

## Out of County Home Assessment Request (CD-174)

### PURPOSE:

Form CD -174 is initiated by a county to request a home assessment for a proposed resource for placement of a child who is in CD custody. It provides relevant information regarding the proposed placement and a request for a finding as to whether the placement would or would not be recommended. Following completion of the assessment by the receiving county this form in addition to the completed assessment and supporting documentation will be used as an official notification of the appropriateness of proposed resource. .

### NUMBER OF COPIES AND DISTRIBUTION:

Complete three (3) copies of this form. The originating county retains one copy of the request for the home assessment and forwards two (2) copies to the receiving county. The receiving county indicates recommendation, retains one (1) completed copy of the form, assessment and supporting documentation and then forwards the other completed packet to the originating county.

### INSTRUCTIONS FOR COMPLETION:

#### *Section I - Identifying Information:*

In the first two blocks, enter the name of the circuit manager and county address where the request is being forwarded (TO) and the name and address of the circuit manger and county who is submitting the request (FROM).

- Enter the full legal name, DCN, sex, birth date and ethnic group of the child for whom this placement is proposed.
- Enter the names of the legal parent #1 and the legal parent #2. In most instances the legal parents will be the birth parents. In cases where an adoption has been finalized, the adoptive parents will be the legal parents. If the parent(s) is deceased, enter "deceased" after the parent's name. If parental rights have been terminated by the court, indicate in parenthesis beside the name; or, if you prefer to withhold the name, simply note that parental rights were terminated.

#### *Section II - Placement Information:*

- Enter the full name, address and telephone number of the person(s) or facility with whom the originating county proposes to place the child or has requested a family assessment. If the resource, e.g. foster family care, is yet to be determined, leave these items blank.
- Legal Status: Place an X in the box which designates one of the following:
  - CD CUSTODY: Child is in the legal custody of the Children's Division
  - COURT JURISDICTION ONLY: Child is under court jurisdiction, but not in the legal custody of an agency. The court has full responsibility for weighing the

requested information and making the placement decision. This is most likely to occur when two or more parents/relatives have a dispute over custody.

- **PARENTAL RIGHTS TERMINATED:** Originating county has accepted a voluntary relinquishment of parental rights and/or has completed court action terminating parental rights and has the right to place for adoption.
- **OTHER:** Legal status is not otherwise listed e.g., legal action, such as a petition for custody or to terminate parental rights is pending.

*Section III – Services Requested:*

- *Natural Parent Assessment:* Legal parent(s)
- *Relative Home Assessment:*
- *Adoptive Family Assessment*
- **Foster Family Assessment:** A substitute family resource which is intended to be licensed or approved as a foster home.
- **ILA:** Independent Living Arrangement (an older teenager who is still under the jurisdiction of the court and CD custody and/or supervision, but is capable of independent living without the supervision of a foster home or group home)
- **Transitional Living Arrangement:** Provides an older teenager who is still under the jurisdiction of the court and CD custody with an appropriate living environment to transition from alternative care to self sufficiency.
- *Divorce Custody Study*

*Section IV -Mandatory Attachments: to be provided by the requesting county with the completed CD-174*

- ***Child’s Social History:*** Should accompany the majority of referrals. This includes the pre-placement summary on adoption referrals and can be written with non-identifying information, if appropriate and preferred. Section 6, Chapter 9 Subsection 9.1
- ***Family Assessment:*** Attach a current family assessment if one is not being requested. Mark if you already have an approved adoptive home study or the child is re-locating with foster parents and the foster family assessment is enclosed. CD-14
- ***Initial Child Abuse/Neglect Background Information:*** The sending county is required to complete a background screening using the FACES system for anyone residing within the potential provider’s home that is seventeen or older. Written verification of the completed screening along with pertinent information should be included as an attachment.

- *Court Order:* All applicable court documents should be enclosed e.g., custody orders, orders terminating parental rights, and orders requesting a family assessment.
- *Preliminary Criminal History Screening:* The sending county should complete a criminal background screening for anyone residing within the potential provider's home that is seventeen or older. Written verification of the completed screening along with pertinent information should be included as an attachment. It is preferred that this information be provided prior to sending the OTI request if case specific timeframes allow.
- *Summary of Case History/ Family Involvement with Children's Division:* The sending county is to provide a summary of the family's involvement with the agency and or juvenile court system.
- *Other:* Indicates other pertinent material such as psychological evaluations, permanency plan, medical reports, school reports and written service agreements. It is not necessary to itemize these enclosures on the form.

**NAME OF SENDING WORKER:** the form is to include the Children's Service Worker's name requesting the service or family assessment. Worker is also to provide their e-mail address, direct phone number in the allotted space.

**NAME OF SUPERVISOR:** the form is to include the sending Children's Service Worker's supervisor's name, e-mail address and direct phone number in the allotted space.

*Section V – Action by Receiving County:*

This section is completed in the receiving county. The designated person reviews the proposed placement and all required information. If the sending county has requested placement, the receiving county will indicate whether the placement is recommended.

**SIGNATURE OF RECEIVING WORKER:** This form should be signed and dated by the children's service worker completing the requested family assessment and their supervisor.

**SIGNATURE OF RECEIVING WORKER SUPERVISOR:** This form should be signed and dated by Children's Service Worker's supervisor.

**Instruction for Retention:**

This form shall be retained in the child's record indefinitely.

Memoranda History: CS88-05; CD08-75