

Demographics	
Agency Name	
Foster Parent(s) Name	
Foster Home Approval Date	
Person Responsible for Completing the Initial Home Evaluation	

Safety Checks/Verifications	Mother/Partner M or P	Father/Partner M or P	18 +	18 +	Comments
OIS Fitness Determination					
CPS-Screening					
Sex Offenders Registry					
Pardons and Parole					
Department of Corrections					
Drugs					

*Note: M=Missing from chart, P=Present in chart , if any checks are found to be missing the home must be closed to placements and DFCS/OPM requires immediate notification.

Evaluation Components	Satisfactory	Need Improvement/ More Information	Unsatisfactory	Comments
Motivation				
Family Well-being				
Family Interaction				
Home Environment				
Supporting Birth Family Connections				
Separation and Loss				
Ability to Parent				
Managing Behaviors				

Partnerships				
Continuing Educations				
Desired Placements				
References				
Recommendations				

Required Signatures	Yes	No	Comments
Person completing Evaluation			
Director or Designee			

Additional Comments:

Participant Name _____

Date completed _____