#### Connecticut Department of Children and Families INITIAL HOME VISIT CORE ASSESSMENT CHECKLIST FOR FOSTER CARE OR ADOPTION



DCF- 007 9/2018 (New)

Family LAST Nan	ne:			Date:	LINK #:
			FAMILY IS IN	TERESTED IN	
Adoption			Max # of	Gender:	
☐ Foster Care	Age Range:	to	Children:		
	y, doesn't Matter	Ethnicity:	Any, doesn't Matter	Comments:	
<del>_</del> .	,.	, <u> </u>	<i>y.</i>		
			FXPI ΔIN /	COMMENTS	
Financial Stability	y Yes N	o 🗌	EXI EXIIV	OOMINIENTS	Further Assessment Needed
•	, —	_			_
Pets Yes	No 🗌				Further Assessment Needed
Well Water	Yes No	1			Further Assessment Needed
well water	162   NO				Tuttilei Assessitietit Needed
Firearms (If Yes, s	storage) Yes [	No 🗌			Further Assessment Needed
Cmaka Datastana	(Loostian) V	/			Court on A conservat Nove ded
Smoke Detectors	(Location) Y	'es  No			Further Assessment Needed
Auxiliary Heating	(Type / Location	n) Yes 🗌 N	lo 🗌		Further Assessment Needed
Montal Health D	accriptions /!f	o list Dresiden	V N -	1	Front 4 (A) ( )
Mental Health Pr	escriptions (if ye	s, iist Provider)	Yes No		Further Assessment Needed

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age 2 of 4

Physical Health Prescriptions (if yes, list Provider) Yes No No	Further Assessment Needed
Criminal Related Issues /concerns (any History) Yes No	Further Assessment Needed
Substance Use (Any issues/concerns) Yes No	Further Assessment Needed
Domestic Violence/IPV (Any issues/concerns) Yes No	Further Assessment Needed
Trauma (Any issues/concerns) Yes No	Further Assessment Needed
CPS Involvement (Any issues/concerns, either as adult /child)  Yes  No  No	Further Assessment Needed
Pool/Hot Tub/ Body of Water (Specify / Location) Yes No No	Further Assessment Needed
Renting/Landlord (If so, notification)  Yes No No	Further Assessment Needed

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age 3 of 4

Legal Risk & Partnering w/ Kin & Fictive Kin (Was this explained) Yes No	Further Assessment Needed
Immunizations (Are household members immunized?)  Yes No	Further Assessment Needed
Overview of TIPS MAPP Training provided Yes No No	Further Assessment Needed
Support System (family, friends, colleagues, etc.) Yes No	Further Assessment Needed
Support System (talling), mentas, concagaes, etc.)	, united visacessment needed
DESCRIPTION OF HOME (*Sleeping arrangements and Household Members, etc.)	
EXPLAIN / COMMENTS:	Further Assessment Needed?

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LINK Narrative Date Entered: Other Important Information: