NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
RECEIVING STATE PRIORITY HOME STUDY

For Regulation 7 use only

Each section must be completed (Please type) | Sending State:

Child(ren) to be placed

Name	**DOB** (mm/dd/yyyy)	**Age**	**Ethnic Group** (Please select all applicable)		
	/ /		☐ W-White	☐ B-African American	☐ OT-All Other
			☐ H-Hispanic	☐ A-Asian	☐ UK-Unknown
			☐ AI-American Indian	☐ HP-Pacific Islander	
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DATES OF TELEPHONE CONTACT: / / ,

DATES OF HOME VISITS: / / ,

PROPOSED CARETAKER(S)

NAME:

RELATIONSHIP OF PROPOSED CARETAKER TO CHILD:

ADDRESS:

HOME TELEPHONE: ( ) -

WORK TELEPHONE: ( ) -

MARITAL STATUS:
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

LENGTH OF RELATIONSHIP

ADDITIONAL CARETAKER/SPOUSE NAME:

TELEPHONE: ( ) -

HEAD OF HOUSEHOLD (Name on rent receipts, utility bills, etc.):

NUMBER OF MEMBERS IN HOUSEHOLD:

RELATIONSHIP TO PROPOSED CARETAKER:

REASON FOR WANTING TO CARE FOR CHILDREN:

HOW DID YOU HEAR ABOUT CHILD'S SITUATION?

DO YOU UNDERSTAND THE SITUATION THAT CAUSED THIS REQUEST?

ABILITY TO PROTECT CHILD FROM OFFENDER:

WILLINGNESS TO PROVIDE CARE:
☐ Unlimited ☐ Limited Time ☐ Open Ended Explain:

APPROPRIATENESS OF CHILD CARE PLANS:

FORMS OF DISCIPLINE:

ABILITY OF CARETAKER, COMMUNITY, SCHOOLS TO MEET CHILD(REN)'S SPECIAL NEEDS:

EMPLOYER NAME AND ADDRESS:

EMPLOYER TELEPHONE #: ( ) -

PLEASE OBTAIN INCOME VERIFICATION:
Income: $ ☐ Yearly ☐ Monthly ☐ Biweekly ☐ Weekly

IS PRESENT INCOME ADEQUATE:

WILLINGNESS OR ABILITY TO CARE FOR CHILD WITHOUT FINANCIAL HELP:
☐ Yes, Willing and Able ☐ No, Not Willing / Not Able

WILLINGNESS TO ACCEPT OR APPLY FOR AFDC?
☐ Yes ☐ No

REQUESTS FOSTER CARE BENEFITS:
☐ Yes ☐ No

WILLINGNESS TO UNDERGO LICENSURE:
☐ Yes ☐ No

ABILITY OF CARETAKER, COMMUNITY, SCHOOLS TO MEET CHILD(REN)'S SPECIAL NEEDS:

OTHER ADULTS IN HOUSEHOLD

(List separately, use additional sheet to list household members if needed)

NAME:	AGE:	NAME:	AGE:
RELATIONSHIP TO PROPOSED CARETAKER:		RELATIONSHIP TO PROPOSED CARETAKER:	
ATTITUDE TOWARDS PLACEMENT:		ATTITUDE TOWARDS PLACEMENT:	

OTHER CHILDREN IN HOUSEHOLD

(List separately, use additional sheet to list household members if needed)

NAME:	AGE:	NAME:	AGE:
RELATIONSHIP TO PROPOSED CARETAKER:		RELATIONSHIP TO PROPOSED CARETAKER:	
ATTITUDE TOWARDS PLACEMENT:		ATTITUDE TOWARDS PLACEMENT:	
SCHOOL PROGRESS/ISSUES:		SCHOOL PROGRESS/ISSUES:	

CLEARANCES

In accordance with Receiving State laws. Note: NY regulations do not authorize SCR or fingerprint checks for parent or unlicensed relative home studies (NY SSL 378-a and 424-a).

Law enforcement/child abuse and neglect clearances for all household members who have reached the age of 18.

POLICE:

CHILD ABUSE AND NEGLECT:

FAMILY KNOWN TO PUBLIC/SOCIAL SERVICES AGENCIES (If Yes, please explain):

HEALTH

Proposed caretaker and other family members state that they are in basic, good health and free of communicable diseases: ☐ Yes ☐ No

HOME AND COMMUNITY

ADEQUACY OF SPACE:

WILL THE CHILD HAVE HIS/HER OWN BED?
☐ Yes ☐ No

WILL THE CHILD HAVE HIS/HER OWN CLOSET SPACE?
☐ Yes ☐ No

WILL THE CHILD SHARE A BEDROOM?
☐ Yes ☐ No

IF YES, WITH WHOM? (LIST NAMES):

HOUSEKEEPING STANDARDS:

VIEWED POTENTIAL HAZARDS, SAFETY PROBLEMS (PLEASE SPECIFY):

APPROPRIATENESS OF NEIGHBORHOOD:

PROXIMITY TO SCHOOLS, MEDICAL SERVICES, ETC.:

AREA OF CONCERN

DID YOU VISUALIZE OR ANTICIPATE ANY POTENTIAL PROBLEM AREAS WITH THIS CASE? (EXPLAIN)

CASE PLAN FROM SENDING STATE

IS THE SUBMITTED CASE PLAN SUITABLE/ADEQUATE FOR THIS PROPOSED PLACEMENT? ☐ Yes ☐ No If No, explain:
DO YOU HAVE ANY RECOMMENDED CHANGES IN THE CASE PLAN OR GOAL? ☐ Yes ☐ No If Yes, explain:
ARE THERE ANY RESTRICTIONS OR LIMITATIONS YOU WOULD PLACE ON THE PROPOSED FAMILY, THE COURT, THE PLACING AGENCY?
FINANCIAL/MEDICAL PLAN FROM SENDING STATE: Is it adequate for this child? ☐ Yes ☐ No If No, explain:

STUDY NARRATIVE

Discuss any areas that cannot be addressed by this abbreviated study. Please expand or expound on any area that needs clarification:			
WORKER'S RECOMMENDATIONS: ☐ For Placement ☐ Against Placement (explain)			
COMMENTS (If appropriate):			
PLEASE LIST CONDITIONS, IF ANY, FOR PLACEMENT TO OCCUR:			
WORKER NAME:	TELEPHONE #: ( ) -	SUPERVISOR NAME:	TELEPHONE #: ( ) -
WORKER SIGNATURE:	DATE: / /	SUPERVISOR SIGNATURE:	DATE: / /