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|  | INTERSTATE COMPACT FOR THE PLACEMENT OF CHILDREN (ICPC)**ICPC Parent Home Study** | CASE ID |
| **DATES OF HOME VISITS** | CHILD(REN) NAME(S) ICPC IS REQUESTED FOR | DATE OF BIRTH | **CHILD(REN)’S PERSONAL ID(S)** |
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| PARENT NAME      |       |  |
| PARENT NAME (IF ICPC IS FOR BOTH PARENTS)      |       |  |
| NAME OF OTHER ADULTS RESIDING IN THE HOME | RELATIONSHIP TO CHILD(REN) | DATE OF BIRTH | **OTHER’S PERSONAL ID(S)** |
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| NAME OF OTHER CHILDRENRESIDING IN THE HOME | RELATIONSHIP TO CHILD(REN) | DATE OF BIRTH | **OTHER’S PERSONAL ID(S)** |
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| 1. Family Situation
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| 1. Give a brief description of the family (who is in the family, where they live): |

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| 2. Describe the nature and extent of the maltreatment or family situation:  |

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| 3. Describe the current relationship the parent has with the child(ren) (how often have they visited, what kind of contact do they have): |

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| 4. A. If the children were living with the parent when agency / court intervention occurred, describe the parents acknowledgement and attitude about the maltreatment:  |

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|  B. What are the parent’s protective capacities including any changes in circumstances since the last time he/she parented the child(ren):  |

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| 5. Describe how the parent(s) expresses a desire to parent his/her child(ren). How does the parent plan to incorporate the child into his/her life?  |

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| 6. Describe the parent’s expectations and empathy for the child (circumstances of out of home care, transition, grief and loss about leaving the previous caregiver’s home etc.):  |

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| 7. What are the parenting practices that are used in the home? What discipline practices does the parent(s) plan to use with the child(ren)?  |

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| 8. Is the parent(s) ambivalent about the child(ren) joining his/her household? Describe the parent’s capacity for attachment. Are there any concerns the parent or other adult caregiver has about parenting the child(ren)? |

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| 9. Describe the parent’s compliance with court orders/service plan:  |

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| 10. Describe the home environment, including the number of rooms, the sleeping arrangements and any safety issues or hazards in the home for the child(ren). (Include how the hazards are to be corrected.) Are there any weapons in the home? If yes, describe how they are safely stored.  |

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| 11. Describe the community and what services are available. Where are the services located in relation to the family home (medical services, parks, schools, other services)? |

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| 12. Is there a parenting plan for the child(ren)? If yes, is the parent following through with the parenting plan? Is the parent willing to initiate a parenting plan if necessary?  |

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| 13. Does the parent(s) have any past and/or current issues with drugs / alcohol or mental health? If yes, please describe the impact it may have on his/her ability to care for the child(ren) and any treatment completed / currently being provided.  |

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| 14. Describe any medical issues the parent has that might impact his/her ability to parent, and how the parent(s) plans to address those concerns: |

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| 15. Describe the parent’s source of income and amount, financial stability, and how the family manages money. Will the addition of a child(ren) affect the family current financial situation?  |

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| 16. If the parent is in a relationship, how often does the parent’s paramour visit the home?Are there concerns about the paramour (history with the Department, domestic violence, substance abuse etc.)? |

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| 17. Will the paramour have supervision responsibilities?Will the partner participate in the discipline of the child? If yes, how will the partner discipline the child? |

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| 1. **Family Impact**
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| 1. Describe the family developmental stages, composition and cultural factors:
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| 1. What relationship do the other adults in the household have with the child(ren)? Will the other adults in the home have caregiver responsibilities?
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| 1. Describe any legal / drug / alcohol issues and/or mental health issues the other adults in the home may have, and the impact they may have on the child(ren):
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| 1. Do children in the home have any behaviors or history that would be detrimental to a child being placed?
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| 1. Does the child(ren) in the home have a pre-existing relationship with the child(ren) joining the home? Describe the relationship:
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| 1. What are the anticipated impacts on the parent’s resources if the child(ren) is placed with the parent (time, emotional etc.)?
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| 1. Is the parent(s) currently utilizing community resources (food bank, day care assistance, TANF, local resources etc.)?
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| 1. What adjustments will the family need to make to accommodate the child(ren) joining their household?
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| 1. **Child Specific Information (Medical, Dental, Mental Health, Educational, and Social)**
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| 1. Describe how the child functions on a daily basis (behavior, school performance, independence, capacity for attachment etc.):
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| 1. Describe the parent’s understanding of the child(ren)’s needs. What behaviors does the child(ren) display? How do they plan to meet these needs?
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| 1. Is there is a diagnosed mental health condition for the child(ren)? Describe how this diagnosis impacts his/her day to day function and how the family plans to address it:
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| 1. If there is a need for counseling for the child(ren), please specify and describe the parent’s plan to address the need for counseling:
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| 1. If the child(ren) has any other social services, educational or medical needs, what are they and how will they be met:
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| 1. Does the child(ren) have identified sexual aggression or physical aggression? If yes, describe his/her treatment, history, service and case plan to address those issues:
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| 1. How is the parent(s) able to meet the child(ren)’s needs?
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| 1. What community resources are available to meet the child(ren)’s specific needs and to support the current service plan?
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| 1. Describe the family’s support system and how the natural supports assist the family:
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| 1. **Supporting Documentation**
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| 1. A. Has each member 16 years and older of the household completed a background check?  **[ ]**  Yes **[ ]**  No

Please refer to the [background check policy](https://www.dcyf.wa.gov/6000-operations/6800-background-checks) for information. |
| B. Background check results (Name of household member, type of background check, date received clearance and results):       |

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| 1. A. Has there been a FamLink CA/N check for each member of the household 18 years and older? **[ ]**  Yes **[ ]**  No
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| B. FamLink CA/N check results for all persons 18 years and older living in the home: (name of household member, date, results):  |

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| 1. A. Has there been a child abuse and neglect check in other states where a household member or other adult in the home has lived in the previous five years? **[ ]**  Yes **[ ]**  No **[ ]**  N/A
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| B. Results of child abuse and neglect checks in other states (if applicable) (name of household member, state, date, results): |

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| 1. Are the references in support of the child being placed? (Minimum of three references. No more than one related person, at least one should be a professional contact such as a therapist, drug and alcohol counselor etc.)
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| 1. Describe the documentation received and/or reviewed as part of this assessment (evaluations, UA’s etc.):
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| 1. **Evaluation**
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| Summarize the significant findings made during the ICPC Parent Home Study. Identify strengths as well as issues of concern. Identify how issues of concern will be addressed. |

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| Summarize how the parent(s) is capable and willing to address the financial, educational, health, mental health and special needs of the child(ren). What services does the family need? |

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| 1. **Recommendation**
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| Choose one of the following recommendations:[ ]  Approve Parent Home Study, approve placement.[ ]  Deny Parent Home Study, deny placement. |

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|  Reasons for denial:       |

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| The recommendation of this parent home study is made based on the information provided to me by the parent, his/her references and documents from the sending state at the time the assessment was completed. Information not currently known to the Children’s Administration Social Service Specialist may change the recommendation. |
| CA WORKER’S SIGNATURE DATE | PRINTED NAME      |
| CA SUPERVISOR’S SIGNATURE DATE | PRINTED NAME      |