

Ohio Department of Job and Family Services  
**ASSESSMENT OF RELATIVE OR NONRELATIVE SUBSTITUTE CAREGIVER**

Name of Agency	<input type="checkbox"/> Initial Home Assessment <input type="checkbox"/> Amendment <input type="checkbox"/> Annual Assessment        Reason: _____
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Caregiver Information	
Name of Caregiver #1 ( <i>first and last</i> )	Name of Caregiver #2 ( <i>first and last</i> )
Home Address, City, State, and Zip Code	
County of Residence	Phone Number
Place of Employment Caregiver #1	Place of Employment Caregiver #2

Child(ren) Placed and To Be Placed				
Name of Child(ren) ( <i>first and last</i> )	Relationship to Caregiver #1	Social Security Number	Date of Birth ( <i>mm/dd/yyyy</i> )	Sex
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Household Members (including caregivers)					
Name ( <i>first and last</i> )	Maiden/Alias	Relationship to Caregiver #1	Social Security Number	Date of Birth ( <i>mm/dd/yyyy</i> )	Sex
		self			<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female
					<input type="checkbox"/> Male <input type="checkbox"/> Female

Background Checks		Comments
(Completed only at Initial Home Evaluation or for any new adults in the residence )		
SACWIS or central registry searches conducted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BCII criminal records requests made.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
FBI criminal records requests made.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Home Assessment		
Expectation	Assessment	Comments
The home and all structures associated with the home are maintained in a clean, safe, and sanitary condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bleach, cleaning materials, other poisonous or corrosive household chemicals, and flammable and combustible materials are stored in a safe manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The home is adequately heated, lighted and ventilated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The home has working bathroom and toilet facilities located within the home and connected to an indoor plumbing system.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The home has a working smoke alarm on each level of occupancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Firearm, air rifles, hunting slingshot or other projectile weapons kept on the grounds of or in the home are stored in an inoperative condition in a locked area inaccessible to children.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Each child has adequate and appropriate bedding.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
There is reasonable access to a working telephone.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Caregiver's Statement		
Statement	Response	Comments
Caregiver has indicated willingness and ability to provide care and supervision of the child and to provide a safe and appropriate placement for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Caregiver has prior PCSA or CSA involvement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Caregiver has informed and will inform the agency of any known violent delinquency adjudications by any youth between 12 and 18 years of age residing in the household.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does any adult in the home have a felony conviction for spousal abuse, rape, sexual assault, or homicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the caregiver ever had his/her parental rights involuntarily terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any adult in the home been convicted of or plead guilty to any disqualifying offense listed in 5101:2-42-18 (I)(1) or (I)(2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The information provided above is full and accurate to the best of my knowledge.

CAREGIVER #1 SIGNATURE	DATE
CAREGIVER #2 SIGNATURE	DATE

**Agency Recommendation Statement**

Worker has assessed the physical environment, the capability of the relative/nonrelative to care for the child(ren), and the best interest, safety, stability and permanency needs of the child(ren). Based on all known and available information, placement of this child(ren) in the home of this relative/nonrelative caregiver, is assessed to be in the best interest of the child(ren). All placement decisions are subject to court approval for cases active in court.

Worker has provided caregiver with known information regarding education, medical, child care, and special needs of the child(ren).

Worker has provided caregiver with information on applying for OWF child-only and Medicaid, requirements for foster caregiver certification, applying for certification as a foster caregiver, the difference in payments between an OWF-child only payment and the foster care per diem, and the difference (if any) in the eligibility for supportive services.

Worker has provided caregiver with a copy of the individual child care agreement.

- Worker recommends approval of relative/nonrelative substitute caregiver
- Worker recommends denial of relative/nonrelative substitute caregiver.

AGENCY WORKER SIGNATURE	DATE
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- Placement with relative/nonrelative substitute caregiver is approved.
- Placement with relative/nonrelative substitute caregiver is denied.

AGENCY SUPERVISOR SIGNATURE	DATE
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