

Demographics	
Agency Name	
Foster Parent(s) Name	
Foster Home Re-Evaluation Date	
Person Responsible for Completing the Re-evaluation	

Safety Checks/Verifications	Mother/Partner M or P	Father/Partner M or P	18 +	18 +	Comments
OIS Fitness Determination					
CPS-Screening					
GCIC and NCIC fingerprinting					
Health Statement					

\*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
Present Household Status				
License and Insurance				
Supplemental Supervision				
Home Environment				
Relationship with Agency				
Transition of Children				
Ability to Parent				
Strengths and Needs				
Disciplinary Practices				
Annual Training				

Recommendations				
Foster Parent Input				

Required Signatures	Yes	No	Comments
Person completing Re-evaluation			
Director or Designee			

Additional Comments:

Participant Name \_\_\_\_\_

Date completed \_\_\_\_\_