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Structured Analysis Family Evaluation SAFE

Overview

What is SAFE?

The Structured Analysis Family Evaluation (SAFE) is a home study methodology that provides a suite of comprehensive home study tools and practices for the description and evaluation of would-be adoptive families. SAFE is also suitable for the home study of prospective foster families, relative care providers or dual licensure of concurrent planning resource families.

SAFE is helpful and user-friendly for the social worker and is respectful of an applicant family's expectations for open, transparent and fair treatment in a sensitive area of their lives.

SAFE is built on a foundation of strong practice values and combines an information gathering and analysis technique that assists the social worker to describe and evaluate a family, its characteristics and capabilities.

SAFE does not employ standardized pass-fail tests to determine the result of a home study. Instead, SAFE provides social workers with the state of the art tools and methods they need to sensitively engage the family in a process that culminates in a comprehensive home study report that accurately portrays family strengths and limitations as they pertain to parenting.

SAFE may be used for any placement evaluation including adoption, foster care or kinship care.

SAFE is currently being implemented or used in the following jurisdictions*:

United States:

Nevada

California

Los Angeles County

New Jersey

Colorado

Utah

Tennessee

Wisconsin

New Mexico

Rhode Island

Texas

Oklahoma

Canada

British Columbia

Nova Scotia

Ontario

*** In almost all of the above jurisdictions SAFE is being used for Foster Care, Adoption and Kinship Placements.**

SAFE History

The technology behind SAFE has been under development, refinement and usage in California since 1989. SAFE was developed due to concerns about the variability and superficiality of the home study process. More specifically, SAFE was designed to address the following home study concerns.

Lack of uniformity: Critical issues such as substance abuse, family violence, abusive parenting practices and sexual abuse were not being consistently identified nor uniformly and thoroughly explored.

No psychosocial evaluation: Home study methods did not provide for a psychosocial evaluation. Home study reports were largely limited to verbatim reporting of information the family provided. They routinely lacked a critical analysis of family functioning related to parenting ability and readiness.

No effective information gathering or analysis tools: Information gathering tools, such as the autobiography, were not providing comprehensive or relevant material. Thus, critical information was not being gathered and evaluated uniformly.

Judgments based on worker bias: Judgments were often based on the social worker's personal biases rather than an objective analysis of factors relevant to parental suitability.

Irrelevant home study reports: The home study reports were incomplete and did not contain information relevant to good placement decision-making.

The development of improved methods was guided initially by the pioneering work done by the Children's Bureau of Los Angeles in their Family Assessment Form (FAF). Based in part upon these earlier efforts, in 2003 the Consortium for Children (CFC) of San Rafael, California created today's SAFE, a redesigned, refined, improved and tested "next generation" evaluation and assessment methodology. It is a unique tool for improved social work practice.

SAFE is composed of six components:

- ✓ SAFE Practice Values
- ✓ SAFE Information Gathering Tools
- ✓ SAFE Psychosocial Inventory
- ✓ SAFE Desk Guide
- ✓ SAFE Preformatted Home Study
- ✓ SAFE Matching Inventory

SAFE Practice Values

The overall integrity and validity of SAFE AND the SAFE Home Study process is directly related to the adherence to all of SAFE's ten Practice Values:

1. Because families are valuable resources for children, the *SAFE* home study process strives to be inclusive, not exclusive.
2. It is essential that *SAFE* home study practitioners build trust and rapport with the families they serve by engaging them in an assessment process that promotes mutual respect and understanding.
3. A *SAFE* home study is most effective when an alliance is formed between the home study practitioner and the family in which both share the best interest of a child as their mutual concern.
4. The psychosocial evaluation is a key component of a *SAFE* home study.
5. *SAFE* incorporates a psychosocial evaluation cycle that recognizes family strengths and identities and addresses issues of concern.
6. *SAFE* is built on the belief that families and individuals have the capacity for positive change.
7. The social work interview is the foundation of good social work practice and an essential part of a *SAFE* home study.
8. In order to effectively accomplish a *SAFE* home study, practitioners must be aware of and understand how personal biases influence their perceptions and determinations.
9. *SAFE* home studies should never be accomplished without the benefit of supervision or consultation.
10. Applicants are advised at the beginning of a *SAFE* home study process that they will have the opportunity to receive or to read a copy of their final written home study report.

SAFE Information Gathering Tools

SAFE uses sophisticated, user friendly and yet seemingly simple questionnaires. The questionnaires are designed to support, supplement and facilitate, not supplant, the social work interview.

The SAFE information gathering tools are specifically targeted to:

- Promote more truthful responses
- Promote increased disclosure
- Facilitate focused interviewing
- Promote information gathering uniformity
- Provide for optimal framing of questions
- Memorialize answers
- Save time for family and worker

SAFE Questionnaire I: Questionnaire I provide the social worker with a wealth of information that formerly was gathered laboriously through the autobiography and follow-up process. The questionnaire contains pointed, closed-ended questions and provides a variety of possible answers for consideration. The use of this questionnaire gives the family the opportunity for reflection and introspection, saves valuable worker time and gives the worker more accurate information as a starting place and focus for the interview.

SAFE Questionnaire II: Questionnaire II is designed to systematically and uniformly cover key critical and personal areas of family functioning. Because this questionnaire deals with very sensitive information, it is completed by the applicant(s) in the presence of the home study worker. The use of Questionnaire II over the past 13 years has resulted in increased disclosure of vital, personal information. Because of the effectiveness of this questionnaire, social workers must be prepared to handle very emotionally charged issues that they may have consciously or subconsciously avoided in the past.

SAFE Family Reference Form: The Family Reference Letter is to be sent to the references named by the applicant(s). It is formatted similar to and asks some of the same questions as Questionnaires I and II. The Reference Form provides a user-friendly manner for individuals providing a reference to provide an Agency with important information about a family without drafting a lengthy and intimidating narrative.

Example of Questionnaire I:

Instructions: Please answer the following questions as they apply to you. Most of the questions have more than one answer, check all the choices that apply.

PRINT NAME: _____

DATE: _____

1. Who primarily raised you?

- | | | |
|--|--|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Older Sibling(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Adoptive Parent(s) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Maternal Grandparent(s) | <input type="checkbox"/> Foster Parent(s) |
| <input type="checkbox"/> Mother and Stepparent
Caretaker(s) | <input type="checkbox"/> Paternal Grandparent(s) | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Father and Stepparent | <input type="checkbox"/> Aunt(s) and/or Uncle(s) | <input type="checkbox"/> Legal Guardian(s) |
| | | <input type="checkbox"/> Other: |

2. Were you separated from either or both of your parents during your childhood for any of the following reasons?

- | | | |
|---|--|--|
| <input type="checkbox"/> No separations | <input type="checkbox"/> Abandoned by parent(s) | <input type="checkbox"/> Removed from your home by |
| <input type="checkbox"/> Parents separated services | <input type="checkbox"/> Parent(s) long-term hospitalization | <input type="checkbox"/> police or social services |
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Parent(s) in military | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Death of parent(s) | <input type="checkbox"/> Parent(s) in prison | |

3. How old were you when you moved away from your parent(s) or primary caretaker(s) home?

- ____ years old
- I currently live with my parent(s) or primary caretaker(s)

4. What were the circumstances that led you to leave home?

5. Among the children in your family, what is your position?

- Only child
- Number ____ of ____ children

6. Check the boxes that best characterize your childhood relationship with your mother:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> No relationship
mother | <input type="checkbox"/> Friendly | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Took care of |
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Warm | <input type="checkbox"/> Anxious | <input type="checkbox"/> Afraid of mother |
| <input type="checkbox"/> Idolized | <input type="checkbox"/> Gentle | <input type="checkbox"/> Consistent | <input type="checkbox"/> Unpredictable |
| <input type="checkbox"/> Neglectful | <input type="checkbox"/> Smothering | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Demonstrative | <input type="checkbox"/> Superficial | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Respectful | <input type="checkbox"/> Close | <input type="checkbox"/> Other: |

Example: Questionnaire II

1. Have you or your spouse/partner ever experienced any of the following? (Check all that apply)

SELF SPOUSE OR

PARTNER

- | | | |
|--|--------------------------|--------------------------|
| N/A (No spouse/partner)..... | | <input type="checkbox"/> |
| Incarceration..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Military combat..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Bankruptcy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Miscarriage..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Infertility..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Debilitating injury or illness..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychiatric hospitalization or outpatient treatment..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fired from a job..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Death of a child or spouse/domestic partner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Had a child adopted..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Had a child abducted or kidnapped..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Put under a court restraining order..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence..... | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the above..... | <input type="checkbox"/> | <input type="checkbox"/> |

2. Have any of the issues listed below ever presented a problem for you or your spouse/partner? (Check all that apply)

SELF SPOUSE OR

PARTNER

- | | | |
|------------------------------|--------------------------|--------------------------|
| N/A (No spouse/partner)..... | | <input type="checkbox"/> |
| Gambling..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Money management..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Food..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Sex..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Controlling temper..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Work..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Education..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Pornography..... | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the above..... | <input type="checkbox"/> | <input type="checkbox"/> |

3. Who in your family has used illegal drugs or abused legal drugs? (Check all that apply)

- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In law(s) |
| <input type="checkbox"/> Son(s) | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nieces(s) | <input type="checkbox"/> No family member has |
| <input type="checkbox"/> Daughter(s) | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> Other(s): _____ |

4. Who in your family has ever had a problem with alcohol abuse? (Check all that apply)

- | | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Aunt(s) | <input type="checkbox"/> Cousin(s) |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Father | <input type="checkbox"/> Sister(s) | <input type="checkbox"/> Uncle(s) | <input type="checkbox"/> In law(s) |
| <input type="checkbox"/> Son(s) | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Nieces(s) | <input type="checkbox"/> No family member has |
| <input type="checkbox"/> Daughter(s) | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Nephew(s) | <input type="checkbox"/> Other(s): _____ |

SAFE Psychosocial Inventory

The Psychosocial Inventory works in conjunction with the SAFE Desk Guide to provide social workers with a structured methodology of processing and analyzing the information they have gathered in order to evaluate family functioning. The Psychosocial Inventory contains 68 (69 for other countries and International adoptions) psychosocial factors, which are grouped into nine sections: The Psychosocial Inventory factors are rated on a five-point scale that measures each factor on a positive to negative continuum.

The nine sections of the Psychosocial Inventory are as follows:

1. History
2. Personal Characteristics
3. Marital/Domestic Partner Relationship
4. Others living or frequently in the home
5. Extended Family Relationships
6. Physical/Social Environment
7. General Parenting
8. Specialized Parenting
9. Adoption Issues (For adoption home studies only)

Example of History Section of the Psychosocial Inventory

A. HISTORY		Person # 1					Person # 2				
A-1	Childhood Family Adaptability	1	2	3	4	5	1	2	3	4	5
A-2	Childhood Family Cohesion	1	2	3	4	5	1	2	3	4	5
A-3	Childhood History of Deprivation/Trauma	1	2	3	4	5	1	2	3	4	5
A-4	Childhood History of Victimization	1	2	3	4	5	1	2	3	4	5
A-5	Adult History of Victimization/Trauma	1	2	3	4	5	1	2	3	4	5
A-6	History of Child Abuse/Neglect	1	2	3	4	5	1	2	3	4	5
A-7	History of Alcohol/Drug Use	1	2	3	4	5	1	2	3	4	5
A-8	History of Crime/Allegations/Violence	1	2	3	4	5	1	2	3	4	5
A-9	Psychiatric History	1	2	3	4	5	1	2	3	4	5
A-10	Occupational History	1	2	3	4	5	1	2	3	4	5
A-11	Marriage/Domestic Partner History	1	2	3	4	5	1	2	3	4	5
OVERALL EVALUATION OF SECTION		1	2	3	4	5	1	2	3	4	5

SAFE Desk Guide

The Desk Guide defines each of the 68 psychosocial factors and provides examples that guide evaluators to the most appropriate numerical rating for each factor on the Psychosocial Inventory. Rating the factors in this manner enables the evaluator to accurately identify both family strengths that need to be acknowledged and issues of concern that need to be addressed.

Example of Desk Guide Rating for History of Alcohol/Drug Use (A-7)

A-7	History of Alcohol/Drug Use
Refers to historical use of alcohol, over the counter/prescription drugs and/or illegal drugs.	
Rating	
1	<ul style="list-style-type: none"> ▪ not applicable
2	<ul style="list-style-type: none"> ▪ has never drunk alcohol or has a history of occasional, moderate drinking (one or two drinks) ▪ has never used illegal drugs ▪ has never abused prescription or over-the-counter drugs
3	<ul style="list-style-type: none"> ▪ history of regular, moderate use of alcohol (one or two drinks) ▪ history of brief experimentation with "milder" illegal drugs, e.g. smoked or ingested marijuana on one or two occasions ▪ history of occasional unnecessary or un-prescribed use of over-the-counter and/or prescription drugs, e.g. took pain pills that were prescribed for spouse
4	<ul style="list-style-type: none"> ▪ history of excessive drinking (three or more drinks), e.g. excessive drinking on weekends, watching sports or going out with friends ▪ history of regular use of milder illegal drugs, e.g. smoked or ingested marijuana over an extended period of time ▪ history of frequent unnecessary or un-prescribed use of over-the-counter and/or prescription drugs
5	<ul style="list-style-type: none"> ▪ history of alcohol dependence or addiction, e.g. severe and/or chronic alcoholism ▪ history of "hard" illegal drug use and/or addiction to any illegal drugs, e.g. used drugs such as heroin, cocaine or methamphetamines ▪ history of regular (several times a week) abuse of over the counter and/or prescription drugs, e.g. chronic addiction to over-the-counter and/or prescription drugs

Pre-Formatted Home Study Report

The SAFE preformatted home study report templates provide social workers with a uniform model to accomplish their home study reports. There are basically two preformatted reports: one for a child specific home study and one for a consolidated home study (home study for either foster care licensure or adoption or both simultaneously.) The templates for these home study reports are provided to the various jurisdictions implementing SAFE on the SAFE web site. (www.safehomestudy.org)

The first half of the preformatted home study report contains identifying and descriptive information about the family. The second half contains a psychosocial evaluation. This evaluation is structured into the home study by integrating the Psychosocial Inventory ratings into the report on a page entitled Psychosocial Inventory Results. This page contains a listing of the 69 psychosocial factors from the Psychosocial Inventory and the final rating for each factor. Each section also has an OVERALL EVALUATION OF SECTION rating.

The Psychosocial Inventory results page gives the reader an overview of the psychosocial factors considered, the final rating given to each factor and the overall rating for each section. This overview gives the reader an instant means to learn about the family's strengths and limitations. If there are multiple problematic issues, this overview is also helpful in identifying and giving meaning to clusters of factors.

The Psychosocial Inventory sections function as the outline for the Psychosocial Inventory Evaluation narrative. The narration for each section establishes the integrity or soundness of that particular section by staying focused on the specific factors contained in the section. The narration for each section basically explains how the social worker arrived at the OVERALL EVALUATION OF SECTION rating(s).

The Conclusions Section is used to make a prediction about the family's readiness and ability to parent based on the Psychosocial Inventory findings. Matching attempts to establish the goodness of fit by identifying compatibility between parents' strengths and resources, and children's vulnerabilities and needs. The Children Family Can Best Serve section contains a determination of the range of child needs and characteristics the social worker and applicants believe would fit into the family best.

Because it is recommended that a copy of the report be given to the family, a separate page is provided for their signature acknowledging that they received a copy or have read their home study.

Multi Purpose Home Study Report

This home study was completed by Name of Public/Private Agency solely for use in foster care placement and/or adoption by and for United States licensed/authorized agencies unless otherwise specified.

Name of Family:		
Address:		
City:	State:	Postal Code: 00000 - 0000
Home Phone:	Cell Phone:	

APPLICATION DISPOSITION

Select One: _____
 Select One: _____

The Applicants have applied to accept placement of a child between the ages of Select One to Select One
 The Applicants Select One open to placement of a sibling group.
 The Applicants are primarily interested in becoming Select One.

APPLICANT INFORMATION

Applicant's Full Name	Applicant's Full Name
Date of Birth:	Date of Birth:
Birthplace:	Birthplace:
Gender:	Gender:
Religion:	Religion:
Occupation:	Occupation:
Language(s):	Language(s):
Education:	Education:
Height:	Height:
Weight:	Weight:
Hair:	Hair:
Eyes:	Eyes:
Date of health questionnaire/report:	Date of health questionnaire/report:
TB test results: Select One	TB test results: Select One

MARITAL INFORMATION

Date of Marriage:	Marriage Verification: On File
Place of Marriage:	

DATES OF CONTACT

Date	Individual/Couple	Location

MOTIVATION

Indicate both Applicants' stated reasons for wanting to become a foster parent, an adoptive parent, a foster adoptive parent or resource family.

HOME ENVIRONMENT

Describe general characteristics of the Applicants' home and neighborhood. Indicate the type of residence (house, apartment, condo, etc.) and square footage. Describe the floor plan including the number of bedrooms and bathrooms.

Describe the yard space and indicate if there is a pool or spa. Describe the sleeping arrangements and also indicate whether or not there are guns or pets in the home.

The interior and exterior of the home was inspected for health and safety hazards. The inspection was completed on _____.

FAMILY

Applicant #1: Applicant's Full Name

Describe how the applicant presents him/her self. Also indicate any special interests, hobbies, expertise or talents the applicant possesses.

Identify parents, siblings, their location and circumstances plus type and frequency of contact.

Indicate name(s) and length of time of previous marriages and/or domestic partnerships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation.

Applicant #2: Applicant's Full Name

Describe how the applicant presents him/her self. Also indicate any special interests, hobbies, expertise or talents the applicant possesses.

Identify parents, siblings, their location and circumstances plus type and frequency of contact.

Indicate name(s) and length of time of previous marriages and/or domestic partnerships. Include how relationships were terminated, e.g., death, divorce, annulment, breakup. Identify any children born of these unions and describe their current situation.

Applicants' Sons and Daughters

Indicate "None" or provide name(s), DOB and gender. Describe their personality, interests, school or occupational situation, general health and living situation.

Other children living or frequently in the home

Indicate "None" or provide name(s), DOB, gender. Provide description of their personality, interests, school report information if any, general health. Indicate nature of relationship to Applicants, and living situation.

Other adults residing or frequently in the home

Indicate name of any adult who is living in the home or who is in the home on a regular basis. Describe the amount and type of contact they would have with a child.

Indicate each individual's occupation, general health, TB results (if they live in the home) and the nature of their relationship to the Applicants.

Family Lifestyle

Describe current and proposed child care arrangements and work and non-work day routines and rituals.

What are the basic household rules and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, etc.? Describe how the family deals with privacy and nudity in the home.

What kind of recreational, social and religious activities does the family engage in? Does the family celebrate holidays; which ones and how are they spent?

Previous adoptions or foster care experience

Indicate "None" or discuss the circumstances and the adjustment of the child or children to the family.

FINANCES

Combined annual gross earned income: \$
Sources of additional income: Explain, if any

CRIMINAL/CHILD ABUSE RECORD

The required criminal record and Child Abuse Index checks were completed for Applicant's Full Name and Applicant's Full Name. Indicate the name(s) of any other individuals who were screened.

Department of Justice: Indicate the DOJ findings for each individual.

Child Abuse Index Check: Indicate the CAI findings for each individual.

Other findings: Indicate who was screened for any of the following and the findings for each person: FBI, DMV, Juvenile Arrest Index and CPS service records as applicable.

EMERGENCY CARE PLAN

In case of an incapacitating illness or death of the Applicants, indicate whom the designated caretaker(s) will be and the nature of their relationship to the Applicants.

Indicate if these arrangements have been discussed with the designated caretaker(s), how willing they are to assume this responsibility and whether arrangements have been formalized in a will or trust.

CONTACT WITH FAMILY OF ORIGIN AND SIGNIFICANT OTHERS

Describe the type of relationship and contact the Applicants are willing to have with the birth parents and other significant connections such as siblings, grandparents, foster parents, etc. Describe any written post-adoption contact agreement(s).

REFERENCES

Indicate if all references have been received. Summarize information provided.

FAMILY PREPARATION AND TRAINING ACTIVITIES

Identify and describe agency family preparation activities. Include Applicants' statements regarding their participation and benefits derived from these activities.

LEGAL/FINANCIAL RIGHTS AND RESPONSIBILITIES

Applicant's Full Name and Applicant's Full Name have been provided with information concerning the different roles, responsibilities, legal and financial rights and benefits of relative/fictive kin caregivers, foster parents, legal guardians and adoptive parents. Also, should they file a petition to adopt, Applicant's Full Name and Applicant's Full Name understand that they will be accepting full legal and financial parental responsibility for Name(s) of Child(ren) or /Youth(s) once an adoption is finalized.

The agency's grievance review hearing procedures Select One explained to the Applicants.

PSYCHOSOCIAL INVENTORY RESULTS

NOTE: Below is a list of the psychosocial factors found on the SAFE Psychosocial Inventory. Using the Psychosocial Inventory, each factor was considered and rated several times by the social worker during the course of this home study. The OVERALL EVALUATION OF SECTION ratings reflect the degree to which all issues of concern identified in the section were either resolved, mitigated or the prognosis for change.

#1	#2	HISTORY	#1	#2	EXTENDED FAMILY RELATIONSHIPS
2	2	Childhood Family Adaptability	2	2	Extended Family Cohesion
2	2	Childhood Family Cohesion	2	2	Extended Family Adaptability
2	2	Childhood History of Deprivation/Trauma	2	2	Relationship with own Extended Family
2	2	Childhood History of Victimization	2	2	Relationship with Spouse's/Partner's Family
2	2	Adult History of Victimization/Trauma	2	2	OVERALL EVALUATION OF SECTION
2	2	History of Child Abuse/Neglect			
2	2	History of Alcohol/Drug Use			PHYSICAL/SOCIAL ENVIRONMENT
2	2	History of Crime/Arrest/Allegations/Violence		2	Cleanliness/Orderliness/Maintenance
2	2	Psychiatric History		2	Safety
2	2	Occupational History		2	Furnishings
2	2	Marriage/Domestic Partner History		2	Play Area/Equipment/Clothing
2	2	OVERALL EVALUATION OF SECTION		2	Finances
				2	Support System
#1	#2	PERSONAL CHARACTERISTICS		2	Household Pets
2	2	Communication		2	OVERALL EVALUATION OF SECTION
2	2	Commitment and Responsibility			
2	2	Problem Solving	#1	#2	GENERAL PARENTING
2	2	Interpersonal Relations	2	2	Child Development
2	2	Health and Physical Stamina	2	2	Parenting Style
2	2	Self-esteem	2	2	Disciplinary Methods
2	2	Acceptance of Differences	2	2	Child Supervision
2	2	Coping Skills	2	2	Learning Experiences
2	2	Impulse Control	2	2	Parental Role
2	2	Mood	2	2	Child Interactions
2	2	Anger Management and Resolution	2	2	Communication with Child
2	2	Judgment	2	2	Basic Care
2	2	Adaptability	2	2	Child's Play
2	2	OVERALL EVALUATION OF SECTION	2	2	OVERALL EVALUATION OF SECTION
		MARITAL/DOMESTIC PARTNER RELATIONSHIP	#1	#2	SPECIALIZED PARENTING
			2	2	Expectations
2	2	Conflict Resolution	2	2	Effects of Abuse/Neglect
2	2	Emotional Support	2	2	Effects of Sexual Abuse
2	2	Attitude toward Spouse/Partner	2	2	Effects of Separation and Loss
2	2	Communication between Couple	2	2	Structure
2	2	Balance of Power	2	2	Therapeutic/Educational Resources
2	2	Stability of the Marriage or Partnership	2	2	Birth Sibling Relationships
2	2	Sexual Compatibility	2	2	Child Background Information
2	2	OVERALL EVALUATION OF SECTION	2	2	Birth Parent Issues
			2	2	OVERALL EVALUATION OF SECTION
		SONS/DAUGHTERS/OTHERS RESIDING OR FREQUENTLY IN HOME	#1	#2	ADOPTION ISSUES
2	2	Minor Sons and Daughters	2	2	Infertility
2	2	Minors Residing or Frequently in the Home	2	2	Telling Child about Adoption
2	2	Adult Sons and Daughters	2	2	Openness in Adoption
2	2	Adults Residing or Frequently in the Home	2	2	Adoptive Parent Status
2	2	OVERALL EVALUATION OF SECTION	2	2	OVERALL EVALUATION OF SECTION

PSYCHOSOCIAL EVALUATION REPORT

HISTORY

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and degree of resolution.

PERSONAL CHARACTERISTICS

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

MARITAL/DOMESTIC PARTNER RELATIONSHIP

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

SONS/DAUGHTERS/OTHERS RESIDING OR FREQUENTLY IN THE HOME

For each person identified in this section, provide full narration that relates to each of the Desk Guide examples for the rating given.

EXTENDED FAMILY RELATIONSHIPS

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

PHYSICAL/SOCIAL ENVIRONMENT

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

GENERAL PARENTING

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

SPECIALIZED PARENTING

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

ADOPTION ISSUES

Describe the basis for ratings of 1 (exceptional strengths). Briefly summarize ratings of 2 (strengths). Fully narrate ratings of 3, 4 & 5 (concerns) to include how the concern was addressed, severity, mitigating factors and the prognosis for change.

PSYCHOSOCIAL EVALUATION CONCLUSIONS

Provide your conclusions regarding the Applicants' commitment, ability and readiness to parent. Highlight the strengths in any section given a rating of 1 and describe the effect any section rated as 3, 4 or 5 will have on parenting.

CHILDREN THE FAMILY CAN BEST SERVE

Indicate the age range, gender and number of children the Applicants are ready to accept.

Discuss the Applicants' ability to meet a child's special needs or considerations and level of competency to manage the characteristics, behaviors, conditions and issues of the children being considered for placement with them.

Specify any child's special needs, considerations, characteristics, behaviors, conditions or issues that the Applicants are uniquely qualified to address. Also indicate what they are unable and/or unwilling to consider.

RECOMMENDATION

It is recommended that Applicant's Full Name and Applicant's Full Name be Select One for Select One.

Caseworker
Title

Supervisor
Title

Date: _____

Date: _____

Additional Attachments

Indicate "None" or list additional attachments.

RECEIPT OF COPY OF HOME STUDY REPORT

By signing below I acknowledge receiving a copy of this report.

Applicant's Full Name

Applicant's Full Name

Date: _____

Date: _____

[To check for form updates, press the ctrl key and click this link.](#)