

Licensing Home Study – Part I
GENERAL INFORMATION

Applicant

Family Name: _____ Date: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

All persons in the home over the age of 18:

1. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____ Cell phone _____ Driver's License # _____

2. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____ Cell phone _____ Driver's License # _____

3. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____ Cell phone _____ Driver's License # _____

4. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____ Cell phone _____ Driver's License # _____

5. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____ Cell phone _____ Driver's License # _____

All persons in the home under the age of 18:

1. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____

2. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____

3. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____

4. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____

5. Name: _____ Relationship: (i.e., mother, son) _____

Date of birth: _____

Substitute Alternate Care: *(who will be available to care for the child(ren) when the primary caregiver(s) cannot)*

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (cell) _____ (work) _____

COMMUNITY

1. What type of community do you live in? (i.e. urban, rural)

2. What is the socio-economic makeup? (i.e. working families, retirees)

3. What is the racial/cultural makeup?

4. What recreational facilities are near-by (including, parks, and movie theaters)

5. Elementary School

Middle School

High School

Do the schools offer special education? *Yes or No*

6. What is the nearest hospital or 24 hour urgent care clinic?

7. Where will you take the children for regular medical care?

8. List the name of local churches

9. If applicable, what is the family's preferred church?

HOME

1. Type of Home (i.e. ranch, bungalow) _____ 2. Approximate Age _____

3. Total square feet _____ 4. How many total rooms _____

4. How many bedrooms _____ 6. How many bathrooms _____

7. Basement? *Yes or No* 8. If yes, is there a basement bedroom? _____

10. Where is the home phone (can be a cellphone) located? _____

11. If there is no home phone in the home what is the plan for having a phone in the home at all times?

12. Explain the sleeping arrangement for the family:

Person(s) sleeping in room	Bed size
Bedroom #1:	
Bedroom #2	
Bedroom #3	
Bedroom #4	
Bedroom #5	

13. Are there people sleeping in other rooms of the home? If so, please explain.

14. Describe which areas of the home, inside and out, that could be used as play space for children. What types of toys are available to children?

15. Are there any water hazards near the home? If so, what is the safety plan for the children in the home?

16. Are there any weapons kept in the home or on the property? *Yes or No*

17. Are the guns trigger locked? *Yes or No*

18. What type of guns and where are they located?

19. Where is the ammunition located? Is it locked?

20. Where are the medications stored? (Please be specific)

21. Are there any pets in the home or on the property? What are the names, ages and types of animals? Is the pet well cared for?

22. Who provides water, sewer, and refuse?

23. What is the temperature of the water? _____

24. Where are the smoke detectors located? (Please be specific)

25. Where is the carbon monoxide detector located? (Please be specific)

26. Does anyone in the home smoke? *Yes or No.* If so, what do they smoke and where do they smoke?

27. What means of transportation does the family use?

FINANCIAL

1. Do you use Ineligible Grantee Funds, Medicaid, Food Stamps, or DHS-Pub-114? If so, which one/how long?

2. What is the family's source of income? What household members have an occupation?

Name(First, Last)	Company	Job Title	Monthly Income

3. If money is based off SSI/SSD/SS or any other long term payments (pension). Describe why you receive these payments and when these payments started.

4. Describe how this impacts your ability to provide foster/adoptive care.

5. What verification can you provide of the physical or mental disability from receiving long-term disability payments?

6. Does any household member pay or receive child support? If so, who?

7. How much child support is paid or received and how long have these payments been made or received?

8. What is the plan for the family if the family was to come into a financial crisis?
