

COMPREHENSIVE KINSHIP ASSESSMENT

Staff Name _____ Staff Position Title _____

Region/County _____ Date Assessment Completed _____

RECOMMENDATION SHOULD BE FORMED AFTER COMPLETING PAGES 2-9

ASSESSMENT RECOMMENDATION

The caregiver...	Caregiver Name:	Caregiver (Spouse) Name:
1. Understands and is able to meet the child's need for protection	Yes No	Yes No
2. Understands the child's need for care and permanency	Yes No	Yes No
3. Has been informed of legal options and available services	Yes No	Yes No
4. Will provide adequate and nurturing care	Yes No	Yes No
5. Is willing and able to care for the child(ren) without DCS oversight	Yes No	Yes No
6. Has a history free of child abuse/neglect and criminal record	Yes No	Yes No
7. Is financially able to care for the child	Yes No	Yes No
8. Can provide long-term permanency if needed	Yes No	Yes No
9. Meet criteria for FFKC	Yes No	Yes No

Families First Kinship Care(FFKC)Payment Recommended: _____ **Not Recommended:** _____

Explanation: _____ **Supervisor Signature:** _____ **Date:** _____

THE CHILDREN BEING CONSIDERED FOR PLACEMENT

	Full Legal Name	Date of Birth	Social Security Number	Relationship to Caregiver	Gender M/F	Race B/W/H/O	Enrolled in School Y/N - Grade	Special Needs Y/N
1.							-	
2.							-	
3.							-	
4.							-	
5.							-	
6.							-	
7.							-	
8.							-	
9.							-	

Describe why the children above are at-risk of entering custody:

Describe any special needs (i.e. medical, behavioral, educational, physical) of the children above: (Identify the child)

CAREGIVER(S) HOUSEHOLD

Current Address:

Phone Number:

HOUSEHOLD MEMBER DEMOGRAPHICS

Full Legal Name	Relationship to child	Date of Birth	Social Security Number	Race	Marital Status
Primary Caregiver(s)					
1.				B/W/H/O	S M D
2.				B/W/H/O	S M D

Describe caregiver's relationship with child(ren):

Describe caregiver's relationship with birth parent(s):

Describe caregiver and spouse's relationship with each other (if applicable):

Is the caregiver and spouse equally committed to caring for the child(ren)? Explain:

OTHER CHILDREN IN THE HOUSEHOLD

Full Legal Name	Date of Birth	Social Security Number	Relationship to Caregiver	Gender	Race	Enrolled in School Y/N - Grade	Special Needs Y/N
1.				M/F	B/W/H/O	-	
2.						-	
3.						-	
4.						-	
5.						-	

OTHER ADULTS IN THE HOUSEHOLD

Full Legal Name	Relationship to Child	Date of Birth	Social Security Number	Race	Marital Status
1.				B/W/H/O	S M D
2.				B/W/H/O	S M D

Comments: (i.e. special needs)

ASSESSMENT OF COMMITMENT AND ABILITY TO CARE FOR CHILDREN

Caregiver(s)	#1 Name:		#2 Name:	
	For each item indicate "Yes" or "No" and provide explanation			
1. Expresses strong desire to care for children	Yes	No	Yes	No
2. Has demonstrated an understanding of reason(s) for out-of-home placement	Yes	No	Yes	No
3. Has demonstrated an understanding of child specific care needs	Yes	No	Yes	No
4. Has family and/or other sources of support	Yes	No	Yes	No
5. Indicates a willingness to follow-through with referrals and services if needed	Yes	No	Yes	No
6. Appears in good health and reports no serious medical conditions	Yes	No	Yes	No
7. States that they are free of substance or chemical dependency	Yes	No	Yes	No
8. Has a history of mental illness	Yes	No	Yes	No
9. Has a history of domestic violence	Yes	No	Yes	No
10. Understands child's need for return home or other permanent resolution	Yes	No	Yes	No
11. Appears willing to assist with reunification efforts	Yes	No	Yes	No

ASSESSMENT OF COMMITMENT AND ABILITY TO CARE FOR CHILDREN continued

Caregiver(s)	#1 Name: For each item indicate "Yes" or "No" and provide explanation		#2 Name: Provide explanation
12. Express willingness to raise child(ren) if reunification cannot be accomplished	Yes	No	Yes No
13. Is committed to following through with any court restrictions on parental visitation	Yes	No	Yes No
14. Is committed to support sibling visitation, if applicable	Yes	No	Yes No
15. Has ensured that any pets are well-cared for and do not present safety concerns	Yes	No	Yes No
16. Lives in a location that will not require the child to change schools	Yes	No	Yes No
17. Has a plan regarding care of child in case of emergency	Yes	No	Yes No
18. Willing to work with child's school to address educational needs	Yes	No	Yes No
ASSESSMENT OF HOME ENVIRONMENT			
1. Is adequately furnished	Yes	No	Provide explanation
2. Will provide each child with adequate and appropriate sleeping arrangement	Yes	No	
3. Visible conditions, including level of cleanliness, which would be hazardous to the child's health and safety	Yes	No	

Families First Kinship Care Payment DETERMINATION OF ELIGIBILITY

FAMILIES FIRST KINSHIP CARE ELIGIBILITY CRITERIA		YES	NO
1.	Has CPS determined that the child is at-risk of entering into DCS custody?		
2.	Does child's biological parent reside outside the home of primary caregiver and child?		
3.	Does caregiver meet the 5 th degree TANF relationship requirement? (*See Chart #1 below)		
4.	Will the caregiver cooperate with Child Support Enforcement for both parents or claim "Good Cause Exemption"? (* See Chart # 2 below)		
5.	Is "child's" income less than \$300 for child age 0-11 and \$330 for child age 12- 18? (*Include the \$140.00/mo child-only grant in test of child's income)		
6.	Child is receiving or application is submitted for Families First Child-only grant?		
7.	Is caregiver's income below 200% of Federal Poverty Guidelines? (Complete financial eligibility form on next page)		
*If "NO" is checked for any question above, family does not meet eligibility criteria. Consider other options			

If all the questions above are checked "yes", complete the attached DHS Application/Review of Eligibility for Families First and fax to DHS (see attached list for DHS contact person for each pilot county)

***Chart # 1**

Relatives Within the 5th Degree of Relationship to the Child	
1.	Any blood or adoptive relative, i.e., grandparents, great-grandparents, siblings, aunt/uncle, first cousin, nephew/niece, first cousin once removed, great uncles/aunts, and great-great-grandparents.
2.	Any of the above relatives who are of half-blood relationship
3.	Legal spouses of any person in the above group, even if marriage terminated by death or divorce.
4.	Step-siblings of the child

***Chart # 2**

Good Cause Exemptions for refusal/failure to cooperate with Child Support Enforcement	
1.	If it is reasonably certain that there will be physical or serious emotional harm to the child as a result of Caretaker's cooperation.
2.	If it is reasonably certain that there will be physical or serious emotional harm to the caretaker that would Reduce his/her capacity to provide adequate care for the child.
3.	If pursuit of child support would be detrimental to the child because he/she was conceived as a result of incest or forcible rape.
4.	If Adoption proceeding are pending for the child.

DETERMINATION OF CAREGIVER FINANCIAL ELIGIBILITY FOR FAMILIES FIRST KINSHIP CARE PAYMENT

TYPE OF INCOME	HOUSEHOLD MEMBER	AMOUNT
Pension		\$
Families First		\$
Wages, Salaries, Commissions		\$
Social Security Benefits		\$
SSI (Supplemental Security Income)		\$
DOES NOT COUNT		\$
Unemployment Benefits		\$
Veteran's Benefits		\$
Military Allotments		\$
Self-Employment Income (deduct cost of doing business)		\$
Rental Income		\$
Severance Pay (unless paid as lump sum)		\$
Interest/Dividends /Royalties/Trust		\$
Other Income:		\$
DOCUMENTATION MUST BE PROVIDED		
Total Monthly Household Income		\$
Total Annual Household Income		\$

Chart #3 Federal Poverty Guidelines (200%)		
Household Size	200% monthly	200% yearly
1	\$1,633.00	\$19,600.00
2	\$2,200.00	\$26,400.00
3	\$2,766.00	\$33,200.00
4	\$3,333.33	\$40,000.00
5	\$3,900.00	\$46,800.00
6	\$4,666.66	\$53,600.00
7	\$5,033.00	\$60,400.00
8	\$5,600.00	\$67,200.00

For Households with more than 8 members, add \$566.66 per month and \$6,800 per year for each additional member.

Is Caregiver Categorically Eligible for Families First Kinship Care Payment?	Yes	No
Will Childcare be needed?	Yes	No
IF yes to the above question, does Caregiver have the resources or support system to meet childcare needs?	Yes	No
Has the caregiver been informed that they must complete the attached application for DHS to receive Families First Kinship Care Payment, and that they may apply for other benefits through DHS including Childcare assistance, food stamps, etc.	Yes	No

My signature indicates that the information I have given on all questions is true. I understand that I must provide proof of income and that I must report any changes in circumstances within 10 days of the change.

Caregiver's Printed Name: _____ Signature: _____ Date _____