

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.

Florida Safe Families Network

Financial Work Case Work Provider Work Financial Activity Search Refresh Print Help Logout

Create Maintain Utilities Help

Providers

- Demo, Trainer (1501557)** Actions Case Book
Out-of-Home - Court Ordered 02/26/2007 ChildNet PB, Worker N Palm Beach 1317 WINEWOOD BLVD , West Palm Beach, FL 33406
- Fawcett, Farrah (3630962)** Actions Case Book
Out-of-Home - Court Ordered 06/18/2017 ChildNet PB, Worker N Palm Beach 123 Sesame Street , West Palm Beach, FL 33409
- Joplin, Janis (1501690)** Actions Case Book
Out-of-Home - Court Ordered 02/26/2007 ChildNet PB, Worker N Palm Beach 123 Sesame Street , West Palm Beach, FL 33409
- Leslie, Lisa (3630961)** Actions Case Book
Out-of-Home - Court Ordered 06/18/2017 ChildNet PB, Worker N Palm Beach 123 Sesame Street , West Palm Beach, FL 33409
- Liu, Lucy (3630967)** Actions Case Book
Investigation 06/18/2017 ChildNet PB, Worker N Palm Beach 123 Sesame Street , West Palm Beach, FL 33409
- Marshall, Sarah (3630960)** Actions Case Book
Investigation 06/18/2017 ChildNet PB, Worker N Palm Beach 123 Sesame Street , West Palm Beach, FL 33409
- Scott, Jill (3630965)** Actions Case Book
Out-of-Home - Court Ordered 06/18/2017 ChildNet PB, Worker N Palm Beach 123 Sesame Street , West Palm Beach, FL 33409
- Wayne, Bruce (3630963)** Actions Case Book
In-Home - Court Ordered Supervision 06/18/2017 ChildNet PB, Worker N Palm Beach 123 Sesame Street , West Palm Beach, FL 33409
- Demo, Provider (900000520)** Actions
Active Person Provider Relative/Non-Relative Palm Beach ChildNet PB, Worker N

Workers

Approvals

Intakes

FSFN Messages and Links

Data Window: Fridays at 6:00pm - Sundays at 9:00pm

[FSFN Website](#)

Unit Messages and Links

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.

Florida Safe Families Network

Basic
Number: 90000526 Name: Demo, Provider Type: Relative/Non-Relative Status: Active

Home Members Characteristics Services Training Merge/Name History

Home Information
Caregiver 1: Demo, Provider
Caregiver 2:
Primary Language: English
Marital Status: Single Female
Provider Address: 143 Abby Road, Juno Beach, FL 33408
Mailing Address:
Home: (555)555-5555 Work: Ext: Cell: (555)444-1212 Fax: Ext:
Email: Contact Phone:

Alternate Contact Information
Name: Phone: Des:
Tax ID Number
☐ FEIN ☐ SSN ☒ N/A
Schools/Child Care Facilities
School
Insert
Parent Agency: Demo, Provider

Actions:
[Delink Provider](#)
[Parent Agency History](#)
[Provider Repayment Method](#)
[Background Screening](#)
[License/Re-License Checklist](#)
[Unified Home Study](#)
[Upload Image](#)
Checklist
Text

Florida Safe Families Network

Basic
Number: 90000526 Name: Demo, Provider Type: Relative/Non-Relative Status: Active

Home Members Characteristics Services Training Merge/Name History

Household Members

Name	Person ID	Status	Gender	DOB	Age	Role	Characteristics
Demo, Provider	900005733	Active	Female	07/11/1978	39	Caregiver 1	

Insert

Non-Household Members

Name	Person ID	Date of Birth	Address	Home Phone	Cell Phone	SSN Verified	Role
Demo's Adult Kid Provider	900005732	05/05/1999	12345678 Hasenpfeffer Road Lacombe, FL, 33523		(555)867-5309	☒ Yes ☐ No	Son

Insert

Additional Household Information

Children in Placement

Save Close

Save Close

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

FSFN Print Audit Spell Check Help

Provider
 Provider ID: 900000520 Provider Name: Demo, Provider

Forms Information

Date Created	Date Initiated	Purpose	Status
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Create Close

COPY AN EXISTING UHS

FSFN Print Audit Spell Check Help

Provider
 Provider ID: 900000522 Provider Name: Sarandon, Susan

Forms Information

Date Created	Date Initiated	Purpose	Status
05/01/2017	05/01/2017	Non-Relative Placement	Approved Copy

CAUTION CAUTION CAUTION

Create Close

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:

Purpose of Home Study: Addendum - Non-Adoption

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 <i>or</i> 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). <i>*The Court Case Number must be entered in FSFN by Legal.</i>

Florida Safe Families Network Print Audit Spell Check Help

General Information
 Provider ID: 900000520 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 | Outcome/ Attachments to the Unified Home Study | Actions: Approval

Case Information
Case(s) Associated

Case ID	Case Name	Investigation ID	Action
1501557	Demo, Trainer	2017-634642	Delete

Children Associated

	Names (Person ID)	DOB	Age	Relationship to Caregiver(if any)	Court Case
☒	Demo, Son (1507854)	01/31/2012	6	Maternal Nephew	17DP10101010
☒	Demo, Daughter (1507855)	10/16/2002	15	Maternal Niece	17DP10101010

SAVE CLICK AS YOU GO!

Save

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.

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																
Contact/Identifying Information Demo, Provider Date of Birth: 07/11/1979 Viewed SSN Verification: ☒ Yes ☐ No Address: 143 Abby Road City: Juno Beach County, State & Zip Code: Palm Beach, FL 33408 Home Phone: (555)555-5555 Cell Phone: (555)444-1212 Work Phone: Fax: Email Address: Primary Language: Race: Ethnicity: FL Residence Length: 8 Years – 4 Months Other States of Residence and Approximate Dates Lived There <table border="1"> <thead> <tr> <th>State</th> <th>From</th> <th>To</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="4"> 7 6 Insert </td> </tr> </tbody> </table> User cannot edit this information from within the UHS. This content must be changed in the Person Management page. Date of Birth: Viewed SSN Verification: ☐ Yes ☐ No Address: City: County, State & Zip Code: Home Phone: Cell Phone: Work Phone: Fax: Email Address: Primary Language: Race: Ethnicity: FL Residence Length: Other States of Residence and Approximate Dates Lived There <table border="1"> <thead> <tr> <th>State</th> <th>From</th> <th>To</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="4"> Insert </td> </tr> </tbody> </table>						State	From	To	Action	7 6 Insert				State	From	To	Action	Insert			
State	From	To	Action																		
7 6 Insert																					
State	From	To	Action																		
Insert																					

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 <i>Home Evaluation Date Initiated</i> 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.

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
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Provider Notes

PNID	Begin Date	Date Entered	Note Category	Note Type	Worker Creating Note	Worker Making Contact
8 Insert						

Other Household Members

9

This includes biological children

Name	Person ID	Role	SSN Verified	Race/Ethnicity	Gender	Primary Language
10						

All Children Currently Placed OR Exited within 1 Year from Home Evaluation Date Initiated

10

Other Children Placed in the Home (by the Department or Other Agency)

First Name/Last Initial Only	Date of Birth	Age	Placement Type	Placement Begin Date	Placement End Date	Race	Ethnicity	Gender	Primary Language	Client Characteristics
11										

Non-Household Members

Name	Person ID	Date of Birth	Role	SSN Verified	Frequent Visitor	Action
This may include regular/frequent visitors who could reasonably be foreseen to have regular, frequent, unsupervised contact with children in the household, or could be in a significant caregiving role for children in the household. Example: a paramour who often stays overnight.	0005727	05/05/1999	Son	☒ Yes ☐ No	☒ Yes ☐ No	11 Insert

CN Policy 003.071 requires the following checks on Frequent Visitors: abuse history, locals (12+ YOA), delinquency (12-26 YOA), sex offender database, and state (for any paramours)

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.

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General Information

Provider ID: 900000520
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

Prior Intakes

Date	Intake Number	Intake Name	Intake Type	Referral Type	Screening Decision	Case ID	Finding	Investigative Sub Type
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Prior Investigations/Referrals

Intake Number	Case Name	Case ID	Intake Type	Referral Type	Investigative Sub Type	Finding	Status
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Actions:

[Approval](#)
[Upload Image](#)

Text:

[Unified Home Study](#)
[Prior Maltreatments and Findings/Referrals](#)

Save

Close

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*)

Florida Safe Families Network

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General Information

Provider ID: 900000520

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

Criminal Background Check Request

Request Type:

Planned Placement

Emergency Placement

Back-ground Check?	Name	Age	Last Background Check	Local Effective Date	Fingerprint Result Received	Date Received	Fingerprint Status	Action
☐	Demo, Provider	38			☐ Yes ☐ No	00/00/0000		
☐	Demo's Adult Kid, Provider	19			☐ Yes ☐ No	00/00/0000		Delete

Insert

Request Background Check

Criminal Background Checks Completed

Criminal Records have been checked by the caregiver(s), all adults and other persons living in the home as required. This may also include background checks for other individuals (Visitors, other individuals who may have supervised contact with the child(ren)):

Name	Action

Additional background (include name of check court) name of individual results):

Clearance Issues (Analysis of Background Check Results and All Priors):

Do you certify that the following statements are correct?

- The reason for this request is Not for the purpose of: Judicial Review, Adoption, Visitation, Baby-Sitter, Respite or Licensing.
- The requestor understands that if placement is made fingerprints of the person being checked (including biological parents) need to be submitted to FDLE?

Yes

No

Do you certify that the following statements are correct?

- The child is being placed as a relative/non-relative placement.
- Urgent/exigent circumstances exist for this child.
- Placement will be made within the next 72 hours.
- The reason for this request is not for the purpose of: Judicial Review, Adoption Visitation, Baby-Sitter, Respite, or Licensing.
- The requestor understands that if placement is made, fingerprints of the person being checked (including biological parents) need to be submitted to FDLE the next business day. (DCF considers fingerprints late after 10 days from the name based check. FDLE will consider the placement in violation after 15 days).

Emergency Placement Background Checks may *only* be used in true placement emergencies that meet ALL of the criteria above!

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: <i>Caregiver 1, Caregiver 2, Other Household Members, and Non-Household Members (12+ YOA)</i> . Check the box for each person that requires background checks. Click the REQUEST BACKGROUND CHECK button to submit the request. *The INSERT button allows additional <i>Non-Household</i> 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.

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

Background Check Information

Criminal Background Check Request
 Request Type: ☒ Planned Placement ☐ Emergency Placement

Background Check?	Name	Age	Last Background Check	Local Effective Date	Fingerprint Result Received	Date Received	Fingerprint Status	Action
☒	Demo, Provider	39		05/01/2018	☐ Yes ☒ No	00/00/0000	Pending Receipt of Results	Delete
☒	Demo's Adult Kid, Provider	19			☐ Yes ☐ No	00/00/0000		

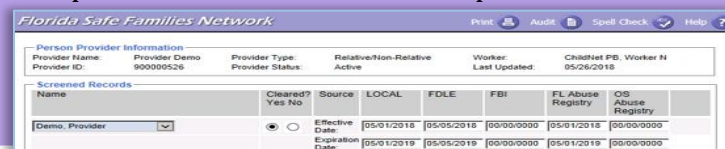
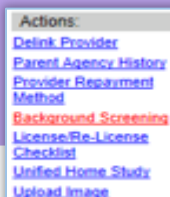
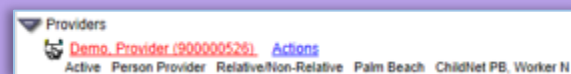
Child Not Placed
 Disqualifying Offenses
 No Disqualifying Offenses
 Pending Receipt of Results
 Requested in Error - Planned Not Emergency
 Requires Additional Review
 Unable to Submit

Insert **Request Background Check**

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. <i>*These results are only viewable for 72 hours upon availability – PRINT and Retain these records.</i>
7	Additional Background Checks	Document additional checks conducted on persons included in the UHS that are <i>not</i> 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.

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

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
☐ Demo, Provider ☐ Demo's Adult Kid, Provider	39 19	05/01/2018 ☒ Yes ☐ No ☒ Yes ☐ No	05/15/2018 05/15/2018	No Disqualifying Offenses No Disqualifying Offenses	

Check boxes become disabled once the Background Check Request has been submitted.

Insert **Request Background Check**

6
Criminal Background Checks Completed
Criminal Records have been checked by the caregiver(s), all adults and other persons living in the home as required. This may also include background checks for other individuals (Visitors, other individuals who may have supervised contact with the child(ren)):

Name	Action
Demo, Provider	View
Demo's Adult Kid. Provider	View

AUTOMATIC CRIMINAL DISQUALIFIERS:
Child abuse, abandonment, or neglect; domestic violence; child pornography or other felony in which a child was the victim of the offense; homicide, sexual battery, or other felony involving violence (other than felony assault/battery when an adult was the victim); resisting arrest with violence.

7
Additional background checks not listed above include name of check, (e.g. driving record, civil court) name of individual's screened and date of results:
Call-outs to address: 05/01/2018
DMV Driver's License Check for Provider Demo: 05/01/2018
FDLE Sex Offender and Predator Database: 05/01/2018

8
Clearance Issues (Analysis of Background Check Results and All Priors):

RESULTS FOR DEMO PROVIDER:
Florida Abuse Registry: no prior/investigation/referral history found.
DMV Driver's License Check: valid.
Local Backgrounds: no records found.
FCIC: no records found.
FDLE Sex Offender Database: no results found.
Clerk of Court: minor traffic violations 2002 (speeding) and 2004 (failure to yield).
Call-outs to address: 2014 emergency medical request.
ANALYSIS FOR DEMO PROVIDER: review of abuse, criminal, sex offender, and other checks indicate a record free of disqualifiers for consideration of placement. Additionally, Provider Demo has no history of involvement with the Department

OTHER DISQUALIFIERS:
Felony conviction for any of the following within the last 5 years: assault; battery; drug-related offense; resisting arrest with violence.

Include any completed rehabilitation associated with criminal history!

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 <i>employment</i> income for each household member. <i>*May enter multiple places of employment for the same household member.</i>
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.

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

Demographics Prior Intakes and Investigations/Referrals Background Check Information **Financial Security Resources and Child Care Arrangement**

Finance Breakdown
Employment Information

Member Name	Employer Name	Net Monthly Salary	Action
			Insert

1 →

Employment Details

Member Name:

Employer Name:

Employer's Address:

Length of Current Employment: Years: Months:

Hours and Shifts Worked:

Net Monthly Salary (after taxes):
 (If paid weekly or bi-weekly, calculate into monthly amount) \$0.00

2 ↑

Additional Monthly Support or Income

Member Name	Income Type	If Other, Specify	Income Amount	Action
Demo's Adult Kid, Provider (900005732)	Other	Re-Payment for College Loan	\$50.00	Delete

3 →

Adoption Subsidy
 Disability Benefits
 Other
 Retirement Benefits
 Social Security Benefits
 Temporary Cash Assistance

Household Information

Combined Monthly Income: \$0.00

Total Monthly Expenses: \$0.00

Monthly Expenses

Expense Type	If Other, Specify	Expense Amount	Action
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Prior Maltreatments and Findings/Referrals

Save Close

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.

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:																							
Household Information Combined Monthly Income: \$2,258.00 Total Monthly Expenses: \$2,175.00 Net Monthly Income: Car Insurance Car Payment Child Care Food/Supplies Housing Medical Other Expense Transportation Utilities						Approval Upload Image Text: Unified Home Study Prior Maltreatments and Findings/Referrals																							
Monthly Expenses <table border="1"> <thead> <tr> <th>Expense Type</th> <th>If Other, Specify</th> <th>Expense Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Housing</td> <td></td> <td>\$1,350.00</td> <td>Delete</td> </tr> <tr> <td>Car Insurance</td> <td></td> <td>\$75.00</td> <td>Delete</td> </tr> <tr> <td>Car Payment</td> <td></td> <td>\$300.00</td> <td>Delete</td> </tr> <tr> <td>Utilities</td> <td></td> <td>\$100.00</td> <td>Delete</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>Insert</td> </tr> </tbody> </table>							Expense Type	If Other, Specify	Expense Amount	Action	Housing		\$1,350.00	Delete	Car Insurance		\$75.00	Delete	Car Payment		\$300.00	Delete	Utilities		\$100.00	Delete			
Expense Type	If Other, Specify	Expense Amount	Action																										
Housing		\$1,350.00	Delete																										
Car Insurance		\$75.00	Delete																										
Car Payment		\$300.00	Delete																										
Utilities		\$100.00	Delete																										
			Insert																										
Family Situation 1. Does the family have sufficient funds to support their current expenses? ☒ Yes ☐ No Review the household income for stability and sufficiency to support their current expenses. Summarize findings. 2. Will child care or after-school care be needed? ☒ Yes ☐ No Provide detail regarding the need for child care, including after-care, and how it will be addressed. 3. What new expenses are anticipated for the child(ren) to be placed in the home? Anticipated added expenses if the child is placed: child care, groceries, clothing, bed(s), recreational activities.																													

Save Close

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

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
2. Will child care or after-school care be needed? ☒ Yes ☐ No 3. What new expenses are anticipated for the child(ren) to be placed in the home? 4. Will the family be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family? ☐ Yes ☐ No Review the household income for stability and sufficiency to support their anticipated expenses. Summarize findings. 5. Were all available assistance programs discussed with the family? If yes, explain. If no, why not. ☐ Yes ☐ No Thoroughly document conversation with caregiver regarding what supports are available to them to care for the child. 6. What assistance programs will the family need in order to help ensure placement stability? (List all) Examples may include: Medicaid; "At-Risk" Child Care Referral; ACCESS; TCA; Relative & Non-Relative Caregiver Program; DCF Fee and Tuition Exemption. 7. Is the family willing to adopt this child without subsidy? ☐ Yes ☐ No This field is disabled for Relative and Non-Relative Home Study types.						Text: Unified Home Study Prior Maltreatments and Findings/Referrals

Save **Close**



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.

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:
<i>The purpose of this section is to assess the caregiver(s) ability to provide a safe and nurturing environment in accordance with Florida Statute and Administrative Code, and Department of Children and Families Operating Procedures.</i> Assess Caregiver(s) 1. Explain any experiences with child abuse or neglect; alcohol and/or substance abuse treatment; or domestic violence. Describe whether the history, if any, involved either of the parent(s) of the child being placed or the child. Explain how experiences may positively or negatively impact the ability of the caregiver(s) to care for and protect the child(ren). *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). Best Practice: go beyond self-report and use collaterals (references) to corroborate the information obtained. Provider Demo reported that her mother left her biological father when she was 2 years old due to his extensive alcohol use. She... 2. Explain any caregiver health or mental health conditions that may interfere with the ability of the caregiver(s) to care for the child. Explain how the caregiver will address any challenges. (For example, the caregiver takes medications that may result in drowsiness, causing restrictions in the caregiver's ability for driving a vehicle; or the caregiver has significant individual needs that might affect the safety of the child such as severe depression, lack of impulse control, medical needs, other current caregiving demands, etc.). *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). Best Practice: go beyond self-report and use collaterals (references) to corroborate the information obtained. Provider Demo was diagnosed with Stage 2 Breast Cancer in 2009. She underwent 5 years of treatment and is in remission. She... 3. Explain how the caregiver(s) will participate in a team supporting the child's safety, permanency and well-being by: a) Sharing necessary information with others on the team maintaining the confidentiality of the child and caregiver as required by law, regulation and professional ethics. b) Participating in planning activities, court hearings, staffings and other key meetings. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). Best Practice: go beyond self-report and use collaterals (references) to corroborate the information obtained. Provider Demo has been participating in court hearings and staffings for Son Demo and Daughter Demo since onset of the case...						Approval Upload Image Text: Unified Home Study Prior Maltreatments and Findings/Referrals

Save Close

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

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:
4. Explain how the caregiver(s) are willing and able to make a loving commitment to the child(ren)'s safety and well being. This may include but is not limited to the following: a) Providing appropriate supervision and positive methods of discipline. b) Encouraging the child in his/her strengths, and respecting the child's individual likes and dislikes. c) Providing opportunities to develop the child's interests and skills. d) Maintaining awareness of the impact of trauma on behavior. e) Involving the child in family and community activities. f) Providing transportation to school, child care, extracurricular activities, etc. g) Ensuring the child's safety by employing appropriate physical safety measures, including in the household, for transportation, and with pets. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). Provider Demo has been highly involved in the children's lives since onset of the case. Without prompt she has begun participating in community trainings about trauma's impact on children; joined Al-Anon; obtained information about extracurricular activities for...					Approval Upload Image	
5. Explain how the caregiver(s) are willing and able to: a) Respect and honor any child's culture, religion and ethnicity. b) Adapt to and support any child's individual situation, including sexual orientation and family relationships. If the caregiving family's religion, culture, or other factors will impair their ability to meet the needs of any child, please explain what the family's limitations are, and how limitations could impact any child placed in their home. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). Provider Demo is very connected to her Chamorro heritage. She stated the children's mother and biological father were born in Guam. Ms. Demo has expressed that she is excited to connect the children to their Chamorro culture and language. She presents					Text: Unified Home Study Prior Maltreatments and Findings/Referrals	
6. Explain how the caregiver(s) are willing and able to commit to maintaining any child they accept in their home until such time as it is in the child's best interest to leave the home. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). Ms. Demo expressed, without inquiry, that she is willing to care for the children into their adulthood. When asked what might make						

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:
7. Explain how the caregiver(s) will address challenges in caring for the child(ren) to be placed, including available supports and resources. a) These challenges may include, but are not limited to, behaviors that are a significant threat to others, juvenile sexual abuse, problematic sexual behavior, severe self-harm behavior, etc. b) The caregiver is caring for the other children or adults which results in significant demands on their time. c) The caregiver is caring for family members with mental health or medical conditions that might result in harm to the child. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). <i>Ms. Demo is aware of Son Demo's diagnosis of Attention Deficit Hyperactive Disorder and Dyslexia. Her adult son is dyslexic and she is familiar with community supports and methods to improve reading and writing skills at home. Her adult son reports that his...</i> 8. Explain how the caregiver(s) are willing and able to participate in transition planning for the child(ren). *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). <i>Provider Demo was initially hesitant to discuss the goal of reunification (transition) with the children's mother. Once provided with detail about services that will be offered to the mother and that the children will only be returned home with an in-home safety plan</i> 9. Explain how the caregiver(s) are willing and able to assist the biological caregivers in improving their ability to care for and protect their children and to provide continuity for the child after reunification. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). <i>Ms. Demo expressed that she cares deeply for her sister and has attempted to help her receive alcohol treatment in the past. She is a member of Al-Anon and states that she wishes to support her sister through recovery into sobriety. She expressed that there</i> 10. Explain how the caregiver(s) are willing and able to assist the child(ren) in family time/visitation and other forms of communication including Post Adoptions Communication Plans when appropriate. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). <i>Provider stated she is willing to supervise visitation and would like for it to occur in her home or in the community so not to make the children uncomfortable.</i>					Approval Upload Image Text: Unified Home Study Prior Maltreatments and Findings/Referrals	

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:
11. Explain how the caregiver(s) are willing and able to maintain records and ensure that these records are made available to other partners that are important to the child welfare system and to the child and family, that are important to any child's well being including child resource records, medical records, school records and all psychotropic medication records. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). <i>Ms. Demo holds her niece and nephew's privacy in high regard. In hopeful anticipation of placement, she has purchased a safe for confidential documents and Son Demo's psychotropic medication. She self-reports that she is</i> 12. Explain how the caregiver(s) are willing and able to advocate for children in their care as needed with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). <i>Provider Demo has already discussed the possibility of missing work to attend the children's staffings and hearings. She reports no concern speaking up in court and was studying for the LSAT (Law School Admission Test) when...</i> 13. Explain the willingness and ability of the caregiver(s) to participate fully in any child's medical, educational, psychological, special or physical needs and dental care. This includes providing transportation, attending appointments and communicating with professionals. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may provide care to the child(ren). <i>Ms. Demo is familiar with the children's medical needs and provided the Case Worker with documentation from her employer allowing time off for their medical appointments (and court hearings as indicated above). She owns a car...</i> 14. Explain how the caregiver(s) are willing and able to support the child(ren)'s school success by: a) Participating in school activities and meetings, including disciplinary and/or IEP (Individualized Education Plan) meetings. b) Assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. c) For any child who has a disability, or is suspected of having a disability, to attend Educational Surrogate Parent training, if needed or recommended by the court; and thereafter advocate for the child(ren) in the school system. d) Maintaining the children in the school of origin, if it is in the child(ren)'s best interest to do so.					Approval Upload Image Text: Unified Home Study Prior Maltreatments and Findings/Referrals	

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:
14. Explain how the caregiver(s) are willing and able to support the child(ren)'s school success by: a) Participating in school activities and meetings, including disciplinary and/or IEP (Individualized Education Plan) meetings. b) Assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. c) For any child who has a disability, or is suspected of having a disability, to attend Educational Surrogate Parent training, if needed or recommended by the court; and thereafter advocate for the child(ren) in the school system. d) Maintaining the children in the school of origin, if it is in the child(ren)'s best interest to do so. e) Maintaining the child(ren) in the school of origin until an appropriate grading break in the academic year, if not possible or not in the child(ren)'s best interest to remain in the school of origin for the remainder of the school year. *Reference any other household members (if applicable)* This narrative field is applicable to all household members who may be provide care to the child(ren). Ms. Demo used to provide tutoring services for children with dyslexia 2007 - 2010. This will help immensely given Demo Son's diagnosis. The children are enrolled in the same schools her son attended which is in close proximity to 15. Is the family willing and able to provide placement for any siblings? ☐ Yes ☐ No ☐ Undecided This narrative field is applicable to Caregiver 1 and Caregiver 2 (if applicable). Provider Demo has expressed that she wishes to care for both Son Demo and Daughter Demo through adulthood if they are not able to be safety reunified with their mother. There are no known other siblings. Should another sibling... <i>This section is intended to be a descriptive narrative assessment to further describe the overall functioning of the family and their capacity to provide (or to continue to provide) a safe and appropriate placement for children.</i> MOTIVATION Describe the motivation to foster, adopt or be approved as a relative/non-relative caregiver. If a two-parent household, address both caregivers' mutual desire to care for the child. This includes but is not limited to the following: a) What is the alignment of the caregiver(s) with the child? b) What is the understanding of the caregiver(s) of the danger threats that make the child unsafe? c) What is the commitment of the caregiver(s) to implement and adhere to the safety plan? d) What is the willingness of the caregiver(s) to help the child achieve permanency?					Approval Upload Image Text: Unified Home Study Prior Maltreatments and Findings/Referrals	

Save Close



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

Florida Safe Families Network

Hand BookPrintAuditSpell CheckHelp

General Information

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

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

MOTIVATION

Describe the motivation to foster, adopt or be approved as a relative/non-relative caregiver. If a two-parent household, address both caregivers' mutual desire to care for the child. This includes but is not limited to the following:

- a) What is the alignment of the caregiver(s) with the child?
- b) What is the understanding of the caregiver(s) of the danger threats that make the child unsafe?
- c) What is the commitment of the caregiver(s) to implement and adhere to the safety plan?
- d) What is the willingness of the caregiver(s) to help the child achieve permanency?

This narrative field is applicable to all household members who may provide care to the child(ren).

Provider Demo expressed immense love for her niece and nephew. She is willing to care for them through their adulthood, if needed. When asked "what would make her 'walk away' from the children?" she responded that there is nothing, including their ...

EDUCATION AND EMPLOYMENT

Describe how the caregiver(s)' education, special training or employment history helps prepare them to care for a child. Discuss whether the person may have any challenges, including but not limited to the caregiver(s)' past difficulties in school, a specific learning disability or his/her current work schedule.

This narrative field is applicable to all household members who may provide care to the child(ren).

Provider Demo works from 8 AM to 5 PM at the SWA. She has provided the Case Manager with documentation from her employer for allowances to miss work to attend to the children's needs (educational, medical, judicial, etc.). She is well-educated and has a...

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.

Actions:
[Approval](#)
[Upload Image](#)

Text:
[Unified Home Study](#)
[Prior Maltreatments and Findings/Referrals](#)

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:
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.					Approval Upload Image Text: Unified Home Study Prior Maltreatments and Findings/Referrals	

Save **Close**

FSN

Provider Details

Provider Name: ChildNet PB, Worker N (098CFC - UNIT 1)

Provider ID: 900000526

Worker: ChildNet PB, Worker N (098CFC - UNIT 1)

Case Updated: 05/11/2010

UHS Date Initiated: 05/11/2010

Image Details

Date Document Scanned: 05/11/2010

Image Category: **UHS Personal Reference**

Image Type: **UHS Personal Reference**

File Name: **UHS Personal Reference**

Comments: **UHS Personal Reference**

Save **Close**

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

Florida Safe Families Network

Hand BookPrintAuditSpell CheckHelp

General Information

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

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.

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

Florida Safe Families Network

Professional Contacts

Family Support Network Contacts

SaveClose

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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.

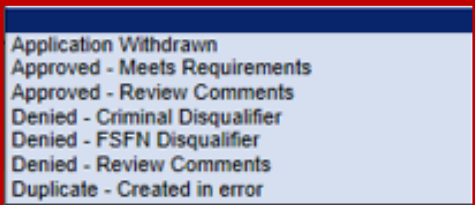
1	Recommendation	Select the appropriate recommended outcome for your supervisor to review.
2	Attachments	Select the "Attached" or Not Attached" radio button for each document. If an item is not attached, an explanation must be provided in the "Reason" field. All "Attached" items are to be uploaded to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

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

General Information
 Provider ID: 900000526 Worker Name: Child
 Purpose of Home Study: Relative Placement Pending

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

1 **Recommendation**
 Recommendation: 
 Use this field to provide supportive documentation regarding your recommendation to your supervisor.

Outcome
 Outcome: 
 Supervisor entered field. Additional drop-down option: "Denied-Court Approved."

2 **Attachments**
 Adoption - Child Study ☐ Attached ☐ Not Attached Reason:
 Adoption Subsidy Acknowledgement Form
 Affidavit of Firearm Safety
 Affidavit of Good Moral Character
 Consent to Release Information
 Florida Adoption Reunion Registry
 Florida Adoption Assistance Program

A NOTE ABOUT ATTACHMENTS...

Attachments	Upload Requirements for Relative/Non-relative UHS
Affidavit of firearm safety	Required: Signed Acknowledgement of Firearms/Safety Requirements
Consent to Release Information	Required: Use Agency Specific Release
Personal references	Optional to Upload Information
Referrals	Optional to Upload Information Provided to Caregiver
Receipts of Rights and responsibilities	Optional to Upload Information Provided to Caregiver
Receipt of Grievance Brochure	Optional to Upload Information Provided to Caregiver
Water Addendum	Optional to Upload Information Provided to Caregiver
Relative Caregiver Program Information	Optional to Upload Information Provided to Caregiver
Adoption-Child Study	N/A
Adoption-Subsidy Acknowledgement form	N/A
Affidavit of Good Moral Character	N/A
Florida Adoption Assistance Program	N/A
Information Packet Sent-Adoptive Home	N/A
Information Packet Sent-Foster Home	N/A
Florida Adoption Reunion Registry	N/A
TANF information	N/A

Actions:
[Approval](#)
[Upload Image](#)

Text:
[Unified Home Study](#)
[Prior Maltreatments and Findings/Referrals](#)

Close

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.

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](#)

Recommendation
Recommendation:

Outcome
Outcome:

SUPERVISOR'S CORNER

Once the Supervisor has reviewed the UHS, they must document their recommendation to the Court in the Outcome group box.

The Case Manager will print the UHS to provide to the court. The UHS should not be finalized in FSFN until the Court has made a final determination. If the Court approves a UHS that ChildNet has denied, the Supervisor must document this within the Outcome group box under their recommendation and use the “Denied - Court Approved” option from the drop-down.

Upon the Supervisor approving or denying the home study in FSFN, the document freezes along with the associated UHS template and is no longer editable. Supervisors need to finalize the home study and freeze it even if the UHS was denied via the approval routing FSFN functionality.

TIME FRAMES: Once signed by the caregivers, Case Managers, and supervisors, the entire UHS- including the signature page, must be uploaded into the UHS page in FSFN within two (2) business days AND once the recommendation, approval/denial, and signatures are complete, the worker has five (5) business days to provide a copy of the signed home study to the caregiver(s), regardless of the supervisor’s decision.

Consent to Release Information
Florida Adoption Reunion Registry
Florida Adoption Assistance Program

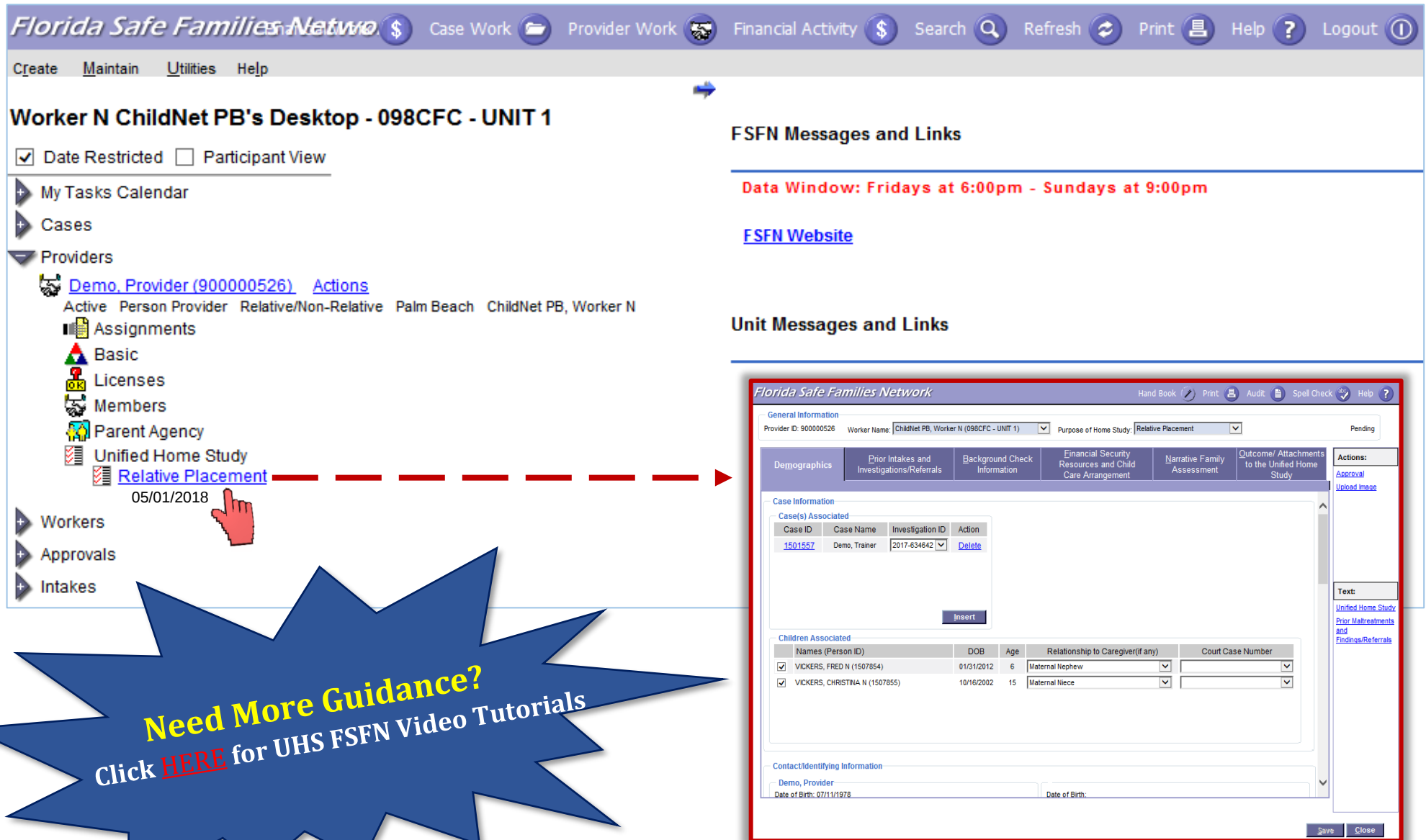
UNIFIED HOME STUDY

UNIFIED HOME STUDY

UNIFIED HOME STUDY

Save
Close

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**.



Florida Safe Families Network

Case Work Provider Work Financial Activity Search Refresh Print Help Logout

Create Maintain Utilities Help

Worker N ChildNet PB's Desktop - 098CFC - UNIT 1

☒ Date Restricted ☐ Participant View

My Tasks Calendar

Cases

Providers

 [Demo Provider \(900000526\)](#) [Actions](#)

Active Person Provider Relative/Non-Relative Palm Beach ChildNet PB, Worker N

Assignments

Basic

Licenses

Members

Parent Agency

Unified Home Study

 [Relative Placement](#)

05/01/2018

Workers

Approvals

Intakes

FSFN Messages and Links

Data Window: Fridays at 6:00pm - Sundays at 9:00pm

[FSFN Website](#)

Unit Messages and Links

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

Case Information

Case(s) Associated

Case ID	Case Name	Investigation ID	Action
1501557	Demo, Trainer	2017-634642	Delete

Insert

Children Associated

Names (Person ID)	DOB	Age	Relationship to Caregiver(if any)	Court Case Number
☒ VICKERS, FRED N (1507854)	01/31/2012	6	Maternal Nephew	
☒ VICKERS, CHRISTINA N (1507855)	10/16/2002	15	Maternal Niece	

Contact/Identifying Information

Demo, Provider

Date of Birth: 97/11/1978

Save Close

Need More Guidance?
Click [HERE](#) for UHS FSFN Video Tutorials