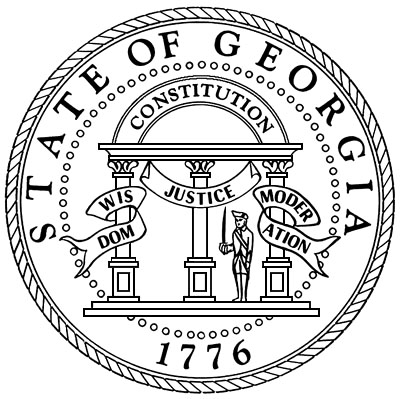
State of Georgia Division of Family and Children Services



**Initial Family Evaluation Approval Checklist**

**Family Assessor Name:       County/ CPA:**

**Primary Caregiver Name:       Secondary Caregiver Name:**

**Other Adult Household Member Name:**

**Other Adult Household Member Name:**

**Family Type:**

**Partnership Parent**  **Resource Parent**  **Adoptive Parent**  **Adoptive Parent Legal Risk**

**If for an identified child(ren), Name:       County:**

**Information Session Date:**

**IMPACT Trainers:**

**Pre-Service Training Start/End Dates:       Duration in Days or Weeks:**

**1st HV Date:       2nd HV Date:       3rd HV Date:**

|  |  |  |
| --- | --- | --- |
| Safety Screening Results | **Confirmation** | **Comments** |
| Criminal Records Check | Yes  No  N/A |  |
| GA DFCS CPS Checks | Yes  No  N/A |  |
| Adam Walsh CPS Checks | Yes  No  N/A |  |
| Pardons and Parole | Yes  No  N/A |  |
| Department of Corrections | Yes  No  N/A |  |
| Sex Offenders Registry | Yes  No  N/A |  |
| Accurint Screen | Yes  No  N/A |  |
| SUCCESS Screen | Yes  No  N/A |  |
| **Family Evaluation Narrative Components** | **Confirmation** | **Comments** |
| A. Motivation | Yes  No  N/A |  |
| B. Prior Service History | Yes  No  N/A |  |
| C. Caregiver History | Yes  No  N/A |  |
| D. Family Interaction | Yes  No  N/A |  |
| E. Home Environment | Yes  No  N/A |  |
| F. Employment and Income | Yes  No  N/A |  |
| G. Separation and Loss | Yes  No  N/A |  |
| H. Caregiver Protective Capacities | Yes  No  N/A |  |
| I. Partnership Parenting | Yes  No  N/A |  |
| J. Behavior Management and Discipline | Yes  No  N/A |  |
| K. Child Supervision and Childcare | Yes  No  N/A |  |
| L. Partnership with DFCS | Yes  No  N/A |  |
| M. Continued Parent Development Plan | Yes  No  N/A |  |
| N. Caregiver Placement Preferences | Yes  No  N/A |  |
| O. Recommendation |  |  |
| Verifications | **Confirmation** | **Comments** |
| Medical Evaluation | Yes  No  N/A |  |
| Drug Screen | Yes  No  N/A |  |
| Citizenship | Yes  No  N/A |  |
| Driver’s License/Insurance | Yes  No  N/A |  |
| Marriages, Divorces & Deaths | Yes  No  N/A |  |
| Income Verification | Yes  No  N/A |  |
| Smoke Alarms | Yes  No  N/A |  |
| Carbon Monoxide Detector | Yes  No  N/A |  |
| ABC Rated Fire Extinguisher | Yes  No  N/A |  |
| Pet Inoculations | Yes  No  N/A |  |
| Firearms Secured | Yes  No  N/A |  |
| Gas / Fuel-Fired Heater | Yes  No  N/A |  |
| Swimming Pool | Yes  No  N/A |  |
| Water/Sewage Bill or Environmental Inspection | Yes  No  N/A |  |
| Kempt / Free of Hazards Home Environment | Yes  No  N/A |  |
| References | Yes  No  N/A |  |
| CPR/1st Aid Certification | Yes  No  N/A |  |
| **Completed Forms** | **Confirmation** | **Comments** |
| Caregiver Application | Yes  No  N/A |  |
| CPS History Request Form | Yes  No  N/A |  |
| Live Scan Application Form | Yes  No  N/A |  |
| Prior Caregiver Service Report | Yes  No  N/A |  |
| HIPAA Form | Yes  No  N/A |  |
| Reasons for Fostering Checklist | Yes  No  N/A |  |
| Family Assessment Questionnaire | Yes  No  N/A |  |
| Couples, Single Applicant and Children’s Questionnaire as applicable | Yes  No  N/A |  |
| Safety & Quality Standards Acknowledgement | Yes  No  N/A |  |
| Caregiver Reference List | Yes  No  N/A |  |
| Release of Information | Yes  No  N/A |  |
| Available Time Scale | Yes  No  N/A |  |
| Alcohol Use Disorders Identification Test | Yes  No  N/A |  |
| Social Readjustment Rating Scale | Yes  No  N/A |  |
| Sensitive Issues Inventory | Yes  No  N/A |  |
| Foster Parent Role Performance Scale | Yes  No  N/A |  |
| Receptivity to Birth Family Connections | Yes  No  N/A |  |
| Cultural Receptivity Scale | Yes  No  N/A |  |
| **Briefly State Summary & Recommendations:** | | |
| Confirmation Statement: The applicant (s) was/were evaluated and found to (**meet**  **not meet** ) the Safety and Quality Standards and all approval requirements.  **Family Assessor Signature:** **Date:** | | |
| **Supervisor Signature:** **Date:** | | |
| **County/CPA Director or Designee Signature:** **\*Date:** | | |
| Approved  Not Approved | | |

\* Date of Approval is the date the evaluation is approved and signed by the director or designee.