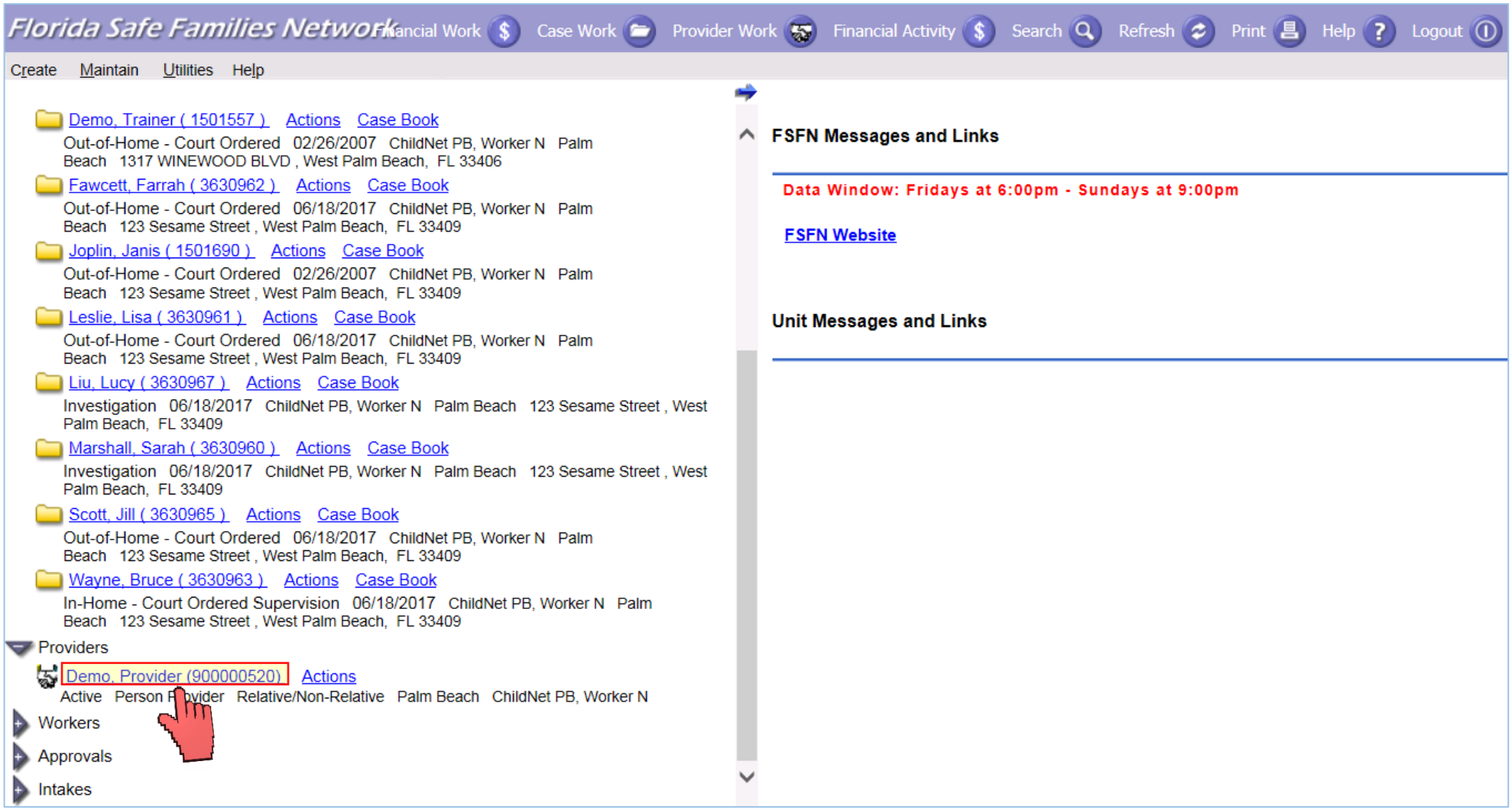
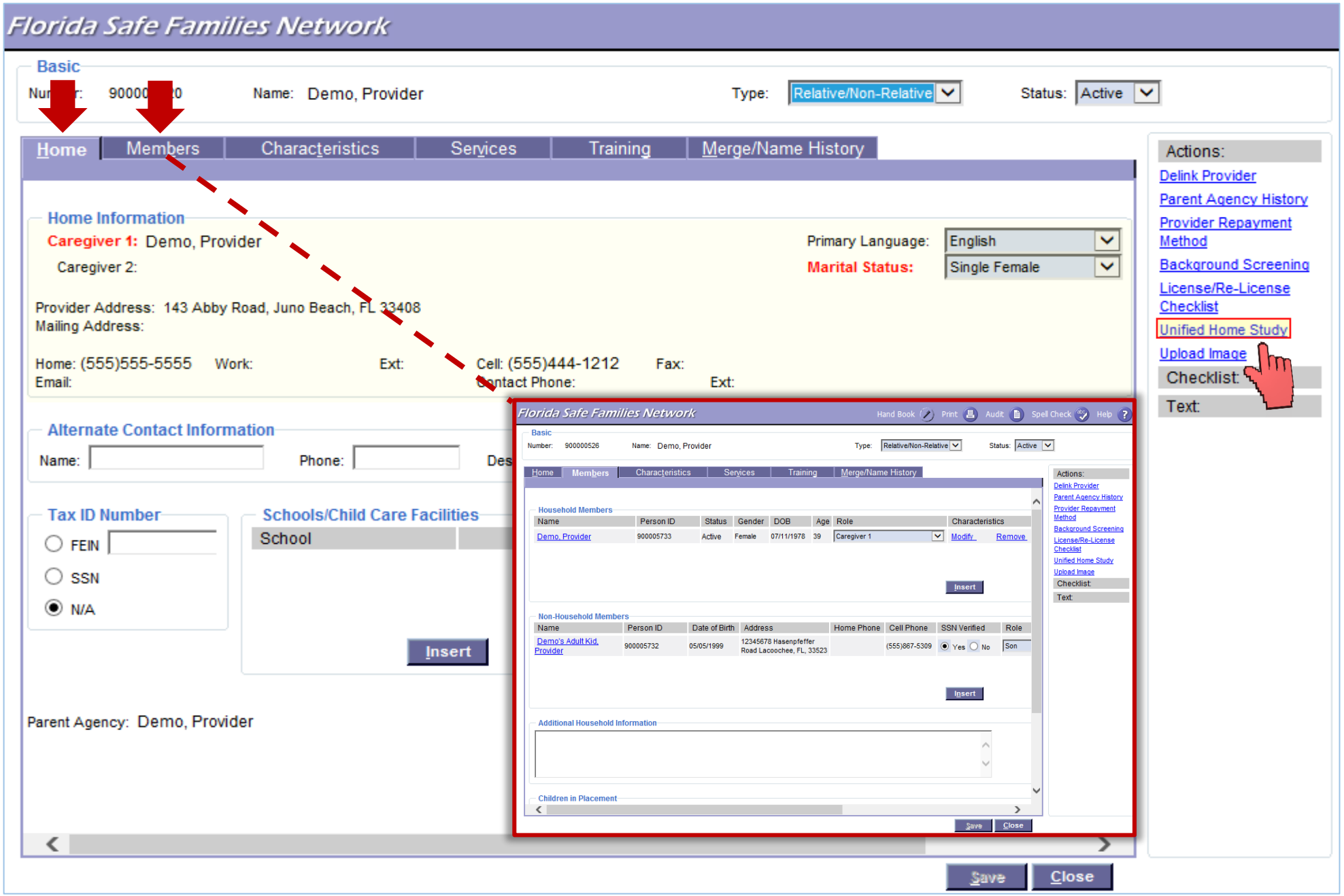
# FSFN GUIDE TO RELATIVE/NON-RELATIVE UNIFIED HOME STUDY

**Step 1:** Submit your request to ChildNet Data Staff to create the prospective relative or non-relative as a Provider in FSFN. Within your request, include demographic information for other household members and frequent visitors (non-household members).

**Step 2:** Once the Provider has been created and assigned to the Case Manager, locate it under the **PROVIDERS** section on the FSFN Desktop. Click on the **Provider Name** hyperlink.

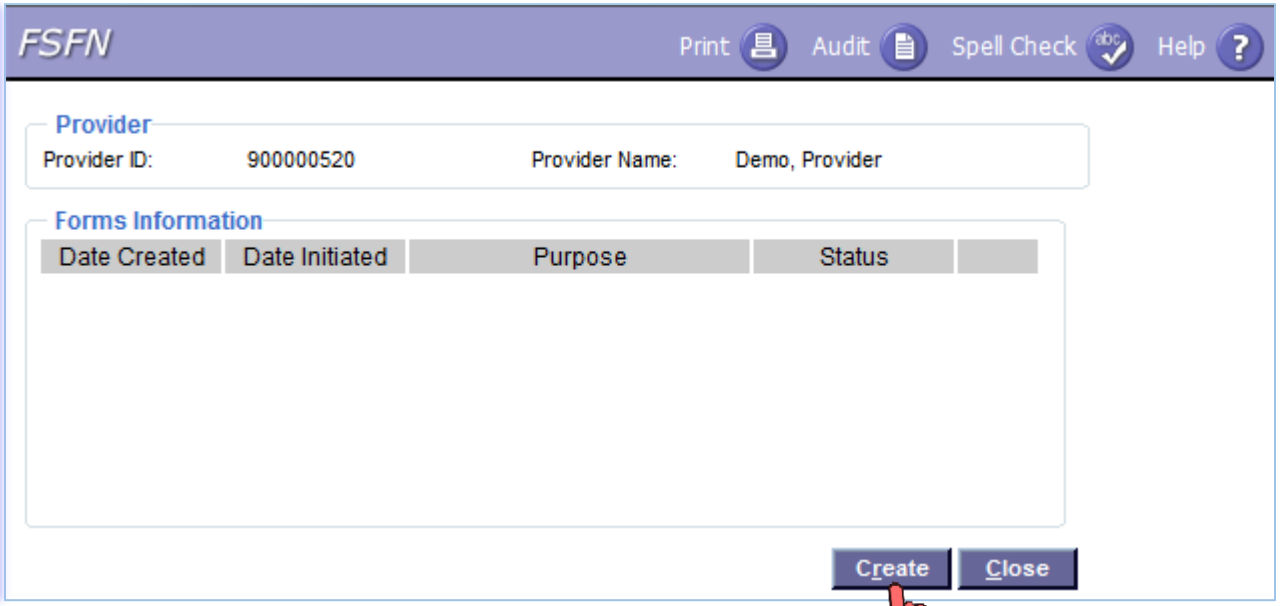


**Step 3:** A new screen will open. Confirm the information under the **HOME** and **MEMBERS** tab is correct. If correct, launch the UHS by clicking on the **Unified Home Study** hyperlink. If the information is not correct, contact ChildNet Data Staff to request the necessary revisions.

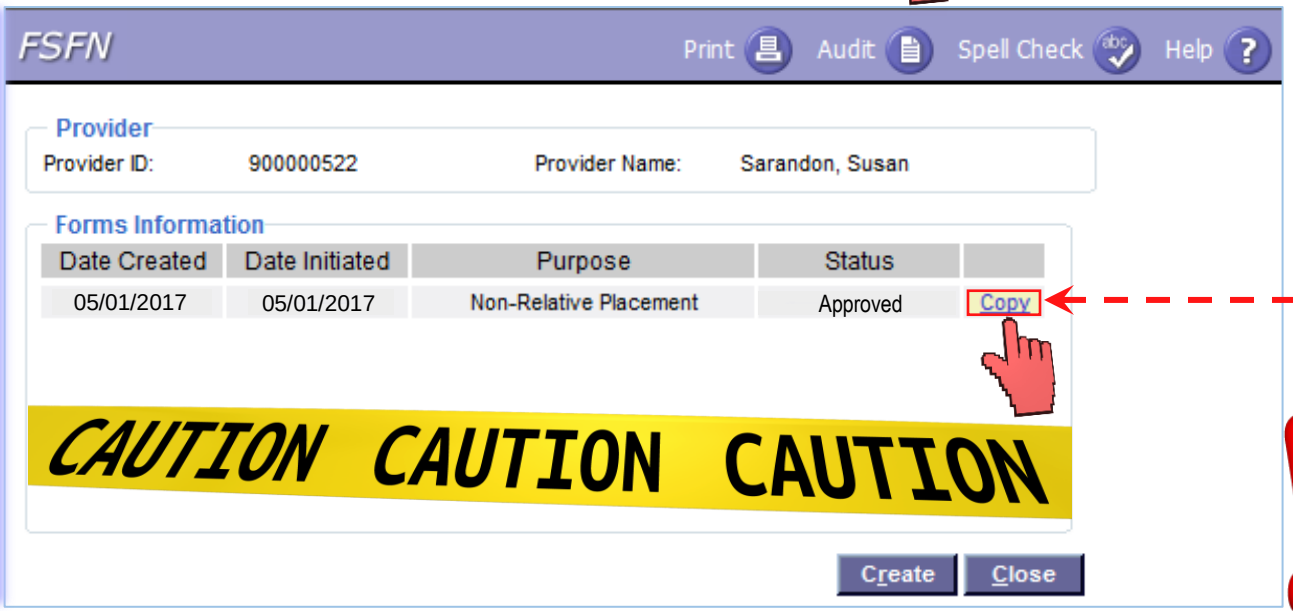


**Step 4:** A new screen will open. Click the **Create** button to create a *new* UHS for the selected Provider. If a UHS has been created for this Provider in the past, a *copy* hyperlink will display. Click on the *copy* hyperlink if you would like to copy information from the previous UHS.

CREATE A **NEW** UHS




**COPY** AN EXISTING UHS




## About the COPY feature:

Allows Case Managers to copy over FSFN selected fields from the most recent approved UHS. This function may be used if any of the following apply:

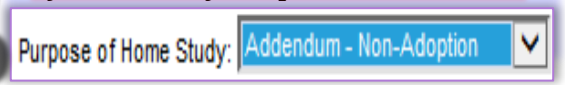
- Provider moves *(change address)*
- New household members
- Change in household circumstances *(ex: finances, household renovation, arrest)*
- Annual renewal

The following content will copy over to the new UHS:

- Purpose of UHS
- Narrative for *required* Family Assessment fields
- Financial Security tab
- Other states of residence
- Background check narrative

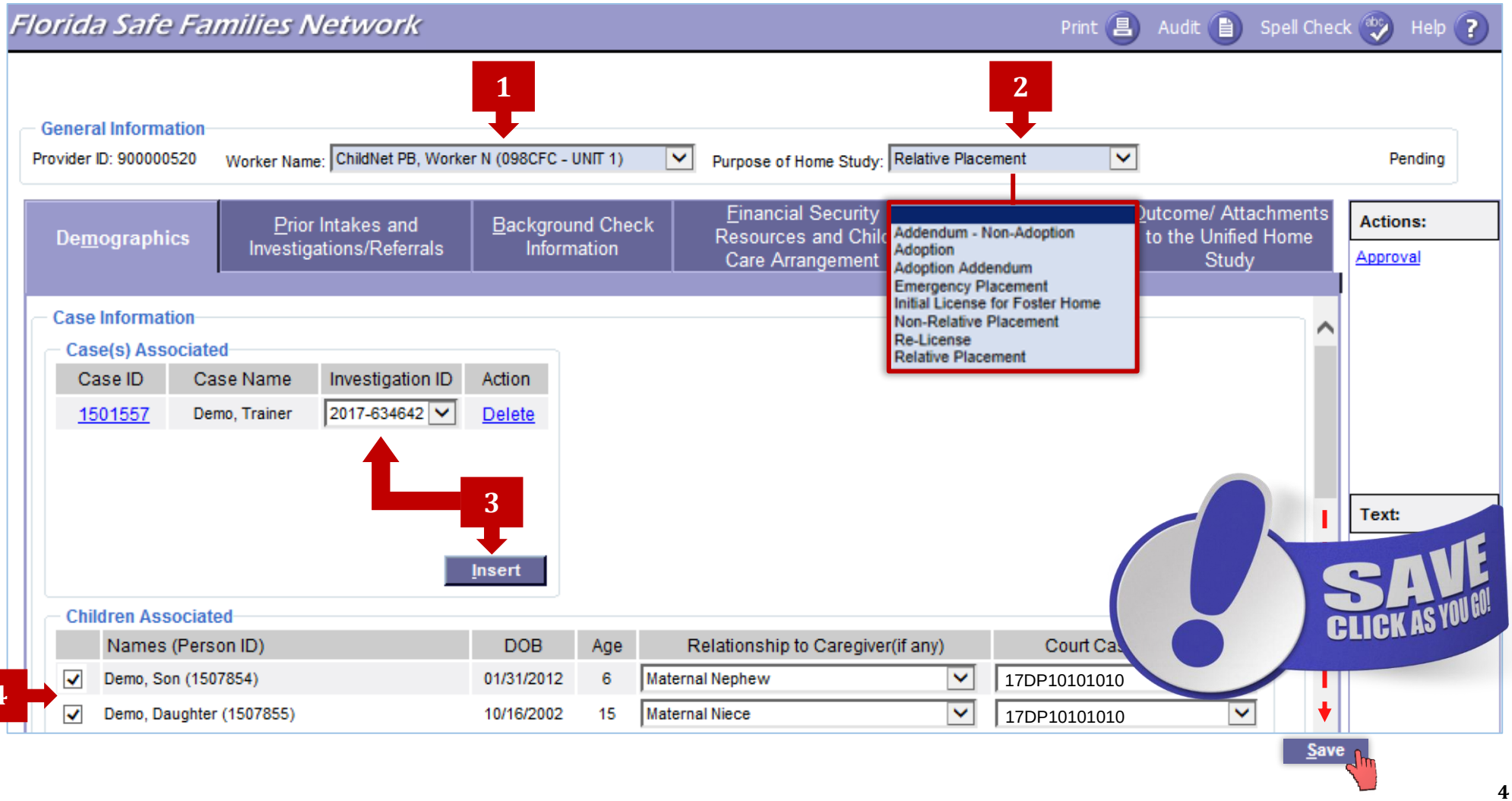
The Case Manager must ensure the copied information is accurate. If the information no longer valid, the Case Manager is responsible for making the necessary edits.

**When copying a UHS for a reason indicated above, change the *Purpose of Home Study* drop down to:**



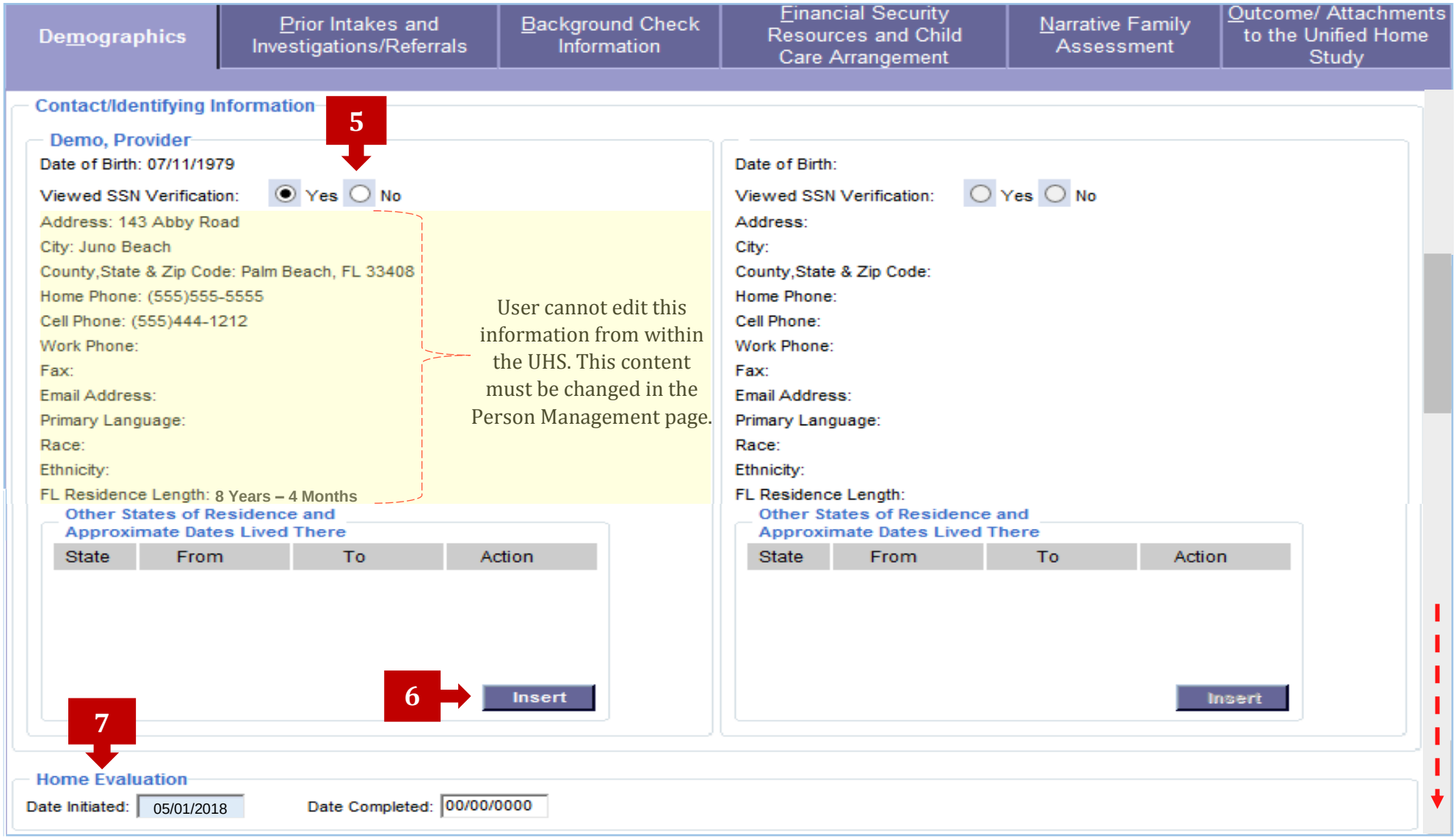
**Step 5:** The UHS screen will open. On the **DEMOGRAPHICS** tab, select the *Purpose of Home Study* from the drop-down field. Case Managers may *only* use the following types: *Relative Placement*, *Non-Relative Placement* or *Addendum-Non-Adoption.* Complete sections 1-11 (as outlined below). Click **Save.**

| | | |
|---|---|---|
| **1** | **Worker Name** | Pre-fills with name of the worker launching the UHS. |
| **2** | **Purpose of Home Study** | Select Relative, Non-Relative *or* Addendum only. Do not select Emergency Placement regardless of circumstance. |
| **3** | **Cases Associated** | Click INSERT and search for the FSFN case or cases. Select associated ID number from drop-down. |
| **4** | **Children Associated** | Select the box for the child (ren) to be prospectively placed. Click on the drop-down boxes to identify the correct information for the child's relationship to caregiver (if any) and the court case number for the child(ren). **The Court Case Number must be entered in FSFN by Legal.* |



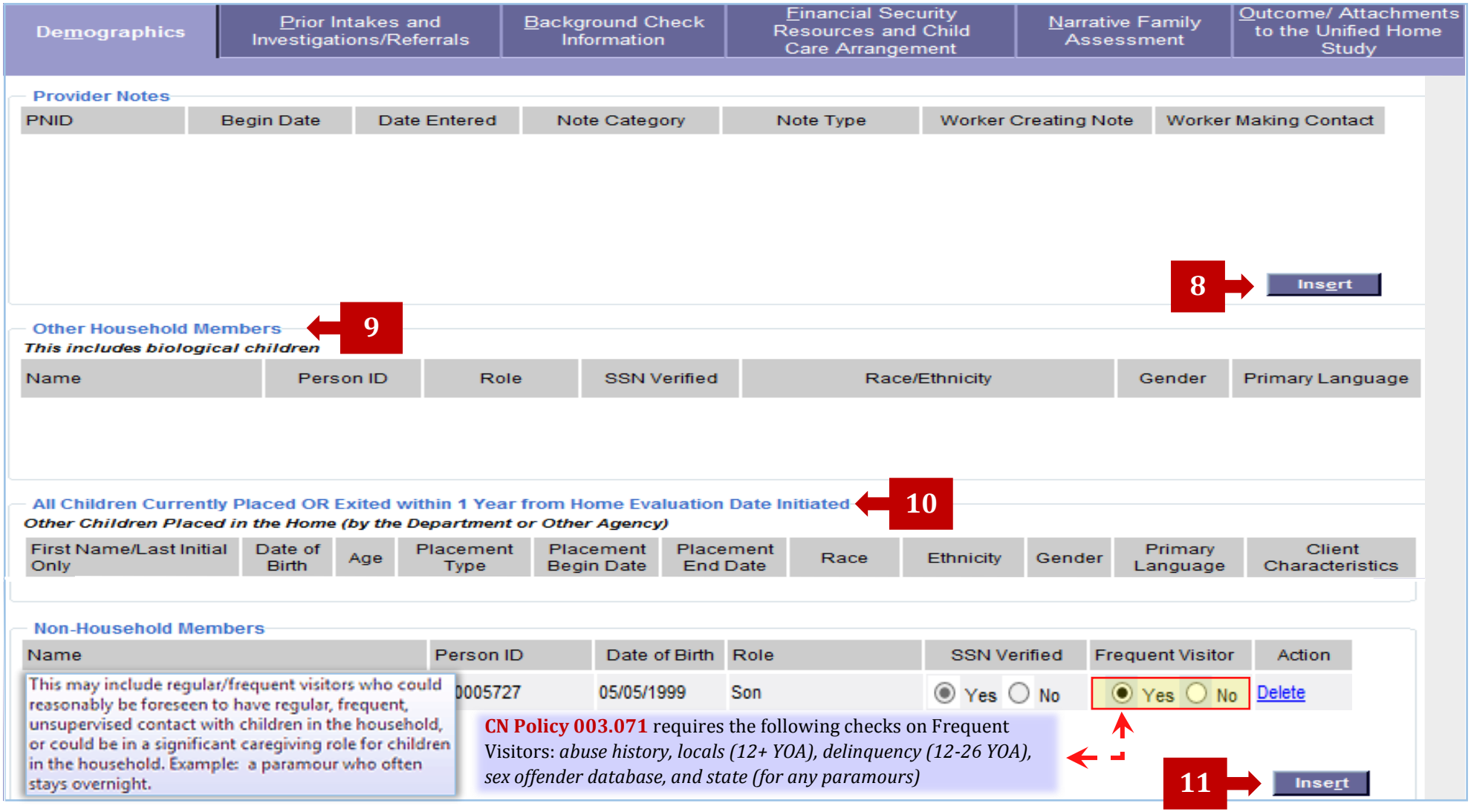
## **STEP 5:** **DEMOGRAPHICS** tab *(continued):* Scroll down to complete the remaining sections and click **Save**.

| | | |
|---|---|---|
| **5** | **Contact/Identifying Info.** | Verify caregiver(s) information is accurate and select Yes or No for "Viewed SSN Verification." The SSN Verification radio button must be checked to Save the UHS. |
| **6** | **Other States of Residence** | Click INSERT to add other states of residence and the length of stay (multiple entries permitted). |
| **7** | **Home Evaluation** | "Date Initiated" pre-fills with UHS launch date. "Date Completed" is user entered. |

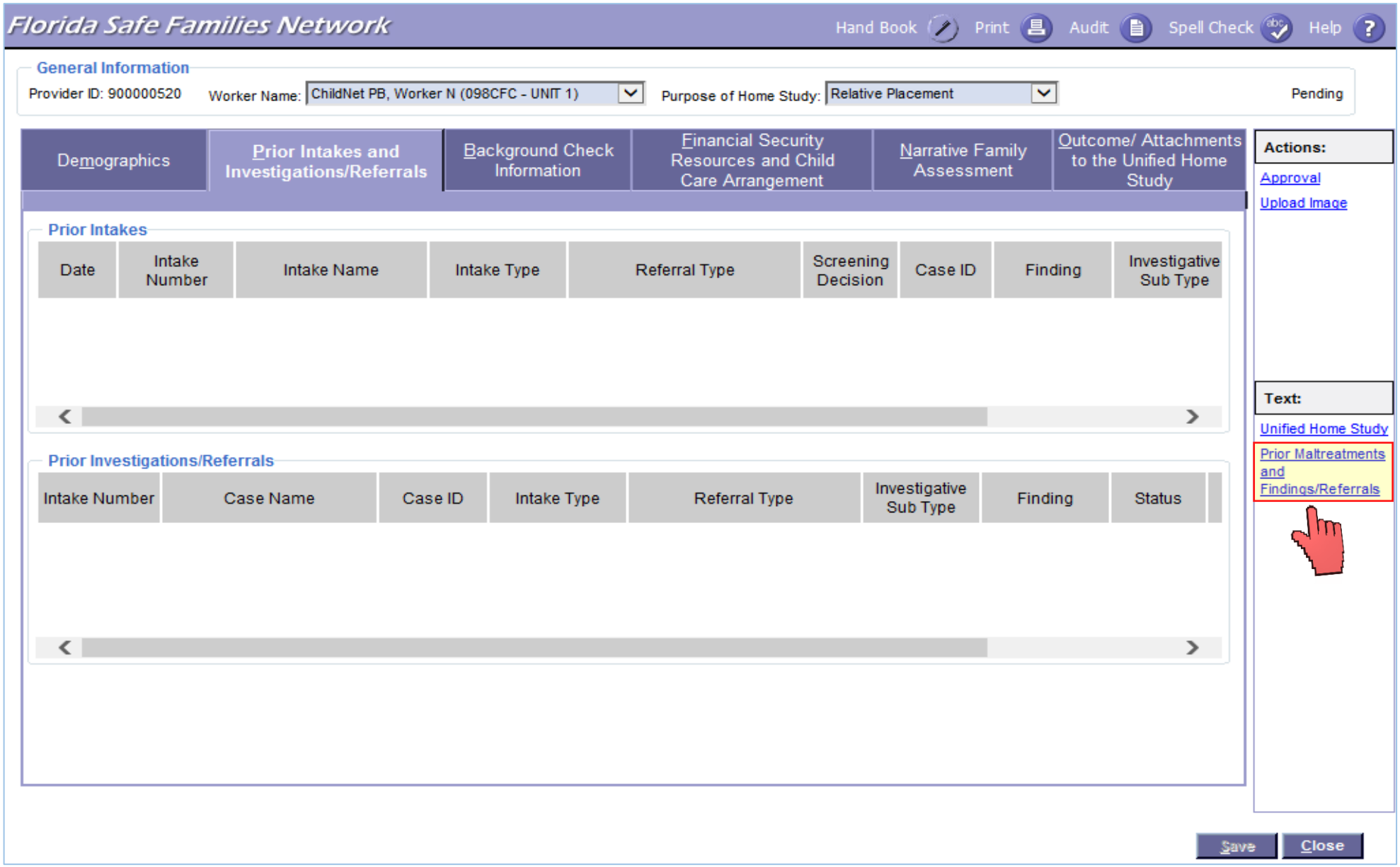


## STEP 5: **DEMOGRAPHICS** tab *(continued):* Scroll down to complete the remaining sections and click **Save**.

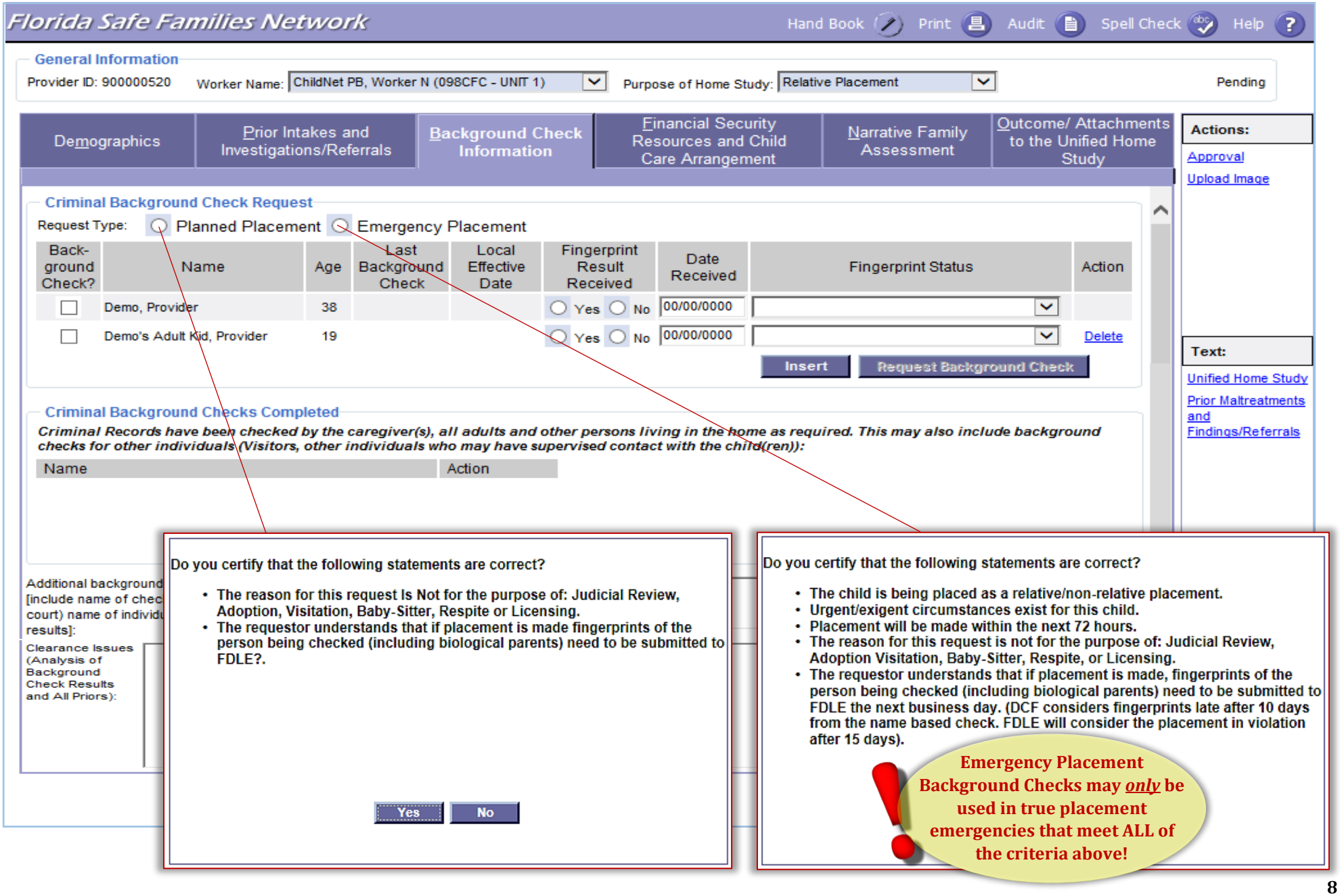
| | | |
|---|---|---|
| **8** | **Provider Notes** | If applicable, click INSERT to add a Provider Note. Once created and saved, the Provider Note will display. |
| **9** | **Other Household Members** | Pre-fills with persons included on the Person Provider page (that are not Caregiver 1 or 2). |
| **10** | **All Children Currently Placed** | Displays children that are currently in an out of home placement with this caregiver or have exited this out of home placement (within the last year of the date noted in the *Home Evaluation Date Initiated* box). |
| **11** | **Non-Household Members** | Click INSERT to capture any Non-Household Members (frequent visitors) included on the Person Provider Page. Once background checks have been completed on a Non-Household Member, the user cannot delete them from the UHS. |



**STEP 6:** Click on the **PRIOR INTAKES AND INVESTIGATIONS/REFERRALS** tab to review historical abuse history associated with *Caregiver 1 and 2, Other Household Members, and Non-Household members* included on the DEMOGRAPHICS tab. Click the *View* hyperlink(s) or launch a summary of all associated intakes, investigations, and special conditions referrals in a word document by clicking on the **Prior Maltreatments and Findings/Referrals** hyperlink.

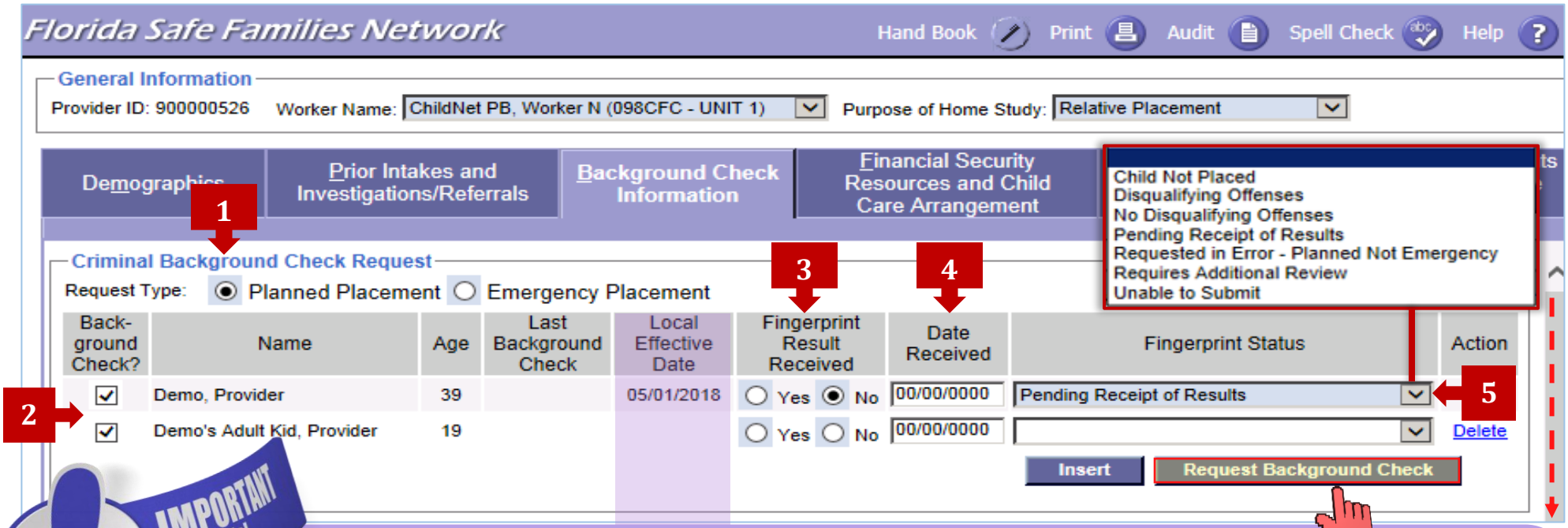


**STEP 7:** Use the **BACKGROUND CHECK INFORMATION** tab to request criminal history checks, view the results, record fingerprint status, and document the results and analysis of any additional background checks *(driving record, clerk of court, etc.)* conducted. *(Continued on next page)*



## STEP 7: **BACKGROUND CHECK INFORMATION** tab *(continued).* Complete sections 1-5. Click **Save.**

| | | |
|---|---|---|
| **1** | **Request Type** | Select the radio button for the type of background checks being requested. |
| **2** | **Background Check?** | This field pre-fills with the names of: *Caregiver 1, Caregiver 2, Other Household Members, and Non-Household Members (12+ YOA).* Check the box for each person that requires background checks. Click the REQUEST BACKGROUND CHECK button to submit the request.<br>*The INSERT button allows additional *Non-Household* members to be added that did not pre-fill. |
| **3** | **Fingerprint Result Received?** | Select the appropriate Yes or No radio button. |
| **4** | **Date Received** | Insert the date the fingerprint results were received. |
| **5** | **Fingerprint Status** | Select the appropriate status from the drop-down box. If selecting "Pending Receipt of Results," this field must be updated upon receipt of the results (notification letter) and submission of the UHS for approval. |

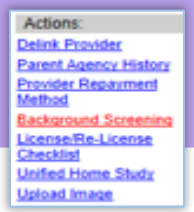


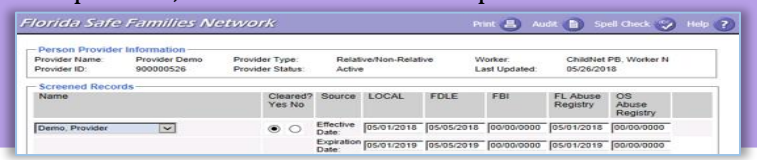


### HOW TO RECORD THE LOCAL EFFECTIVE DATE ON THE PERSON PROVIDER PAGE:

Case Managers must record the date of local criminal *and* other checks, as applicable, on the Person Provider page.

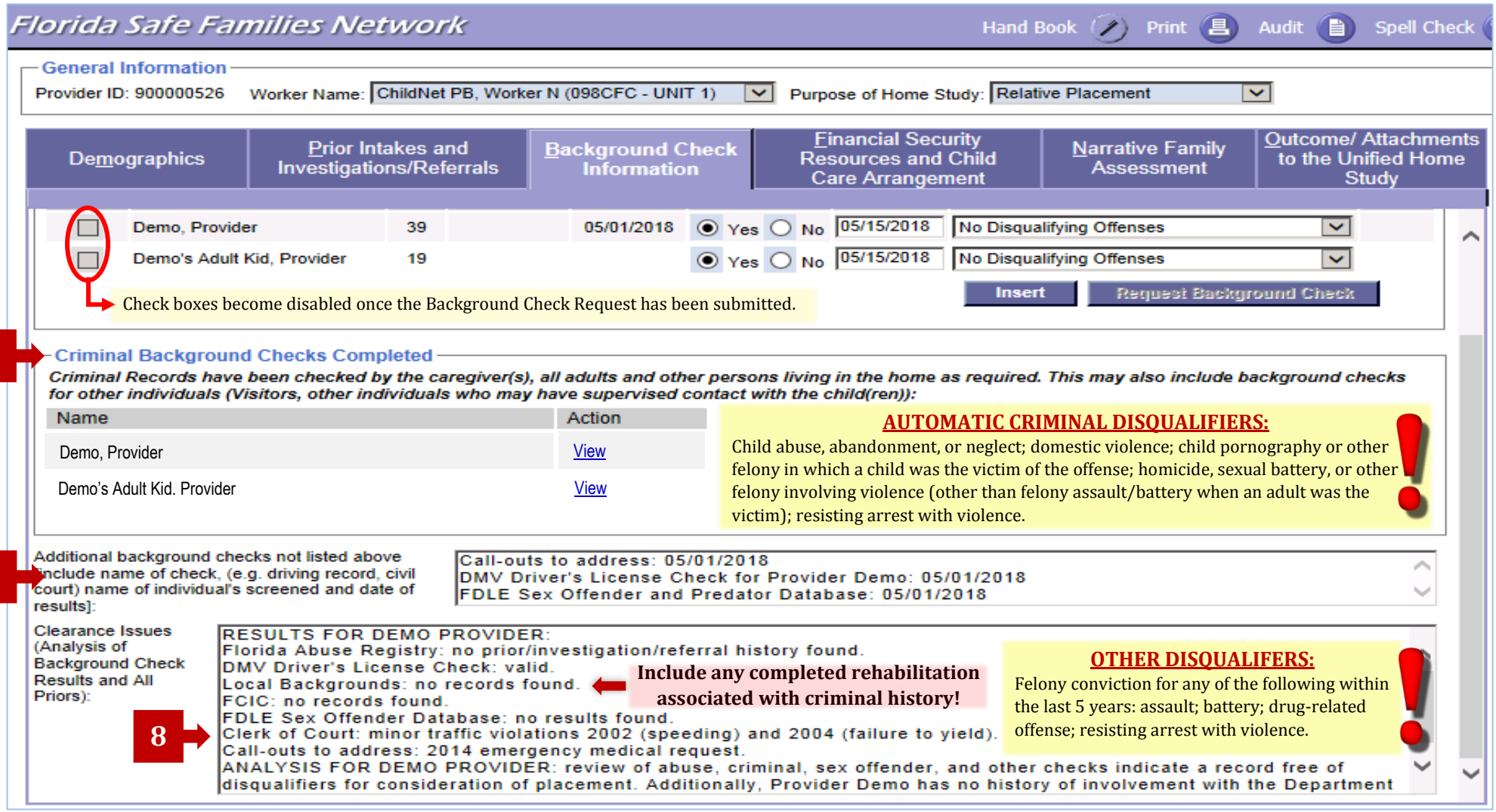
1) From the FSFN Desktop, click on the Person Provider name hyperlink (under "Providers)." The Person Provider page will appear.
2) Click on the BACKGROUND SCREENING hyperlink. The Provider Background Screening page will appear.
3) Fill the date fields with the appropriate dates and click save. Insert additional persons, as needed. Note if each person was "cleared."

## STEP 7: BACKGROUND CHECK INFORMATION tab *(continued).* Complete sections 6-8. Click **Save.**

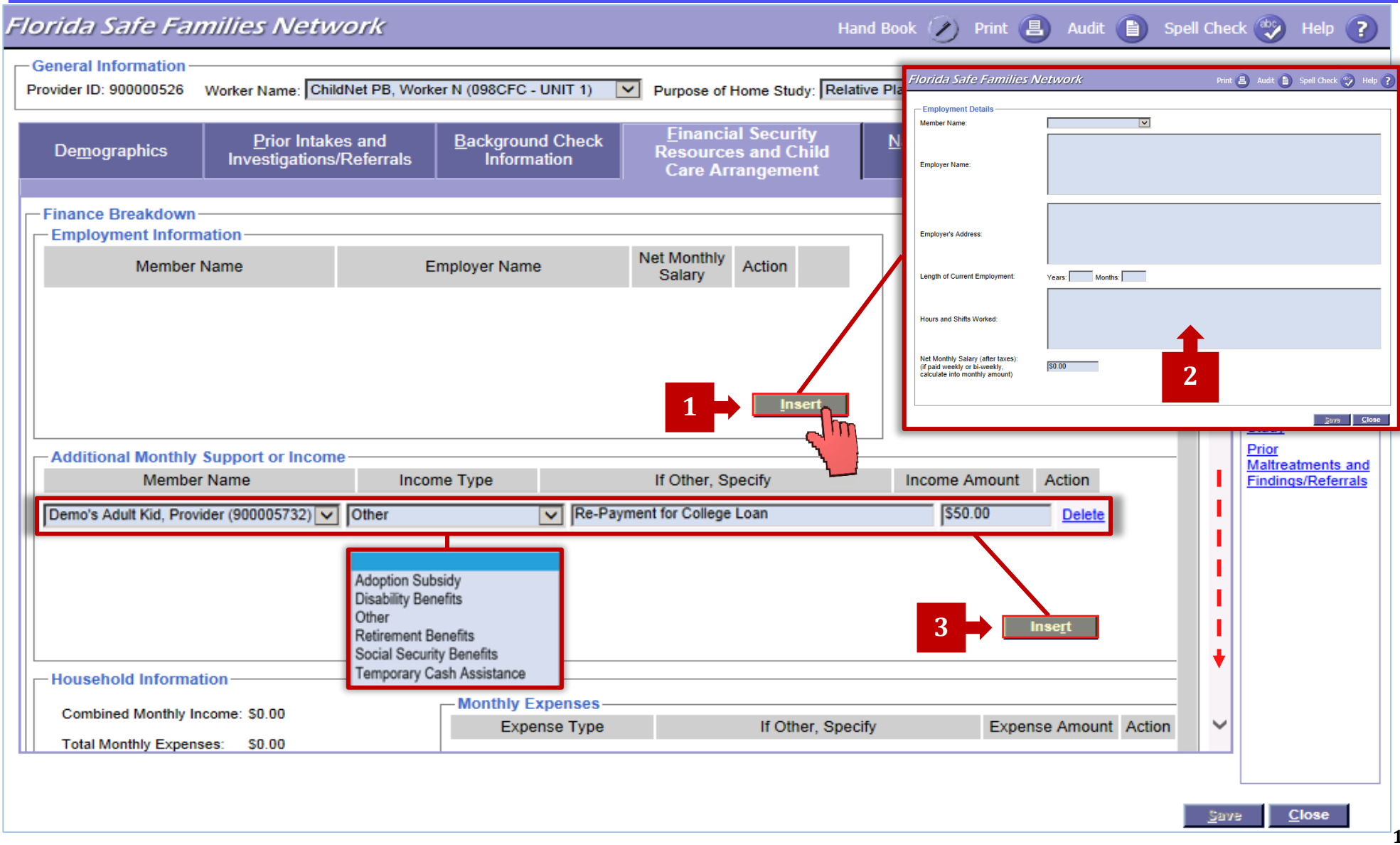
| | | |
|---|---|---|
| **6** | **Criminal Background Checks Completed** | Displays a hyperlink to view each person's FCIC checks that have been completed within the last 72 hours. Click the VIEW hyperlink to launch the Background Screening pop-up page. **These results are only viewable for 72 hours upon availability – PRINT and Retain these records.* |
| **7** | **Additional Background Checks** | Document additional checks conducted on persons included in the UHS that are *not* listed on the Background Check Information page. Indicate the name of the person, type of check, and the date of results. The results of these checks will be summarized in the Clearance Issues text field. |
| **8** | **Clearance Issues** | Summarize the results of all checks (abuse, criminal, additional) in this field. Provide an analysis of the results to support assessment for patterns of behavior that may place the child(ren) in danger. |




**A CLS Staffing must be requested if a household member, frequent visitor, paramour of a household member has verified findings of sexual abuse or has been found guilty of any of the serious crimes highlighted.*

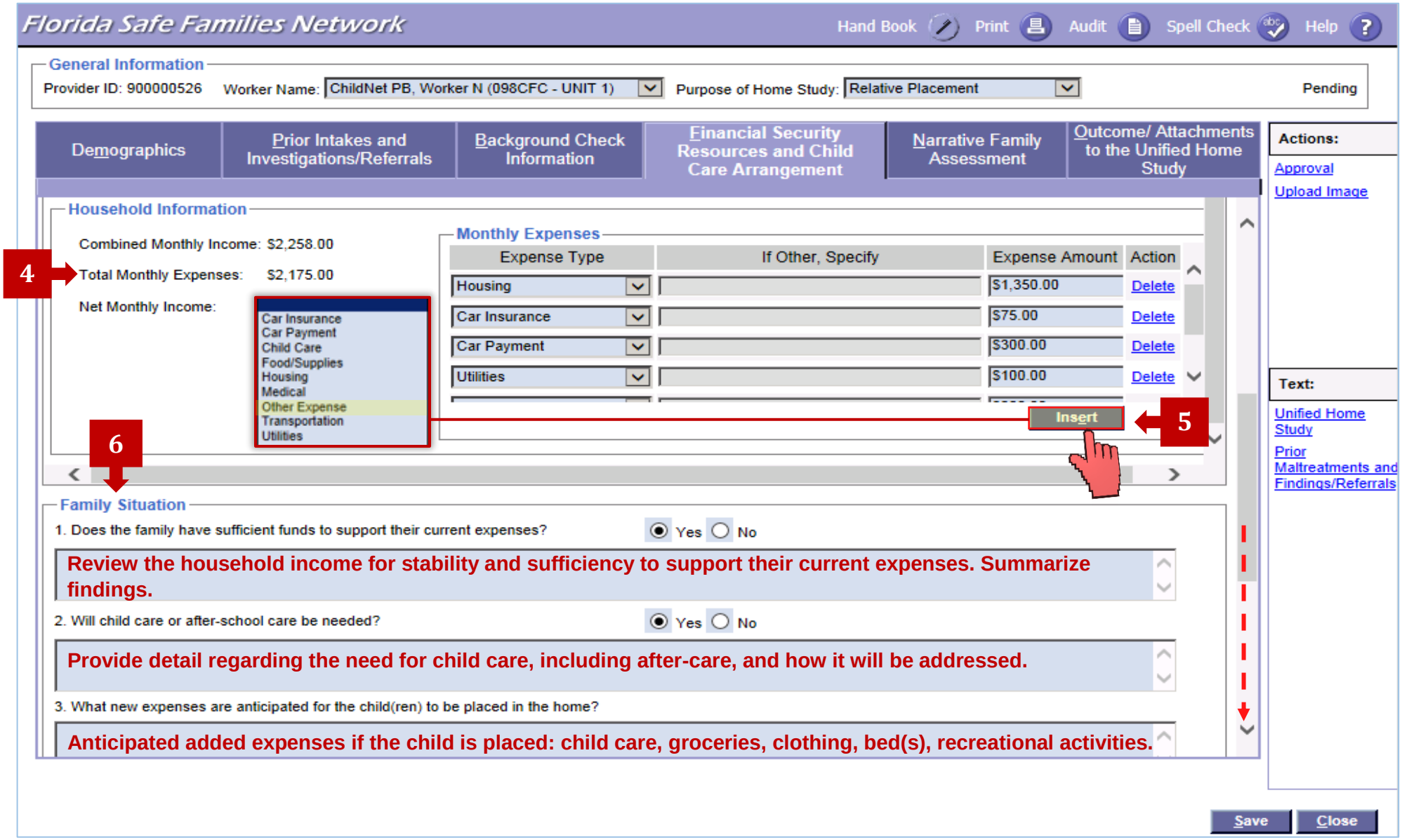
**Step 8:** Use the **FINANCIAL SECURITY RESOURCES AND CHILD CARE ARRANGEMENT** tab to record the financial demographics for all household members, as well as any financial barriers the caregiver's may have in providing for the child(ren). Complete sections 1-3. Click **Save.**

| | | |
|---|---|---|
| **1** | **Employment Information** | Click INSERT to add current monthly *employment* income for each household member.<br>**May enter multiple places of employment for the same household member.* |
| **2** | **Employment Details** | Complete the fields to reflect each household member's employment details. |
| **3** | **Additional Monthly Support or Income** | Enter additional income contributed to the household from household or non-household members. |

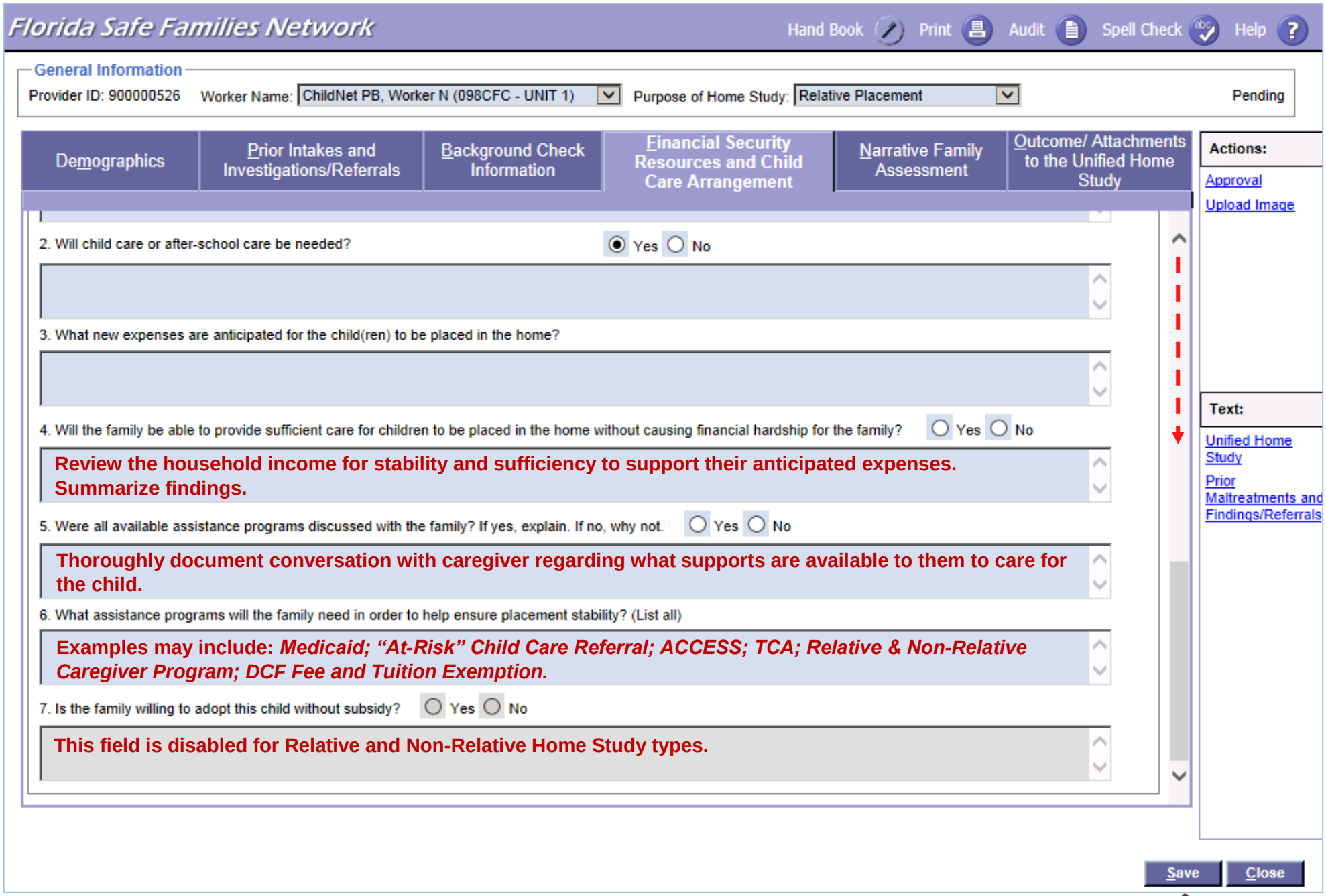


**Step 8:** **FINANCIAL SECURITY RESOURCES AND CHILD CARE ARRANGEMENT** tab *(continued).* Scroll down on the page to complete sections 4-6. Click **Save.**

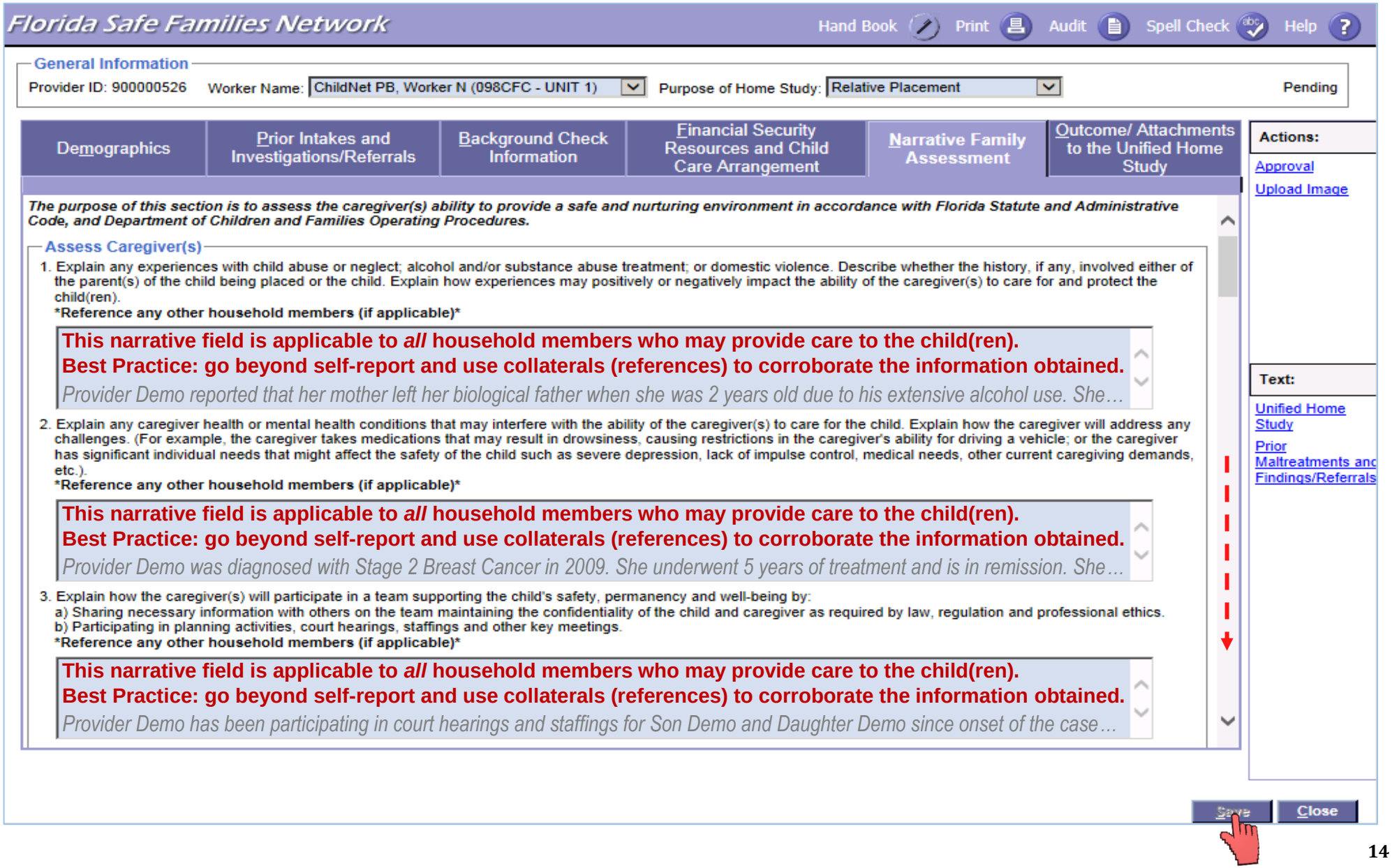
| | | |
|---|---|---|
| **4** | **Household Information** | Displays the total combined income and monthly expenses for the household. |
| **5** | **Monthly Expenses** | Click INSERT to add monthly expenses. Use the "Other Expense" option for items not listed. |
| **6** | **Family Situation** | Use these fields to identify financial strengths and barriers, as well as support that may be provided. |



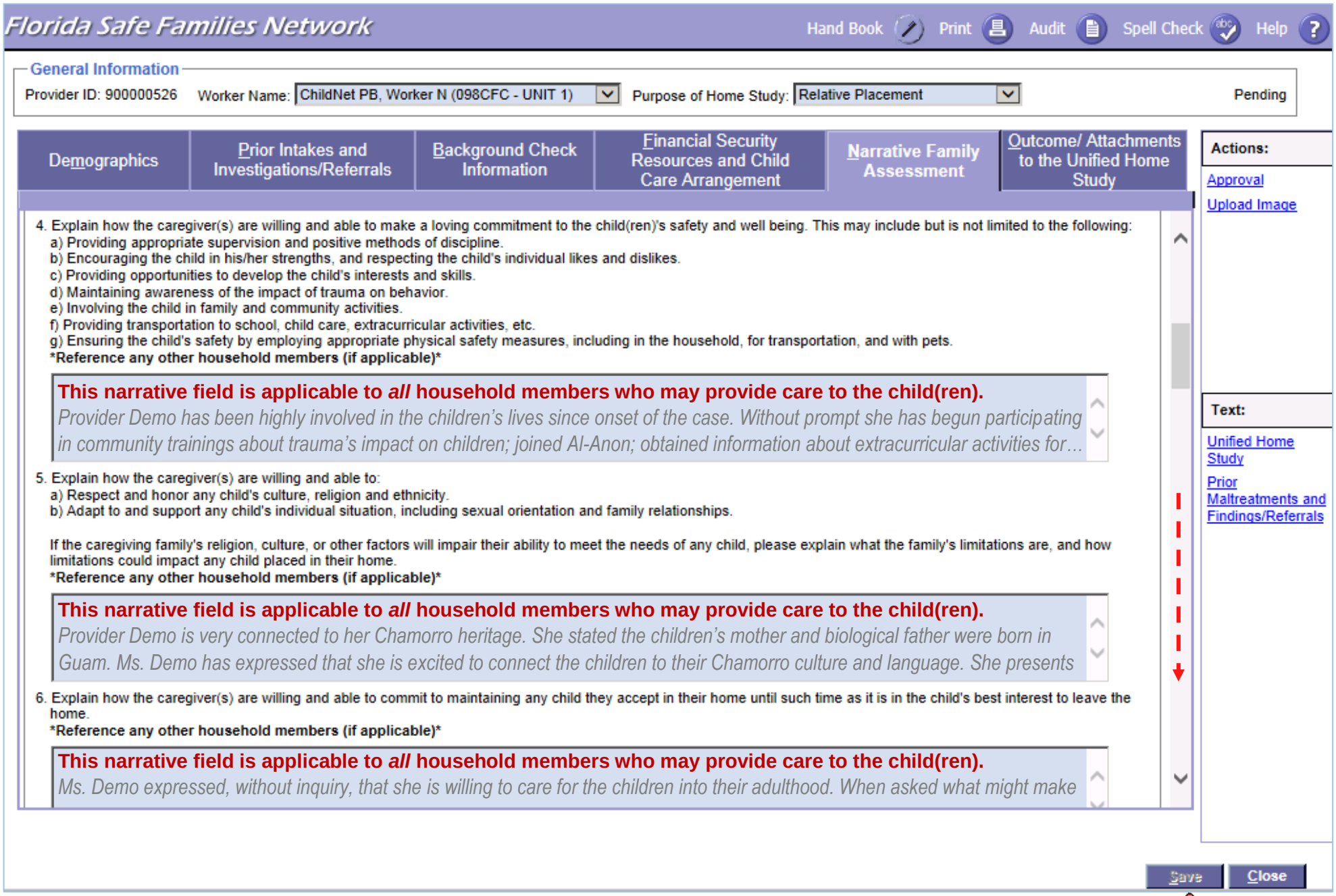
## Step 8: **FINANCIAL SECURITY RESOURCES AND CHILD CARE ARRANGEMENT** tab *(continued).*



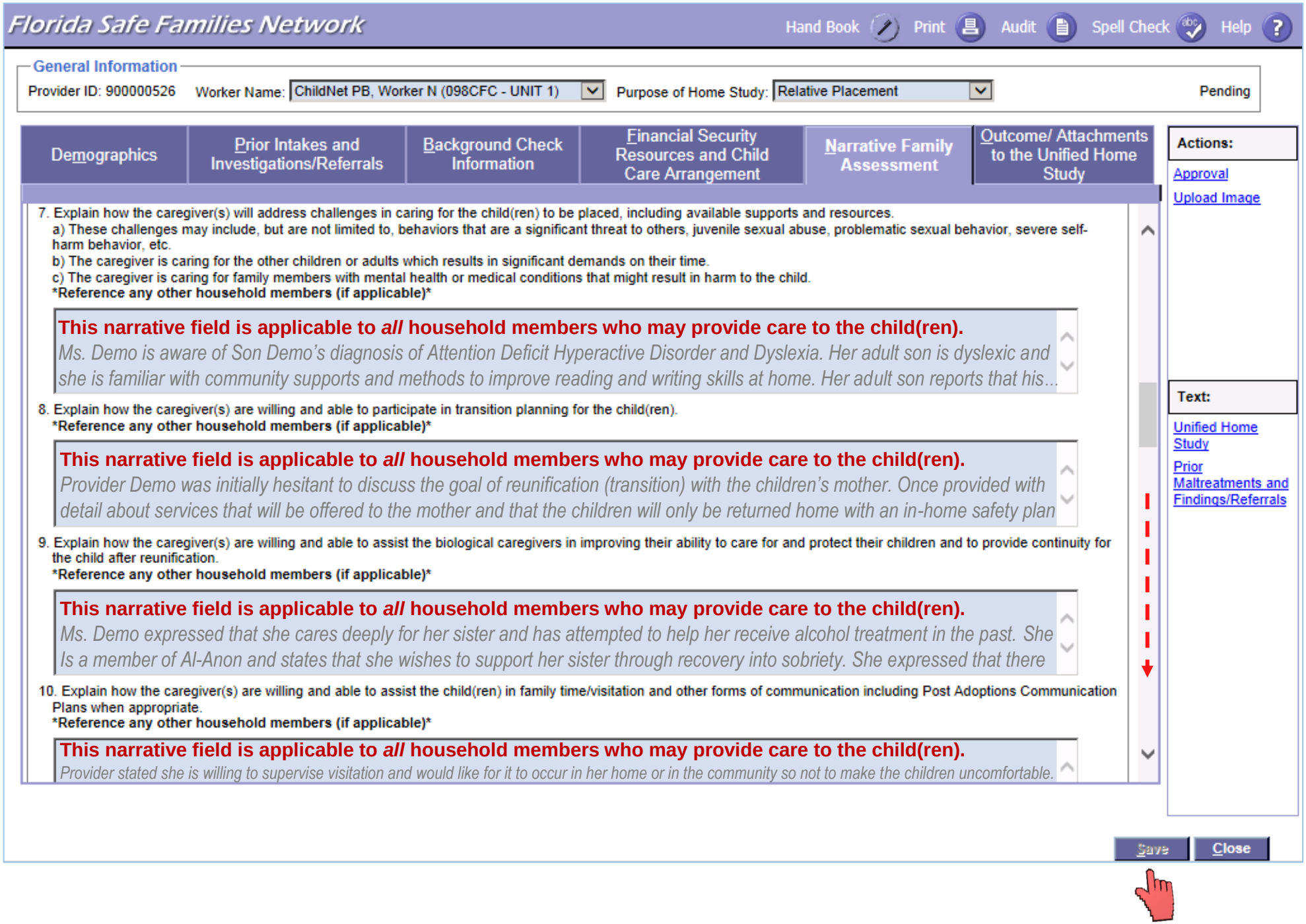
**Step 9:** The **NARRATIVE FAMILY ASSESSMENT** tab captures the Case Manager's assessment of the caregiver's ability to provide a safe and nurturing environment. This includes caregiver(s): *motivation; education and employment; family history; physical environment; supports and resources*. It also requires the worker to: obtain 2 references for the caregiver(s); interview the child(ren) to be placed about prospective placement; discuss the child(ren)'s history.



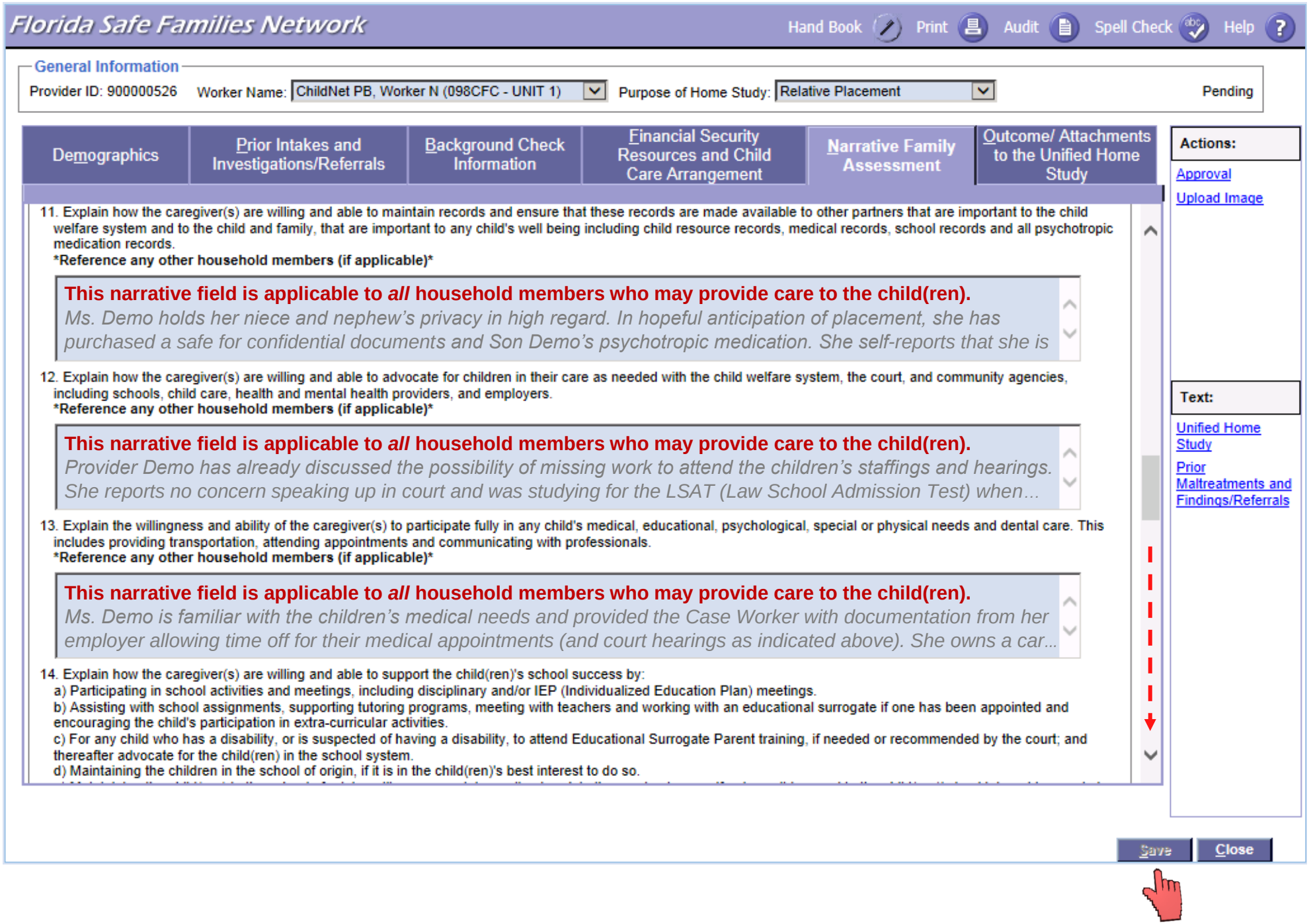
**Step 9:** **NARRATIVE FAMILY ASSESSMENT** tab *(continued).* Click **Save** as you complete the narrative fields.



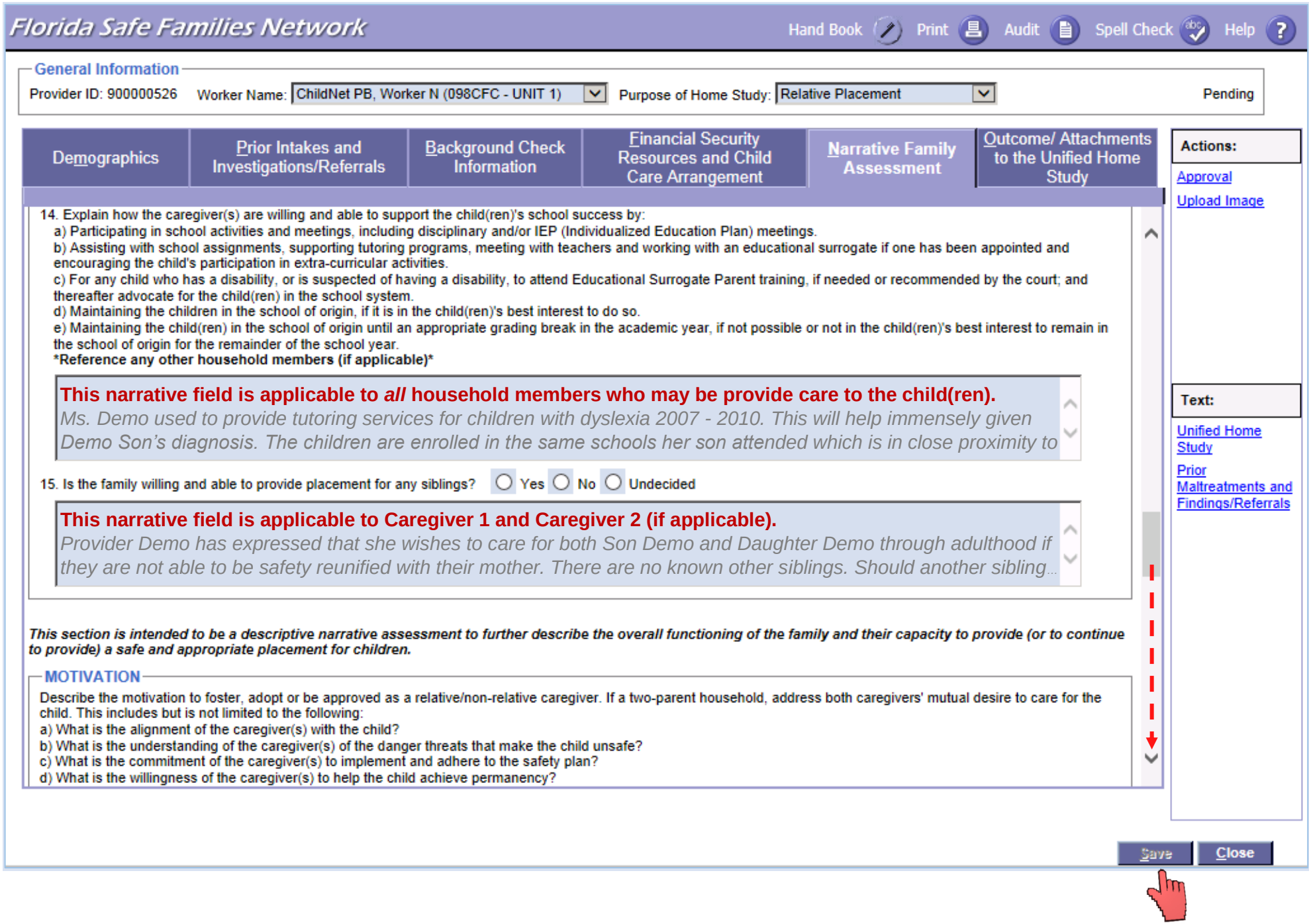
**Step 9:** **NARRATIVE FAMILY ASSESSMENT** tab *(continued).* Continue narrative fields and click **Save.**



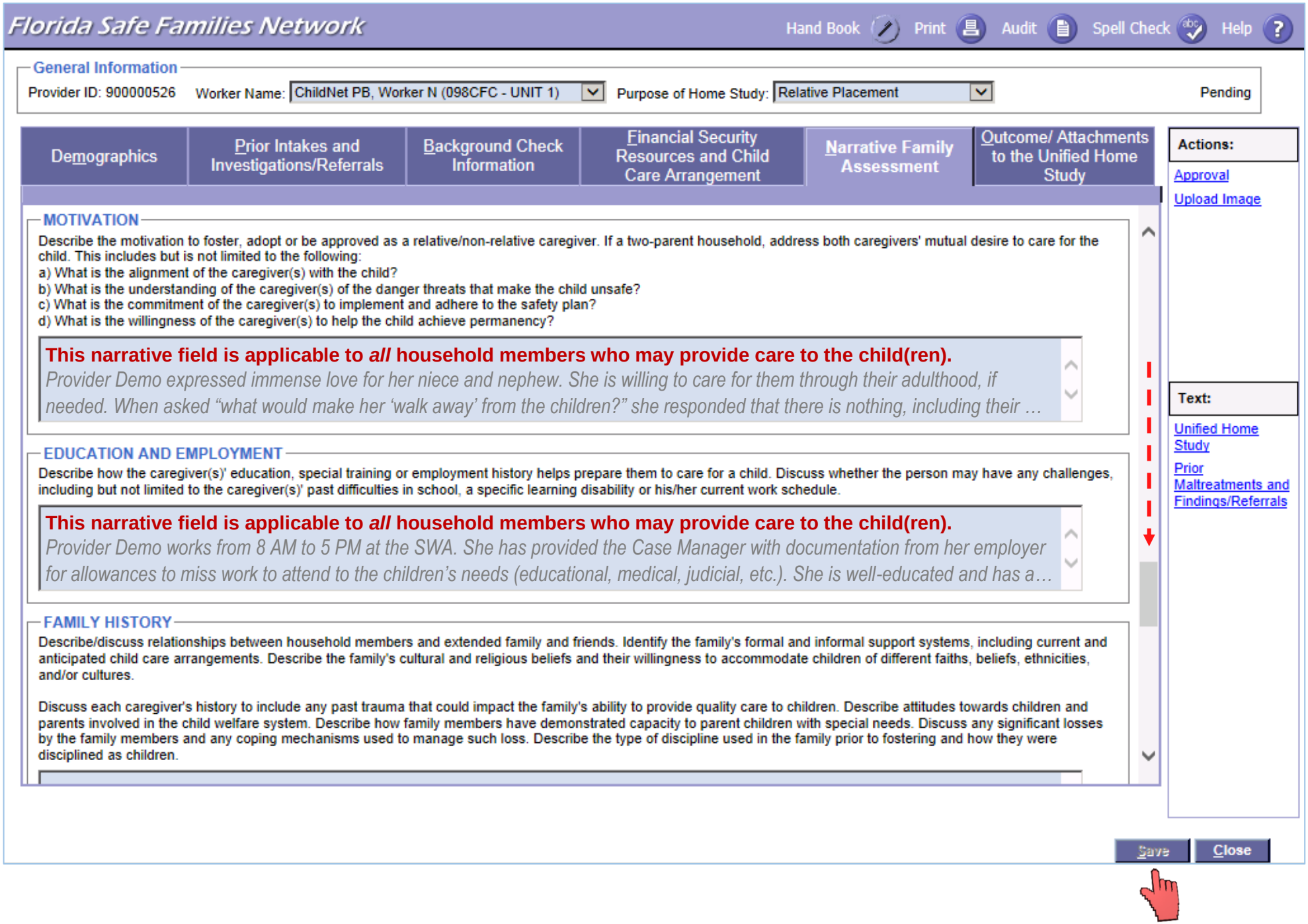
**Step 9:** **NARRATIVE FAMILY ASSESSMENT** tab *(continued).* Continue narrative fields and click **Save.**



**Step 9:** **NARRATIVE FAMILY ASSESSMENT** tab *(continued).* Continue narrative fields and click **Save.**



**Step 9:** **NARRATIVE FAMILY ASSESSMENT** tab *(continued).* Continue narrative fields and click **Save.**



**Step 9:** **NARRATIVE FAMILY ASSESSMENT** tab *(continued).* Continue narrative fields and click **Save.**

Florida Safe Families Network — Hand Book | Print | Audit | Spell Check | Help

General Information

Provider ID: 900000526 Worker Name: ChildNet PB, Worker N (098CFC - UNIT 1) Purpose of Home Study: Relative Placement Pending

Demographics | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study

Actions:
Approval
Upload Image

Text:
Unified Home Study
Prior Maltreatments and Findings/Referrals

FAMILY HISTORY

Describe/discuss relationships between household members and extended family and friends. Identify the family's formal and informal support systems, including current and anticipated child care arrangements. Describe the family's cultural and religious beliefs and their willingness to accommodate children of different faiths, beliefs, ethnicities, and/or cultures.

Discuss each caregiver's history to include any past trauma that could impact the family's ability to provide quality care to children. Describe attitudes towards children and parents involved in the child welfare system. Describe how family members have demonstrated capacity to parent children with special needs. Discuss any significant losses by the family members and any coping mechanisms used to manage such loss. Describe the type of discipline used in the family prior to fostering and how they were disciplined as children.

**Provide detail about the caregiver's familial connections, including the relationship with the child(ren)'s parent(s), support network and other supports.**

*Provider Demo, and her sister (mother to Son Demo and Daughter Demo) grew up in a single-parent home with their...*

CHILD(REN) TO BE PLACED INTERVIEW(S)

Discuss and assess the child(ren)'s understanding or feeling about being placed in the home. Document any concerns or needs that they would want the potential caregiver(s) to know about them.

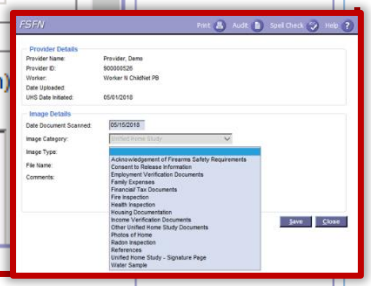
**Document conversations with the child(ren) to be placed regarding their feelings about placement with the prospective caregiver(s).**

*Daughter Demo reports that she "loves her Auntie P" and how "always felt comfortable" with her. Son Demo told this...*

REFERENCES AND REVIEWS

Please document the references received from relatives, non-relatives, professionals and services providers regarding the family's ability to meet the needs of a child(ren) placed in the home.

**A *MINIMUM* of two (2) written references are required:** from relatives, nonrelatives, professionals and/or services providers regarding the family's ability to meet the needs of a child(ren) placed in their home.
**Coming Soon!** UHS Personal Reference form. **Important: Upload the completed UHS Personal Reference form.**



Save Close

**Step 9:** **NARRATIVE FAMILY ASSESSMENT** tab *(continued).* Continue narrative fields and click **Save.**

Florida Safe Families Network

Hand Book | Print | Audit | Spell Check | Help

General Information

Provider ID: 900000526 Worker Name: ChildNet PB, Worker N (098CFC - UNIT 1) Purpose of Home Study: Relative Placement Pending

Demographics | Prior Intakes and Investigations/Referrals | Background Check Information | Financial Security Resources and Child Care Arrangement | Narrative Family Assessment | Outcome/ Attachments to the Unified Home Study

Actions:
Approval
Upload Image

CHILD HISTORY

Describe each child living in the home separately, including developmental history/issues, personality, health, education level, special needs and behavioral challenges. In addition, describe/discuss the adjustment and integration of children previously adopted by or placed with the family. Discuss with all family members any failed placements in terms of the cause, resolution, and any differences or changes that will be made as a result of lessons learned.

**Describe each child currently living in the household *separately* (much like the Child Functioning domain). Contact must be made with all children of the caregiver(s) in order to determine the anticipated impact on the family. *If the caregiver has experienced a placement disruption in the past, describe how this has since been addressed.***

PHYSICAL ENVIRONMENT

Discuss the physical environment, including a description of the home and how the environment relates to the safety of the child(ren), including any pets and vehicles; address the interior, exterior, number of rooms, bathrooms, etc., sleeping arrangements, and accommodations for child(ren)'s personal belongings. Are there any changes needed in order to accommodate the child(ren)?

**This information requires a tour of the prospective placement! Provide a detailed description of the home (interior and exterior), number of rooms, validated sleeping arrangements, accommodations for the child(ren)'s personal belongings, if the home provides sufficient space and safe living conditions.**

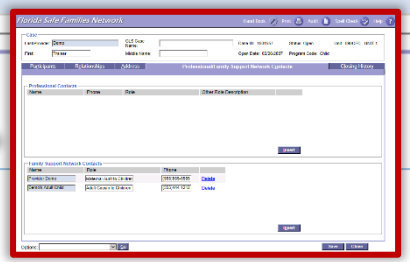
FAMILY SUPPORTS AND RESOURCES

Describe if the applicant(s) have a well-developed support system comprised of extended family, friends and community organizations that affirms the applicant's decision to provide care for a child placed in their home. If there were an unforeseen emergency, whom would they identify as using for respite, or additionally, for long term planning? What is their willingness to engage in recommended services such as therapy and support group, etc.

**Document who the caregiver(s) intend to rely on in the event of an emergency situation; who may be able to provide for care in their absence; and their willingness to participate in services (if recommended). If children are placed, add these supports to the Maintain Case "Professional/Family Support Networks" tab.**

Text:
Unified Home Study
Prior Maltreatments and Findings/Referrals

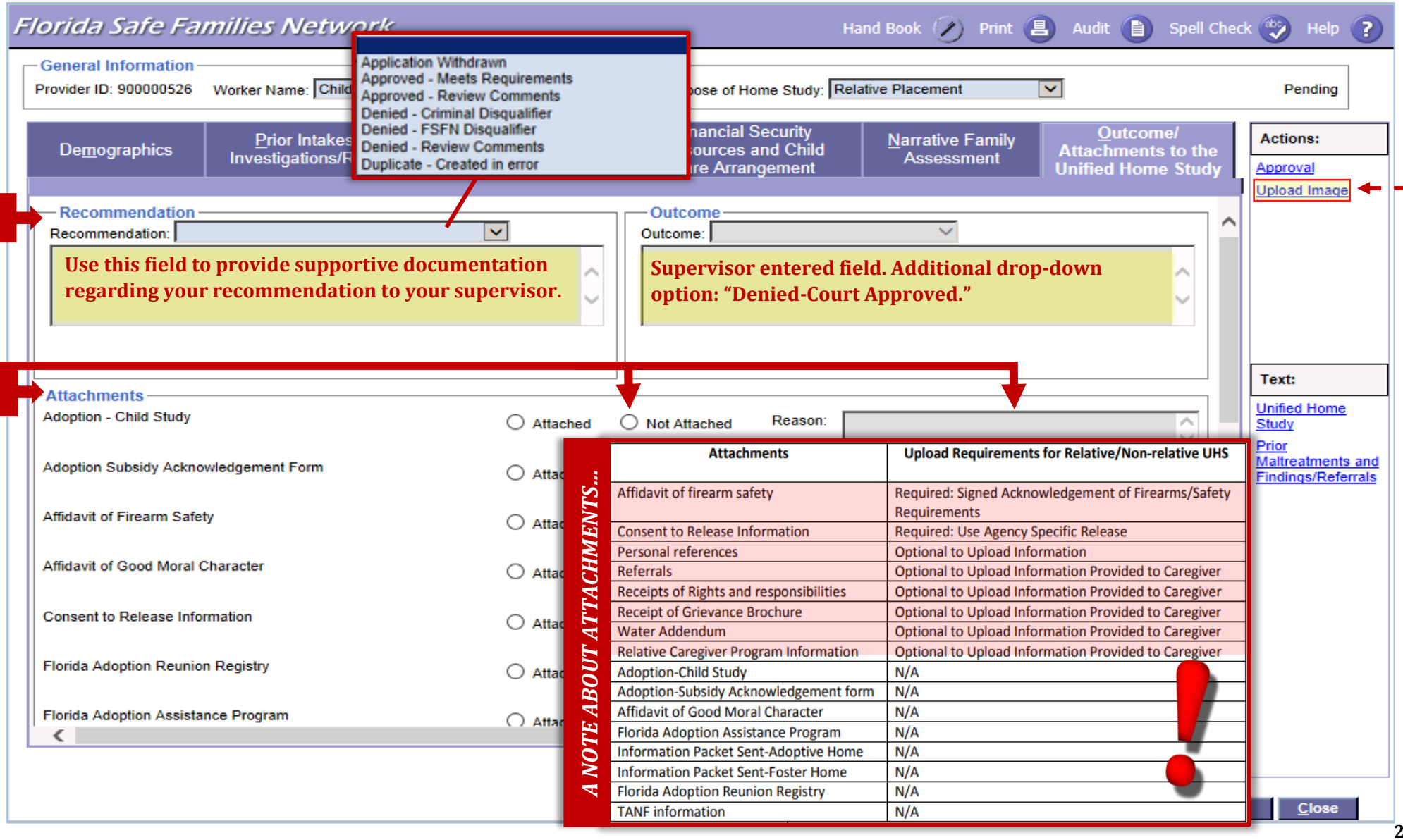
Click on the image to view how to:
**Record and Access Telephone #s for Non-Case Participants**



Save | Close

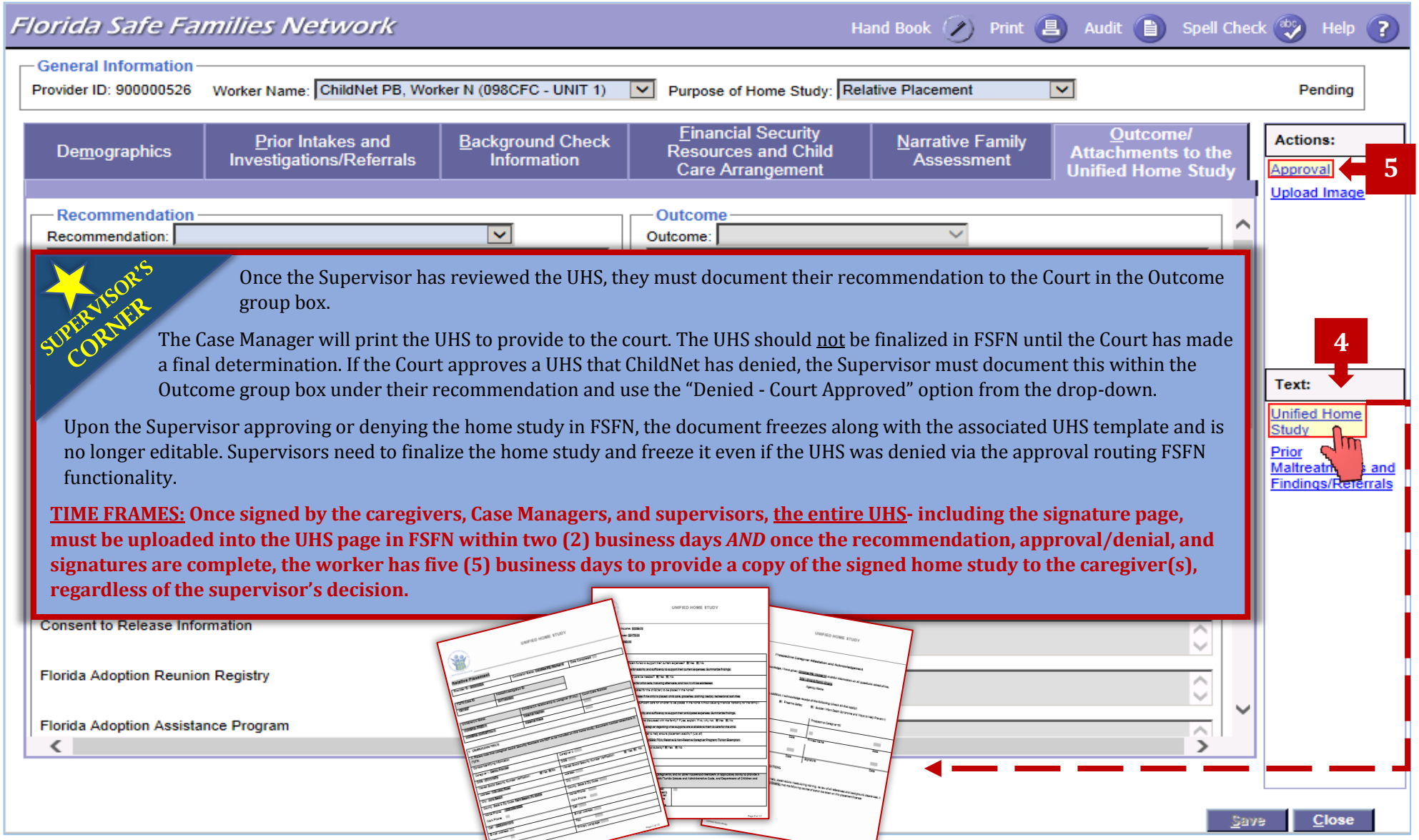
**Step 10:** The **OUTCOME/ATTACHMENT TO THE UNIFIED HOME STUDY** tab is used to record the Case Manager's recommendation to their Supervisor, the final outcome, and attachments.

| | | |
|---|---|---|
| 1 | **Recommendation** | Select the appropriate recommended outcome for your supervisor to review. |
| 2 | **Attachments** | Select the "Attached" or Not Attached" radio button for each document. If an item is not attached, an explanation must be provided in the "Reason" field. All "Attached" items are to be uploaded to the UHS. |
| 3 | **Outcome** | Displays the Supervisor's recommendation to the Court and ultimately the final decision for the system approval. |

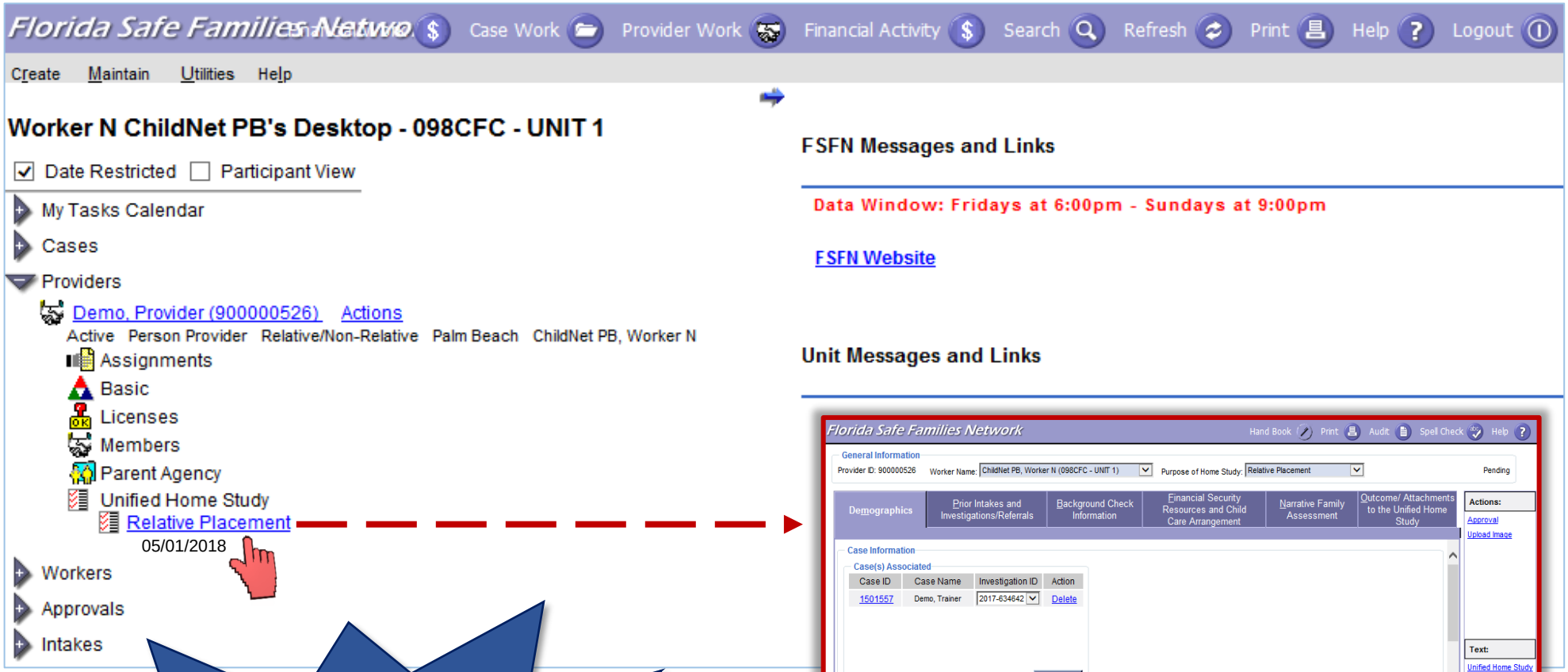


**Step 10:** The **OUTCOME/ATTACHMENT TO THE UNIFIED HOME STUDY** tab *(continued).* Review the UHS to ensure it is complete and submit it for **Approval**.

| | | |
|---|---|---|
| **4** | **Launch UHS** | Click on the "Unified Home Study" hyperlink to launch the UHS into a word document. Once launched, you may print the document. |
| **5** | **Approval** | After launching the UHS, return to the UHS FSFN page and click on the "Approval" hyperlink and submit accordingly. |



**Step 11:** Remember, to edit a *pending* UHS, locate it under the **PROVIDERS** section on the FSFN Desktop. Expand the **Providers** section. Click on the *Provider icon*: , then click on the Unified Home Study icon: to locate the UHS hyperlink. Click on the applicable UHS hyperlink. A *VIEW ONLY* version of UHS' linked to a case are viewable under the Unified Home Study icon: under the **Case.**







**Need More Guidance?**
**Click HERE for UHS FSFN Video Tutorials**