applicant 1</b> | <b>Person Overview Page: Employment link (in blue area), Employer Info. documented for Applicant 2</b>         |  |
| How Many Years With This Employer                       | <b>Employment Record ; years calculated based on begin and end dates documented on current Employer record</b> | <b>Employment Record ; years calculated based on begin and end dates documented on current Employer record</b> |  |
| Occupation  | <b>Edit Current Employer record, Description Text field (for Applicant 1)</b>                                  | <b>Edit Current Employer record, Description Text field (for Applicant 2)</b>                                  |  |
| Gross Annual Income                                     | <b>PP: Employment History Page (Employment &amp; Income)</b>   | <b>PP: Employment History Page (Employment &amp; Income)</b>   |  |
| Days/Hours of Work (In Normal Week)                     | <b>PP: Employment History Page (Employment &amp; Income)</b>   | <b>PP: Employment History Page (Employment &amp; Income)</b>   |  |
| Driver's License Number                                 | <b>PP: Basic Page</b>  | <b>PP: Basic Page</b>  |  |

**\*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)<br><input type="checkbox"/> Basement (must be approved by fire inspector) |             |  |
| SLEEPING ARRANGEMENTS <span style="color: red; font-weight: normal;">*If family will obtain crib at the time an infant is placed in the home, please indicate that below</span> |  |             |  |
| 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   |  |             |  |

## Creating an Initial Home Study (JFS 1673)

|   |  |  |  |
|---|--|--|--|
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

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

### Outside Space, Smoking/Pets, & Neighborhood Sections

|  |   |
|--|---|
| <b>Outside Space</b><br>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<br><input type="checkbox"/> Porch <input type="checkbox"/> Deck <input type="checkbox"/> Shed/Barn <input type="checkbox"/> Attached Garage <input type="checkbox"/> Pool/Pond/Lake<br><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**

|   |                   |  |
|---|-------------------|--|
| <b>Children placed in the home would attend the following schools</b> | 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.

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|   |  |                    |
|---|--|--------------------|
| Does applicant operate a business from the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                    |
| Is the business for child care, adult day care or a rooming house? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                    |
| If other than child care, 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.)  |  |                    |
| <b>TRANSPORTATION</b>   |  |                    |
| <i>Description of Home record linked to Home Study; Transportation tab</i>  |  |                    |
| Vehicles<br><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)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain   | Does family have toddler car seat(s)?<br><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  |  |                    |
|   |  |                    |

| <b>MILITARY HISTORY</b>                        |        |              |                 |   |
|--|--------|--------------|-----------------|---|
| <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      |        |              |                 |   |
|  |        |              |                 |   |

| <b>CRIMINAL HISTORY</b>  |         |                |            |          |               |
|--|---------|----------------|------------|----------|---------------|
| <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? | Sentence | On probation? |
|  |         |                |            |          |               |

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|   |                 |  | If yes, date of conviction?                                      |  | Date of release from probation?                                  |
|---|-----------------|--|--|--|--|
|   |                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Date |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Date |
|   |                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Date |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Date |
|   |                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Date |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Date |
| Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs?<br><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?                            | 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 | <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  |
| <b>Residential History</b>                               |  |   |
| List residences for the last 10 years                    |  |   |
| Date moved to current address<br><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> |
| <b>Employment History</b>                                |  |   |
| 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</i>   |
| Job title/occupation                                     |  |   |

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|   |   |   |
|---|---|---|
| Date of employment  |   | <i>Page (Employment); non end-dated record</i>              |
| Previous employer   | <i>Person Profile: Employment History Page (Employment)</i> | <i>Person Profile: Employment History Page (Employment)</i> |
| Job title   |   |   |
| Dates of employment   |   |   |
| Previous employer   |   |   |
| Job title   |   |   |
| Dates of employment   |   |   |
| Previous employer   |   |   |
| Job title   |   |   |
| Dates of employment   |   |   |
| <b>Previous Marriage/Relationship History</b><br><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   |   |   |

## Creating an Initial Home Study (JFS 1673)

### Mapping – Relationship Between Applicants & Religious Affiliation Sections

|  |
|--|
| <b>RELATIONSHIP BETWEEN APPLICANT #1 AND APPLICANT #2</b><br>(Or, for single applicant, relationship with significant other, if applicable)<br><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. |

|  |
|--|
| <b>RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS</b><br><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

|   |                              |                              |                        |
|---|------------------------------|------------------------------|------------------------|
| <b>CHILDREN RESIDING IN THE HOME</b><br><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.<br><i>Description of Family record (initial) linked to Home Study; Member Narratives; Children in Home</i> |                              |                              |                        |
| <b>ABSENT OR PART-TIME CHILDREN</b><br><i>Description of Family record (initial) linked to Home Study; Family Narratives; Absent or Part-time Children Topic</i>  |                              |                              |                        |
| <b>NON-APPLICANT ADULTS IN THE HOME</b><br>(Complete for each non-applicant adult member of the household)<br><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  |                              |                              |                        |

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### Mapping – Family Finances & Attitudes/Beliefs Sections

|  |
|--|
| <b>FAMILY FINANCES</b><br>(attach JFS 01681 Applicant Financial Statement)<br><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.   |

|   |
|---|
| <b>ATTITUDES AND BELIEFS REGARDING FOSTER CARE/ADOPTION ISSUES</b><br><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

|  |
|--|
| <b>Narrative</b><br><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<br>A) Completing Categories 1-12 for Applicant #1, then completing Categories 1-12 for Applicant #2, <b>OR</b><br>B) Under each of the 12 categories, give information about Applicant #1 and #2.<br>(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.)<br><b>You may want to use questions listed in the JFS 01673 User's Guide to assure each category is fully explored</b> |
| 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.   |

## Creating an Initial Home Study (JFS 1673)

| Narrative   |
|---|
| <i>Description of Family record (initial) linked to Home Study; Applicant Narratives; Multiple Topics</i> |

| ADDITIONAL ASSESSOR OBSERVATIONS  |
|---|
| <i>Description of Family record (initial) linked to Home Study; Family Narratives; Additional Assessor Observations topic</i> |
| 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<br>(may choose to attach an ecomap here)   |
|--|
| <i>Description of Family record (initial) linked to Home Study; Family Narratives; Support System topic</i>  |
| 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   |       |
|--|-------|
| <i>Description of Family record (initial) linked to Home Study; Family Narratives; Strengths topic; Needs topic</i>  |       |
| 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.                        |       |
| <i>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</i> |       |
| Briefly (in 1-2 paragraphs) give a summary of this family and their readiness to adopt and/or foster.  |       |
| <i>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</i>               |       |

| 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). |
| <i>Description of Family record (initial) linked to Home Study; Family Narratives; Summary of Collateral Contacts and Information topic</i>                         |

# Creating an Initial Home Study (JFS 1673)

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

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

| <b>General Rule Compliance (For Foster Care or Joint Applications only)</b><br><i>Home Study link; Recommendation; General Rule Compliance section</i>   |               |                      |                          |               |                      |                          |
|--|---------------|----------------------|--------------------------|---------------|----------------------|--------------------------|
| Has agency provided prospective caregiver(s) with a copy of Chapters 51012-5 and 50102-7 of the Ohio Administrative Code? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has agency provided prospective foster caregiver(s) with a copy or summary of the agency's foster care policies? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Has agency discussed these materials with prospective foster caregiver(s)? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <i>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</i>  |               |                      |                          |               |                      |                          |
| State the agency's rationale if requesting a waiver or variance of any rule(s). <i>DOF record (initial) linked to HS; Family Narratives; State the agency's rationale if requesting a waiver or variance of any rule(s) topic</i>  |               |                      |                          |               |                      |                          |
| If a waiver is recommended specify what the caregiver(s) will do to come into compliance and when compliance will be achieved. <i>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</i>  |               |                      |                          |               |                      |                          |
| <b>ASSESSOR VISITS WITH APPLICANT(S)</b><br><i>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</i>  |               |                      |                          |               |                      |                          |
| 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 |
|  |               |                      |                          |               |                      |                          |
|  |               |                      |                          |               |                      |                          |
|  |               |                      |                          |               |                      |                          |
|  |               |                      |                          |               |                      |                          |
| <b>ASSESSMENT PROCESS CHECKLIST</b><br><i>HS link; Verifications; Verification Tasks</i>   |               |                      |                          |               |                      |                          |
| (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<br><i>Training link; Person; Training Needs tab; Training Status of Waived</i>   |               |                      |                          |               |                      |                          |
| 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)  |               |                      |                          |               |                      |                          |

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|   |  |         |
|---|--|---------|
| Date Well Water Test Completed (if using well water)  | Alternative Water Plan Submitted/Approved Date |         |
| Date Received Reference #1<br><i>HS link; References; References Info.</i>  | Name   | Address |
| Date Received Reference #2<br><i>HS link; References; References Info.</i>  | Name   | Address |
| Date Received Reference #3<br><i>HS link; References; References Info.</i>  | Name   | Address |
| Date Received Ref. #4 (optional)<br><i>HS link; References; References Info.</i>  | Name   | Address |
| Date Received Ref.#5 (optional)<br><i>HS link; References; References Info.</i>   | Name   | Address |
| Date Criminal Record Check(s) Received from BCII  |  |         |
| Date FBI Check(s) Completed (if needed)   |  |         |
| Date All Medical Forms (JFS 01653) Received (attach)  |  |         |
| Date Child Characteristics Checklist Completed by Applicant(s) at the end of assessment process (attach)  |  |         |
| Do any of the above listed verifications contain information that would disqualify applicant for program for which applied?<br><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<br><i>HS link; Recommendation; Recommendation details</i> |  |         |
| <input type="checkbox"/> Check this box if homestudy was not initiated within 30 days and explain why.<br><i>HS link; Recommendation; Recommendation details</i>  |  |         |
| <input type="checkbox"/> Check this box if homestudy was not completed within 180 days and explain why.<br><i>HS link; Recommendation; Recommendation details</i>   |  |         |

## Creating an Initial Home Study (JFS 1673)

### Mapping – Training Completed Section

| <b>TRAINING COMPLETED</b>   |              |                       |                 |               |  |
|---|--------------|-----------------------|-----------------|---------------|--|
| <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 |
|   |              |                       |                 |               | <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 |
|   |              |                       |                 |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Mapping – Disposition of Adoption / Foster Care Applications Sections

| <b>DISPOSITION OF ADOPTION APPLICATION (if applicable)</b>   |   |         |
|--|---|---------|
| <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>  |   |         |
| <b>SIGNATURES</b>  |   |         |
| Assessor   | Date  |         |
| Supervisor   | Date  |         |
| <b>OPTIONAL SIGNATURES</b>   |   |         |
| Other  | Title   | Date    |
| Other  | Title   | Date    |
| <b>DISPOSITION OF FOSTER CARE APPLICATION (if applicable)</b>  |   |         |
| <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)                            |         |

## Creating an Initial Home Study (JFS 1673)

| DISPOSITION OF ADOPTION APPLICATION (if applicable)  |                                 |  |  |
|--|---------------------------------|--|--|
| <i>Adoptive Care Home Study link; Recommendation; Recommendation Info; Home Study Status of Approved</i>   |                                 |  |  |
| <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   |                                 |  |  |
| Initial Determination Date   | Age Range<br>From            To | Place Number Before Gender<br>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<br><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  |                                 |  |  |
| <b>Note</b> For each change, an addendum must be added to the narrative describing the change and indicating the caregiver(s) approval of the change.<br><i>Foster Care Home Study link where home study type is Amend; Acceptance Criteria Information; Linked Placement Criteria Record</i><br><i>Note: Since this report is a JFS 1673, the Amend home study is amending an initial home study previously approved.</i> |                                 |  |  |
| Use either one of the boxes below, but do not use both   |                                 |  |  |
| Subsequent Determination Date  | Age Range<br>From            To | Place Number Before Gender<br>M            F | If home can accept either sex, check box <input type="checkbox"/> and enter number |
| Assessor Signature   |                                 | Supervisor Signature                         |  |
| Use either one of the boxes below, but do not use both   |                                 |  |  |
| Subsequent Determination Date  | Age Range<br>From            To | Place Number Before Gender<br>M            F | If home can accept either sex, check box <input type="checkbox"/> and enter number |
| Assessor Signature   |                                 | Supervisor Signature                         |  |
|  |                                 | Date   |  |

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at [SACWIS\\_HELP\\_DESK@jfs.ohio.gov](mailto:SACWIS_HELP_DESK@jfs.ohio.gov) .