# EVALUATION OF UNRELATED VISITATION RESOURCE FOR FOSTER CHILD

Name: _____ County: _____ Case #: _____

Spouse: _____ Telephone: _____ _____
Home Work

Address: _____

Who referred family to Department as visiting resource? _____

Name(s) / Case Number(s) of child (ren) for whom resource is being considered:

(1) _____/_____ (4) _____/_____

(2) _____/_____ (5) _____/_____

(3) _____/_____ (6) _____/_____

Dates of proposed visit: _____

Does the home meet the following minimum standards for a foster family home?

(1) Suitable neighborhood ☐ Yes ☐ No

Comments: _____

(2) Access or transportation to school and church ☐ Yes ☐ No

Comments: _____

(3) Functional smoke detectors/fire extinguishers ☐ Yes ☐ No

Comments: _____

(4) Home and grounds free of dangers which constitute hazards ☐ Yes ☐ No

Comments: _____

(5) Fence enclosing play area when neighborhood hazards exist ☐ Yes ☐ No

Comments: _____

(6) Doors and windows screened or home is air-conditioned ☐ Yes ☐ No

Comments: _____

(7) Home is clean ☐ Yes ☐ No

Comments: _____

(8) Adequate sleeping accommodations (Child shall not sleep with adults; babies sleep alone) ☐ Yes ☐ No

Comments: _____

## EVALUATION OF UNRELATED VISITATION RESOURCE FOR FOSTER CHILD

(9) Adequate space for sick child ☐ Yes ☐ No

Comments: _____

(10) Safe play area ☐ Yes ☐ No

Comments: _____

(11) Adequate storage and preparation space for food ☐ Yes ☐ No

Comments: _____

(12) Family is in agreement to keep child ☐ Yes ☐ No

Comments: _____

(13) Visiting resource parents are of age of majority; can read and write ☐ Yes ☐ No

Comments: _____

(14) Family members appear to be in good health ☐ Yes ☐ No

Comments: _____

(15) Shall provide supervision ☐ Yes ☐ No

Comments: _____

(16) Are of suitable character ☐ Yes ☐ No

Comments: _____

(17) Shall maintain confidential information about child and his family ☐ Yes ☐ No

Comments: _____

(18) Central Registry cleared ☐ Yes ☐ No

Comments: _____

(19) Discipline policy has been discussed ☐ Yes ☐ No

Comments: _____

(20) Statement by resource of no felony/misdemeanor convictions per policy ☐ Yes ☐ No

Comments: _____

## EVALUATION OF UNRELATED VISITATION RESOURCE FOR FOSTER CHILD

References: (Use separate sheet if more space is needed)

(1) Name _____ Telephone # _____

Date of contact and comments _____

_____

(2) Name _____ Telephone # _____

Date of contact and comments _____

_____

(3) Name _____ Telephone # _____

Date of contact and comments _____

_____

(4) Name _____ Telephone # _____

Date of contact and comments _____

_____

Has each member of the home been interviewed? ☐ Yes ☐ No Dates of contacts and comments: (Use separate sheet if more space is needed) _____

_____

Assessment of ability to care for foster child: _____

_____

Assessment of relationship to foster child: _____

_____

What is the relationship of the foster parents to the visiting resource? _____

_____

Has the worker's phone number and backup number been given in case of emergency? ☐ Yes ☐ No

Disposition: ☐ Approved ☐ Disapproved

_____ _____

Worker's Signature Date