



Clear

RELICENSING SUMMARY FOR LICENSED HOME FOR DEPENDENT CHILDREN (Page 1)

SECTION A

Name of Licensed Out-of-Home Caregiver	District	Unit
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Date of Last Licensing: _____

Licensed Capacity: _____

List number of children cared for during the above licensing period by age and sex. Include all children, foster, adoptive, biological, etc.

	FEMALE	MALE
0 – 12 months		
1 – 5 years		
6 – 12 years		
13+ years		
TOTAL		

Individual Placements and Removals During This Period

(Please **list last** those children who are at the present time in the home.)

Name of Child	Birthdate	Date Placed	Date Removed	Reason

COMMENTS:

Training	Title	Dates	No. Hours
Licensed out-of-Home Father			
Licensed out-of-Home Mother			



LICENSED OUT-OF-HOME CAREGIVER SUMMARY FOR RELICENSING

SECTION B

Name of Licensed out-of-Home Caregiver

Date

Address

Phone Number

Changes in Caregiver Family:

Who lives in your home?

Have you moved or added any additional space to your home during the past year?

Have you changed employment during the past year?

What is your total monthly income (husband's and wife's income)? _____

What is your monthly non-earned income (benefits)? _____

Has there been any law enforcement involvement for you or any member of the household during the past year?

Please answer the following questions. If there is not enough room on this form for your answer to a question, continue your answer on a separate sheet and attach that sheet to this form.

1. How has keeping foster children affected your family during the past year?
2. In what ways have you attempted to make a child feel accepted as a part of your family?
3. Do you feel comfortable with the age and types of children placed with you during the past year? If not, why not?
4. Have you experienced keeping a child with difficult behavior during the past year? If so, what was the behavior and how did you deal with it?
5. Has a foster child left your home during the past year? If so, what did you do to assist the child in this move?

6. What kinds of things have you done to support your foster child's ties to his own family?
7. Other than providing care (food, clothing, shelter), what do you see as your responsibilities as licensed out-of-home caregivers?
8. What have you least enjoyed about being a foster family and what have you enjoyed the most?
9. What training have you attended this year, and how did you use it as a foster family?
10. What do you see as your training needs for the coming year?
11. What are your family's greatest strengths in:
 - (a) Working with foster children?

(b) Working with biological parents?

(c) Working with the Department and other agencies?

12. What are your family's greatest needs or limitations in:

(a) Working with foster children?

(b) Working with biological parents?

(c) Working with the Department and other agencies?

13. When and for how long (hours) have you used respite care during this past year? How has this service benefited your family?

14. What can we (Department) do to make your job as a foster family easier?

15. What is your preference for licensing of your home for the coming year? (Include number, ages, and characteristics of children preferred.)

Signature of Licensed Out-of-Home Caregiver – Mother	Signature of Licensed Out-of-Home Caregiver – Father	Date
	Go Back To Page 1	