

Open Arms Youth and Adult Services
Home Study

Name		Date of Visit:	
Address		Visited By:	
Phone			
Email			

Applicant's Information

Name		Name	
Date of Birth		Date of Birth	
Gender		Gender	
Religion		Religion	
Occupation		Occupation	
Employer		Employer	
Language(s)		Language(s)	
Education		Education	
Ethnicity		Ethnicity	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email Address		Email Address	

Background Checks: Pursuant to Federal Adam Walsh Act and Utah Code Sections 62A-2-120, 62A-2-121, and 62A-122, the required criminal record, Child Abuse Index checks, and vulnerable adult abuse and neglect checks were completed for _____ approved on _____ and for _____ approved on _____

Names of any other individuals who were screened:

for _____ approved on _____
 for _____ approved on _____
 for _____ approved on _____

Family Preparation and Training Activities:

Pre-service training through Open Arms Youth and Adult Services has been completed as of _____

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Motivation and Expectations

Why foster care?

Whose idea was it?

Previous home studies?

Previous foster care experience:

Fertility issues:

Children's understanding of foster care:

What are the ages or other preferences of children? Include religious, ethnicity, etc.

How will you work towards completion of children's goals?

Are you open to long-term transition services or adoption? Yes No

Under what circumstances?

What experience have you had with special needs children? (Please give detailed explanation)

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Are you interested in working with children with mental, physical, or emotional disabilities? Yes No Explain:

What do you anticipate to be your biggest challenge? Please explain:

Community and Family Support System

Do you have an understanding of the role of Child Protective Services (CPS)?

Yes No Explain:

Do you know of anyone who has been involved with CPS in the past or currently?

Yes No Explain:

Have you ever in your lifetime been personally involved with CPS or DCFS? Yes

No If yes, please explain: *(Past involvement with CPS or DCFS does not necessarily prohibit you from becoming a Proctor Parent)*

If you answered yes to the above, do you think this involvement would impact your ability to provide care for DCFS children?

Describe your family support system:

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Describe your community/church support system:

Have you ever participated in counseling? Yes No

Would you? Yes No

Marriage

When and where did you meet?

How long did you date? (Years/ Months) When and where were you married?

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Describe your relationship:

What type of things may cause an argument?

How do you resolve differences?

Do you have any ongoing differences? Yes No If yes, please explain:

Describe your last conflict and how you resolved it:

How do you know when the other is upset?

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Has your relationship ever been seriously threatened? Yes No If yes, please explain:

What are your marital strengths?

What are your marital shortcomings?

Where do you find emotional support?

What is your balance of power/ decision making strategy?

What are your individual/ collective roles in the home?

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Describe your relationship with your children:

How are each of them alike/ different?

How will foster child(ren) change your home?

Who in your home might have difficulty with foster children? Explain:

Has your family ever had to deal with major adjustments like this? If yes, explain how the family reacted:

Lifestyle

Describe a typical weekend:

In what ways will having a foster child impact this?

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How do you spend your vacation/ holidays?

Would you include your fosters in your activities? Yes No

Describe any current/planned childcare arrangements:

Do you have an emergency caregiver? Yes No If yes, please explain:

Parenting

Describe each person's parenting style

Spouse #1 Name: _____

Spouse #2 Name: _____

Describe a strength and weakness as a parent

Spouse #1 Name: _____

Spouse #2 Name: _____

How and for what do you discipline?

Describe your household rules?

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How do the children know the rules?

How will foster care children learn the rules?

How are privileges earned and lost?

Earned:

Lost:

What types of things create stress to you as a parent?

Did you ever spank or hit your children? Yes No If yes, please explain:

Describe each of your biological family contact:

Is there anything either spouse would like to make noted that has not been asked or described in the Home Study?

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Biographical Information of Each Prospective Caregivers

Spouse #1 Name: _____

Parent's names, where now, relationship as adults:

Divorced: Yes No If yes, describe when, why, custody, remarried to whom and your relationship:

Siblings: Birth order, Where, relationships:

Describe your childhood, relationship with your family:

How did your family express emotion/handle stress?

What was the discipline strategy?

Do you have any history of physical, emotional or sexual abuse? Yes No If yes, please explain:

Do you have nay history with drug/ alcohol/ mental illness? Yes No If yes, please explain:

Describe any education/ employment history/plans?

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Biographical Information of Each Prospective Caregivers

Spouse #2 Name: _____

Parent's names, where now, relationship as adults:

Divorced: Yes No If yes, describe when, why, custody, remarried to whom and your relationship:

Siblings: Birth order, Where, relationships:

Describe your childhood, relationship with your family:

How did your family express emotion/handle stress?

What was the discipline strategy?

Do you have any history of physical, emotional or sexual abuse? Yes No If yes, please explain:

Do you have nay history with drug/ alcohol/ mental illness? Yes No If yes, please explain:

Describe any education/ employment history/plans?

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Home Study Assessments/ Conclusion/ Recommendations
(To be completed by the agency representative)

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To be completed by the agency

Completion Date:	
Completed By:	
License:	
Signature:	