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It is not to be completed.  
Form 04AF003E is completed.





**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**  
**Guidelines for Resource Family Assessment**  
**Bridge Family Profile**



The profile is used by the resource specialist or contractor to assess a family's appropriateness to serve as a Bridge Resource Family. Best Practice Tips explain why questions are asked in each major section, and are included. The profile is used to provide an overview of the family depicting truthful, consistent, and complete information. The assessment is completed using Form 04AF003E, Resource Family Assessment - Bridge Family Profile

**a. Identifying applicant information**

Resource name	Pre-resource number	Resource number
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<b>Resource applicant: father</b>			
Date of birth	Race	Tribal affiliation	Membership number
Social Security number		Area code	Work number
Area code	Cell phone	E-mail address	
<b>Resource applicant: mother</b>			
Date of birth	Race	Tribal affiliation	Membership number
Social Security number		Area code	Work number
Area code	Cell phone	E-mail address	

Street address	City	State	Zip
County		Area code	Home phone

Children in the home	Date of birth	Relationship

Other household members	Date of birth	Relationship

**b. Motivation/training/contact summary**

**Best practice tip:**

This section is reflective of the applicant's desire to care for children in the Child Welfare system. One looks for altruistic characteristics that suggest the applicant is not expecting personal gain. One explores the applicant's willingness to meet the needs of the child, regardless of the applicant's feelings, as it relates to partnering with the child's family to return the child home as quickly as possible. Finally, explore their sensitivity to the child's connections – do they understand why children need to see their family? Can they imagine ways to help the child stay connected to people who have meant a lot to the child? Look for their desire to do this work **through the eyes of the child.**

**1. Motivation to become an OKDHS Bridge family.**

- How did the applicants learn about the Bridge Resource Family Program? For example, was it through contact with other resource families, television, or contact with OKDHS?
- What prompted the applicant's interest in caring for someone else's children? Have they considered it for a while? Do they know a child needing care? Is there a relative's child in care, or are they familiar with a resource family?
- Has the applicant ever had a home assessment or custody evaluation completed? When, where and what were the results?
- Is the extended family supportive of the applicant's decision to become a Bridge Resource Family?
- Is there a history of fostering or adopting in the applicant's family, including informal arrangements?
- Does providing care for a child satisfy, in part, an attempt to work through a loss or to repeat or replace a major relationship?

- Describe the applicant's understanding about the importance of their role as a Bridge Resource Family. What will the applicants do to:
  - actively help the birth parent improve their ability to safely care for their child?
  - keep siblings connected? Are they willing to have siblings placed together?
  - stay connected to the child when the child leaves their home?
- Would the applicant consider being a legal guardian or the adoptive parent of a child placed in the home?
- Describe the applicant(s)' belief that parents can change their behavior in caring for their children. What would the applicant say if the parent of a child apologized for not caring for their child properly?
- What is the applicant's understanding of a child's connections to the birth family?
- How does the applicant understand their role in helping children maintain connections with their birth family and other significant connections? What will the family do to help the child maintain those connections?
- Is the applicant requesting placement of children from another state through Interstate Compact on the Placement of Children? If yes, which state?
- Have the applicants signed Form 04AFOO5E, Notice to Bridge Resource Family? Does each applicant understand and agree with the program goals?

**2. Training.**

- What pre-service training or orientation series did the applicant(s) complete? Include the dates.
- What was the applicant's reaction to the training? What did each applicant learn during the training?
- If the applicant has had other training relevant to being a Bridge Resource Family, provide the titles and the number of hours received.

**3. Contact summary.**

A **minimum** of two in-home visits are required, including both individual and joint interviews with the applicant(s) and children in the home. List the dates, places of contact and persons interviewed, and the purpose of contact. The final review of the assessment is not included in the minimum number of required visits.

### c. Family network and current family structure

#### **Best practice tip:**

This section assesses the applicant's present household arrangements, organization and relationship to extended family and non-blood kin. When you walked into the home what did you feel? Does the home have a sense of warmth and caring - even if it might be very busy and active - did you get a sense that the people in the home love one another?

This section in part assesses the support the applicant will receive from family as they become a caregiver for a child from the Child Welfare system. You are seeking knowledge about family members in the home to assess the home's safety. Do not be shy in your assessment. A vulnerable child may be placed or may already be placed in this home. You must know:

- Who lives here?
- Who visits regularly?
- Do they pose risk of harm to a child?
- Do people in the home, or those who are there regularly, like children? Understand children?
- Do the applicants understand the importance of keeping the child safe?

The family's current household arrangements, organization and their relationship to extended family and non-blood kin are outlined in this section.

1. **Family network diagram.** Complete a Family network diagram using the symbols from Attachment IV, Family Preparation and Assessment Tools Symbols.
2. **Current family structure summary.** The following questions assist in gaining a basic understanding of the family's household arrangements. Adults in the home other than the applicant(s) are considered part of the family and in terms of how they might be affected by or have an effect on children placed in the home.

Briefly describe:

- Who lives in the home and what is their relationship to the applicants?
- Who visits regularly?
- Who spends the night including other children and how often?
- Who helps with the children?

## d. Genogram/family history

### **Best practice tip:**

Completion of the genograms explores relationship patterns within the family. Are they a close family? Why? Is this a family with strained relationships? Why?

#### **1. Genogram**

A multi-generational diagram of the family presented through the genogram and interviews identify significant patterns of family structure, relationships, and function.

Complete a genogram using the symbols from Attachment II, Genogram.

#### **2. Family history summary.**

Summarize the information obtained from the genogram and individual and joint interviews.

##### **A. Resource applicant father and mother and other adults.**

Present a biographical sketch of the applicant(s), including date(s) of birth, place(s) of birth, person(s) who raised the applicant(s), and the present occupation including work history, religion, education, personality, interests, hobbies, and a physical description such as: height, weight, eye color, hair color, race, and ethnicity. List all languages spoken and fluency. Describe relationship with family and friends.

- Discuss the importance of identifying families who are members of a tribe or eligible for tribal membership so Indian children may be placed according to the Indian Child Welfare Act. An Indian child is a member of a tribe or eligible for membership and is the biological child of a member of a tribe.
- Does the applicant claim Indian ancestry? Is the applicant a member of a tribe or eligible for tribal membership? If yes, obtain copies of the Certificate of Degree of Indian Blood (CDIB) and the tribal membership card.
- If no membership card is available, complete Form 04TB001E, Letter to Verify Tribal Membership of Resource Family Applicants, to the tribe for verification.

**B. Health history of resource family members.**

**Best practice tip:**

In this section one tries to ensure the family has the emotional and physical health necessary to care for a child. No single health issue automatically eliminates an applicant - but you need to assess the health issues in the context of a child's needs. Can this applicant care for a child entering their home? Do they have a history of substance abuse, gambling or other addictions? If so, how have they dealt with them? Have they demonstrated the ability to overcome these life challenges? If so, will they judge the child's family, "I did it and so can they." Will they be empathic? One also assesses the emotional strength of the applicant. Does the applicant possess a sense of confidence in their ability to meet life's challenges? Do they communicate well?

**i. Physical health**

Review Forms 04AF008E, Medical Examination Report, and 04AF017E, Family Health History.

- Describe the applicant(s)' health, mobility, and ability to provide age appropriate activities and stimulation for the preferred child.
- Regardless of the age, discuss the age difference between the applicant(s) and the preferred child.
- Does the applicant receive Supplemental Security Income (SSI), Social Security Administration (SSA) or any type of disability payments including Worker's Compensation? If so, in detail explain the reason. Are there limitations? How does the disability affect child care giving? How long has the applicant received disability or SSI?
- Describe the applicant(s)' health history.
- Does the applicant(s)' smoke or use alcohol? Inquire about use and frequency and discuss the impact these activities will have on a child placed in the home.
- Describe any history of alcohol or drug abuse.
- Describe any history of serious medical problems.
- In detail describe each medication, prescribed or over-the-counter, that the applicant takes and why. Discuss the medication's affects on the applicant(s)' daily function.
- Was the applicant physically or sexually abused or believe that he or she was neglected? Were there allegations? Were they reported or investigated? What was the outcome?
- How have those experiences affected the applicant's life? What strengths did he or she gain as a result?
- How will the applicant help a child with similar experiences?

**ii. Mental health**

When mental health services have been utilized, the applicant signs Form 08HI003E, Authorization to Disclose Medical Records, in order to contact the mental health professional for additional information. Send Form 04AF013E, Resource Family Assessment Letter for Mental Health Professional, to each provider.

- Describe any history of behavioral (anger issues or domestic violence) or emotional (anxiety, depression, and such) problems the applicant has experienced.
- Describe how the problems are or were addressed.
- Thoroughly describe medication that was or is being used to treat any mental health concerns.
- When was the applicant last seen by a mental health professional or a pastoral counselor? Describe the issues that necessitated counseling.
- Did the need for mental health services result in a hospitalization? If so, describe.
- Did the applicant complete the treatment plan? Was the treatment helpful? What was the outcome?

**C. Parents of the resource family father and/or mother**

**Best practice tip:**

People often parent as they were parented. In this section one seeks to learn the parenting behaviors the applicant(s) learned in their childhood home(s). Would they describe their childhood as safe and happy? What are the parenting attributes that they learned from their own parents they will use when caring for a child from the Child Welfare system in their home? Ask the applicant to describe what their life was like growing up.

- Present a biographical sketch of the parent(s) of the applicant(s), including name, age, personality, education, occupation, address, and phone number.
- Describe any history of serious medical or emotional problems or any history of alcohol or drug abuse. Discuss the impact on the family.
- Discuss any concerns of physical or sexual abuse of children, arrests or convictions of criminal actions.
- Describe the applicant(s) relationship with their parent(s) and how often do they have contact. How do the parent(s) of the applicant(s) feel about the applicant(s) becoming a Bridge Resource Family? How will they accept the child placed in the home?
- If deceased, list cause of death and year.

- If the parent(s) did not rear the applicant(s), who did? Explain why and describe the relationship the applicant had with this person growing up. Is the relationship valid now. Describe.

**D. Siblings of resource family father/mother.**

- Present a biographical sketch of the sibling(s) of the applicant(s), including name, age, personality, education, occupation, address, and phone number.
- Describe any history of serious medical or emotional problems and any history of alcohol or drug abuse. Discuss the impact on the family.
- Discuss any concerns regarding physical or sexual abuse of children, arrests, or convictions of criminal actions.
- Describe the applicant(s)' relationship with their sibling(s) and how often they have contact.
- Did the applicant(s) reside with their sibling(s)? If not, explain why and describe the relationship the applicant had with them growing up. Has it affected the relationship they have now?
- How do the sibling(s) of the applicant(s) feel about the applicant(s) becoming a Bridge Resource Family? How will the siblings accept the child placed in the home?
- If deceased, list cause of death and year.

**E. Significant relationships**

**Best practice tip:**

In this section one assesses current and past relationships. If the applicant is single, does he or she have a significant relationship to be considered? Will the relationship interface with the child? If the applicants are married, assess their relationship. How do they communicate? Does it appear that they are clear, open, and respectful with one another? Do you sense undercurrents in the home? Are there any communication patterns of concern? It is imperative that one observe communication between significant members in the home.

Also assessed is the continuity of relationships. Does applicant maintain connection with individuals over long periods of time?

**i. Current relationship.**

**Single (never married, divorced, or widowed).**

- Does the applicant have a special person or significant friend in his or her life? If so, how is that person involved with the family? How often is the person in the home? What role will they play in the lives of the children placed in the home?
- How will being a Bridge Resource Family affect this relationship?

- What does the applicant and their significant friend do for fun and recreation?
- What support systems does the applicant have and who does the applicant go to for advice?

**Married**

- Describe the marital relationship. When and where did they meet and marry?
- Describe what activities they enjoy together? How do they make time to be together? Do the applicants see this changing if they become a Bridge Resource Family?
- Describe the applicant(s)' strengths and challenges in their relationship?
- What makes their marriage successful?
- Has there been a separation? Was divorce considered? Have these issues been resolved? How? In what ways? Has this strengthened the marriage?

**Common-law or live-in relationship**

- When did the applicants meet? When was the relationship established? How do family and friends view their relationship?
- Describe the activities they enjoy together. How do they make time to be together? Do the applicants see this changing if they become a Bridge Resource Family?
- Describe the applicant(s)' strengths and challenges in the relationship.
- If the applicants are not legally married and have children, how do the applicants' children explain their relationship?
- How would the applicants explain their relationship to a child placed in the home?
- Have the applicants considered how they would respond to questions or concerns about the relationship?
- If the applicants would consider adopting a child, only a single person or a legally married person is eligible to adopt. Which of the applicants would desire to be the adoptive parent?

**Other relationships, such as parent and/or child, siblings, or roommates**

Discuss the relationship.

- Are they related?
- Does the applicant provide care to the other adult person?
- What role will the other adult play in the life of the child?

- Will they both be active members in a Bridge Resource Family?
- If they are not going to be involved, how will the other adult react to the applicant being a Bridge Resource Family?

### **Separation**

- Explain the reasons for the applicant being separated from his or her spouse and when the separation occurred.
- Is this a legal separation? If so, explain the terms and obtain a copy of the legal separation document.
- If there are children in the home, how has this affected their relationship with their parents?
- What type of contact and frequency does the applicant have with his or her spouse? If children are involved describe their contact as well and how the separation affects them.
- Is reconciliation a possibility? If not, why does the applicant continue to remain married but separated?
- Describe the applicant's strengths and challenges in caring for additional children while separated.

## **ii. Previous relationships**

### **Past marriages**

- Discuss each past marriage, including common-law, that each applicant had. Include the name of the person married, marriage and divorce dates, and the location of the marriages and divorces in order to verify;
- Discuss why the marriage ended. If it ended due to death, include the date. If due to incompatibility, irreconcilable differences, and such, be specific in the explanation.
- Does the applicant maintain contact with his or her ex-spouse? If so, to what extent? Is the relationship friendly or adversarial? Explain why.
- Discuss children from each marriage. If the children are under 18 years of age, discuss visitation and other contacts.
- What has the applicant learned from the experience?
- Obtain copies of all divorce decrees.

## F. Children (Excluding OKDHS custody children)

### Best practice tip:

Children in the home are assessed to determine if they are supportive of having other children being in their home. Why or why not? Are the demands of the applicant(s)' children such that the applicant will have a very challenging time caring for more children? Does the family appear to support children's activities and hobbies? Does the home appear to be child-centered or adult-centered? Could one imagine this applicant caring for additional children?

Do the children living in the home present significant stressors for the applicant? Will a child be safe around the children already in the home? Is there a sense of empathy or judgment of the child coming into the home?

### i. Children in the home under the age of 18 years

- Summarize in narrative format the information obtained through the interview with each child, and if utilized, the Child's Questionnaire. Describe each child in the home, including age, date of birth, personality, interests, skills, grade and school attended or home school, activities, or hobbies.
- Describe the child's attitude or thoughts toward other children being placed in the home and their ability to share his or her parent(s)' time and attention, their room, toys, and personal possessions.
- Describe any problems in the parent-child authority relationships, and the ability or inability to get along with other children.
- Does the child live with both parents? If not, describe the relationship with the other parent and how often does the child visit?
- Where are the visits held?

#### Physical health

- Review and summarize Form 04AF017E, Family Health History, statement from the child's physician, and immunization record.
- Does the child have health concerns that may impact the applicant(s)' time in meeting the needs of a child placed in the home?

#### Mental health

- Has the child in the home been involved in any counseling or family therapy? If so, from the child's perspective, describe the situation that led to obtaining

the services and reaction(s) to the services. Provide the date(s) of service and provider data.

- From the applicant(s)' perspective, describe their perception of the issues that necessitated counseling or other services and the results. The applicant(s) signs Form 08H1003E, so that the mental health professional may be contacted for additional information. Send Form 04AF012E Child's Mental Health Reference Letter, to each mental health professional.

**Juvenile Justice Information System (JOLTS) check for youth over the age of 13 years.**

- Review the JOLTS information on Form 04AF007E, Records Check.
- If the youth has history, describe the nature and seriousness of the offense(s) and the date(s) of each, ongoing involvement, and degree of rehabilitation.
- Discuss this history with the applicant. What was occurring in his or her life that led to the behavior? Has the youth made any changes and what was learned from this experience?
- Does the youth's history or current behavior pose a risk to a child in OKDHS custody?

**ii. Children out of the home under 18 years of age**

- Describe each child who lives at a different location from the applicant(s). Include age, date of birth, personality, interests, skills, grade and school attended or home school, activities, and hobbies.
- Include why the child does not live with the applicant.
- Describe any problems in parent-child authority relationships, ability to get along with other children.
- Describe the child's attitude or thoughts toward other children being placed in the home and their ability to share his or her parent(s)' time and attention.
- Describe the applicant's involvement with the child when not visiting.
- Where will the child(ren) sleep in the home?
- If the child(ren) has regular visits in the home, complete a JOLTS check and Information documented on Form 04AF007E, Records Check.

**iii. Adult children**

- Describe each of the applicant's children who is 18 years of age or older. Include name, date of birth, personality, and address of their residence.

- Describe the family's relationship and frequency of contact with each child. Is the adult child the parent of the child being considered for placement? Is the applicant's relationship with their child friendly or adversarial? Explain.
- If the adult child lives in the home with the applicant, what will their role be in caring for a child who might be placed in the home?
- If an adult child is incarcerated, explain what led to the incarceration? How does the applicant(s) feel about it? Do they have any contact with him or her? What challenges did the applicant have in parenting him or her as a child? What are the discharge plans? Does the applicant anticipate the adult child returning to the applicant's home after discharge?
- If an adult child is in college, does the child return home during school breaks?
- Does the applicant(s) parent differently now than they did 10 years ago? Explain.
- Do the applicant's adult children support the applicant's desire to become a Bridge Resource Family?

#### **G. Effective discipline**

##### **Best practice tip:**

It is important to explore the applicant's willingness to abide by the OKDHS discipline policy. You may find that there is some ambivalence - the applicant may think, "My parents physically disciplined me and I turned out fine," or they might really believe, "Spare the rod, spoil the child." If this is the case how is the applicant going to adjust his or her thinking? It is important to point out to the applicant that children who enter care have been traumatized - and physical discipline by a stranger has a GREAT potential to re-traumatize.

What does the applicant think about re-directing a child's behavior? Have they been effective in the past when re-directing a child's difficult behavior?

Carefully review and clarify issues with the family that were identified in pre-service training.

- How did the applicant(s)' parent(s) handle stress?
- How did the applicant(s)' parent(s) demonstrate what behavior was acceptable or unacceptable?
- Were all children in the family disciplined the same way?
- What is it about managing a child's behavior that stresses the applicant(s)?
- How does the applicant(s) discipline his or her child(ren)?
- Do their discipline methods conflict with OKDHS discipline policy? If so, how will they explain using one method with their own children and another with OKDHS custody children?

- Review OKDHS discipline policy and describe the applicant(s)' understanding and willingness to abide by the policy.
- Suggest methods to lessen the likelihood of physical or sexual abuse allegations being made by child(ren) in OKDHS custody.

**H. Background information.** Complete this step on each applicant and all adult household members. Refer to OAC 340:75-7-15 or 75-15-84.

**i. OKDHS records check.** Review Form 04AF007E and summarize the Information system check section.

- Review the CW section and summarize. Is there a child welfare history?
- Discuss the presenting problems and the findings of each referral.
- What was the applicant(s)' explanation of the history?
- Discuss this with the applicant(s) or adult household member(s). How did these experiences affect his or her life?
- What strengths have been gained through these experiences? Will this help to prevent a child in the applicant(s)' care from having similar experiences?
- What or who influenced the applicant to change his or her lifestyle?
- Were community resources utilized?
- Explain how these experiences could be used to help a child or youth from having similar experiences.

**ii. Child Abuse Registry check from other states**

- Review the CW section and summarize. Is there child welfare history?
- Discuss the presenting problems and the findings of each referral.
- What was the applicant(s)' explanation of the history?
- Discuss this with the applicant(s) or adult household member(s). How did these experiences affect his or her life?
- What strengths have been gained through these experiences? Will this help to prevent a child in the applicant(s)' care from having similar experiences?
- What or who influenced the applicant to change his or her lifestyle?
- Were community resources utilized?
- Explain how these experiences could be used to help a child or youth from having similar experiences.

**iii. Criminal background investigation.** Oklahoma Bureau of Investigation (OSBI) name search, OSBI records search, Internet searches listed on Forms 04F007E and 04AD003E, and Federal Bureau of Investigations (FBI) national criminal

history records search including fingerprinting. Review and record the date the information was received and if applicable,

- Discuss each finding with the applicant, such as driving history, arrests, charges, convictions, sentences and the sex offender registry. Has all history been resolved?
- What was the applicant(s)' explanation of the history?
- Discuss this with the applicant(s) or adult household member(s). How did these experiences affect his or her life?
- How and why did the applicant or adult household member get involved in criminal activity? Did a particular person influence the applicant in participating in this lifestyle?
- What strengths were gained through these experiences?
- What or who influenced the applicant to change his or her lifestyle?
- Were community resources utilized?
- Explain how these experiences could be used to help a child or youth from having similar experiences.

#### f. Impact of loss

##### **Best practice tip:**

This section's purpose is to ensure the applicant is not trying to provide care only to fill a need in their lives. The intent is to understand if past losses will impact their willingness to work to get the child back to their birth family. Will they experience this as another loss?

Explore the family's losses over the course of their lives. This helps the family think about how these life experiences present strengths or obstacles to the potential role as a Bridge Resource Family.

- What experiences has each applicant had related to loss and grief? For example, infertility issues, divorce, moves, death, or life changes.
- How has each applicant coped with their losses?
- What skills has the applicant(s) developed in dealing with loss and grief that will be valuable in their role as a Bridge Resource Family?
- Describe the applicant(s) willingness to use community resources to address loss and grief issues.
- Summarize the applicant's ability and willingness to understand the losses that children and their families experience and the applicant's ability to be a loss manager.

## **g. Social supports and resources and eco-map**

### **Best practice tip:**

Being a Bridge Resource Family is simply too challenging to do alone. Does the applicant have a social support system that can and will help? The information gained in pre-service training and interviews, enables the family to identify resources and social supports available to them in order to support a child and recognize resources that require development. It is necessary to determine if the applicant understands the importance of a child's connection to school and community and if the applicant is willing to help the child maintain those connections.

#### **1. Eco-map overview**

Complete an eco-map diagram using the symbols from Attachment III, Eco-map.

#### **2. Social Supports and resources.**

- Briefly describe the strong, tenuous (weak) and stressful relationships.
- Describe the resources and supports available to the family.
- What additional resources and supports does the family need to parent additional children?
- Is the family isolated from supports and relationships other than those the family provides?
- What strengths and skills do they have to make a temporary or permanent commitment to a child?
- Based on the information obtained about their current household, discuss whether the family has the time, energy, and resources needed to devote to meeting the needs of additional children.
- If the family is considering a specific child, how will they incorporate the child's needs for support and resources into their family?

#### **3. Family culture**

- Discuss the applicant(s)' understanding of the child's culture which will be shared: values, norms, traditions, customs, arts, history, folklore, language and institutions of a group of people. The discussion is not limited to race and ethnicity but it does include it.
- Discuss the applicant(s)' unique family culture. What habits, activities, beliefs, roles, customs, spoken and unspoken rules, and such does the family have? In what traditional or cultural events do they participate?
- How will the applicant learn about the child's and birth family's culture?
- Is the applicant willing to incorporate aspects of the child's culture into their daily living? Is the applicant willing to participate in cultural events or traditions that are important to the child and the child's family?

#### **4. Religion**

- What place of worship does the applicant(s) attend and how often?

- Does the family have any specific religious beliefs that might affect a child, such as a dress code, holiday observances, medical care, daily living, or social activities?
- Would it be mandatory for a child to attend the applicant(s)' place of worship?
- Can the applicant(s) accept a child with a different religious preference and see to it that the child attends the place of worship of his or her choice when desired?
- If the applicant(s) do not attend worship services, are they willing to assist the child in attending worship services?
- Review the religion policy of OKDHS and note the family's understanding of and willingness to abide by the policy.

## 5. Child Care

### **Best practice tip:**

There will be times when the family needs child care, respite, and such. They may need this regularly because they are employed at another job or because they need a break. Who will support the applicant if there is a crisis or if the applicant is tired and needs support? It is imperative to utilize child care that does not place a child at risk of being harmed. How can the applicant(s) ensure the child will be safe when in child care?

### **A. Alternate caregiver.**

An alternate caregiver is needed when an emergency arises or when the applicant(s)' plans do not include children. The alternate caregiver cannot be utilized until approved by the resource specialist.

- Who has the family contacted to care for a child in their absence? Foster and kinship applicant(s) identify the person they want to provide this care.
- Include the person's name, date of birth, address, home and cell phone numbers, their relationship to the Bridge Resource Family, and their willingness to be the alternate caregiver.
- When is the alternate caregiver available to provide care?
- If the alternate caregiver is employed, at what time will they be available to care for the child? Daytime, evenings and week-ends?
- What will the alternate caregiver do for child care if needed?

### **B. Permanent custodian.**

A permanent custodian is the person identified to care for the child should the adoptive family not be able to continue to meet the needs of the child, such as being incapacitated due to serious illness, injury, or death.

- If the applicant(s) is pursuing adoption or will consider adopting a child, ask the applicants who they would choose to care for

the child should they be unable to continue to meet the needs of the child, such as being incapacitated due to serious illness, injury, or death.

- Include the person's name, date of birth, address, home and cell phone number and their willingness to being considered as the permanent custodian.

For contracted assessments, the contractor phones the prospective alternate caregiver or permanent custodian to determine whether the person has agreed to serve in this capacity. For adoption, the contractor helps the family explore whom they would identify to care for the child if they were no longer able to meet the child's needs. This person's name, address, phone number, date of contact, and comments regarding the designated role are explored.

### **C. Child care plans**

- What type of child care arrangements will be made when both Bridge resource parents are employed, attending school, or are otherwise away from the home? Include the name, phone number(s), and address of the child care facility or child care home and the hours that child care will be needed.
- What before and after school and holiday arrangements will be made for school-aged children? Refer to OAC 340:75-7-65 for more detailed information. Summarize the plan for informal arrangements.
- Foster care child care is paid when each foster or kinship applicant works outside the home for a minimum of 20 hours per week. Foster care day care is not available when only one of the applicants is employed, one or both are attending school, or are away from home.
- Adoptive families are not eligible for foster care child care even if the child was receiving child care prior to placement. Explore options with the family on how they will meet the child care needs of the child.

### **h. Employment and finances:**

1. **Review** completed Form 04AF010E, Resource Family Financial Assessment, with the family and summarize.
  - Clarify any questions, discrepancies, and concerns about the family.
  - Does the family have any bills that are delinquent? What is the amount due? Is there a plan to become current?
  - Why are there delinquencies?
  - Will having additional children placed in the home cause a hardship?
  - Have loans or credit cards been used to pay bills?
  - Is the applicant(s)' check being garnished? If so, for what amount and for how long?

- Does the applicant(s) pay child support? Are their payments current? Were they ever in arrears?
- Have applicant(s) filed for bankruptcy?
- Are there tax liens filed on their properties?
- Discuss the household income and budget, including unemployment payments and household expenses. If there appears to be insufficient income to meet the family's current needs, how will they meet the needs of additional children? How are their needs being met now?
- Include the days and hours each applicant(s) works.
- If on a fixed income, (TANF, SSI/SSA, Workers' Compensation), are there supports to supplement their income until reimbursement is received?
- How will additional children in the home affect the applicant(s)' ability to meet the needs of the other household members?

## 2. Insurance

- Does the family have health insurance? If a child is considered for adoption, would the child be covered when the child was placed or when the adoption was finalized? Will the insurance cover pre-existing conditions? Include the name of the insurance company.
- If the family doesn't have health insurance, how are their medical needs met?

### i. Home environment/community

#### **Best practice tip:**

This section assesses the home and neighborhood. Are there safety issues in the home and environment? How are they resolved?

#### 1. Home and neighborhood.

- Describe the size, square footage, number of bedrooms, and condition of the home. Is there sufficient space for additional children? Describe the neighborhood and its characteristics.
- List the schools available for the child and if the schools can meet the child's educational needs.

#### 2. House assessment and environment.

##### A. Smoking.

- Do any household members smoke? If so, where? Is there a plan to stop smoking **in** the house once children have been placed?
- Is the family willing to smoke outside the home when a child **in OKDHS** custody is placed **in** the home? Will they refrain from smoking **in** any vehicles when transporting a child in OKDHS custody?

**B. House.**

- List household members' sleeping arrangements. Where will the additional children placed in the home sleep? Are there any issues related to sleeping arrangements? What will be done to correct those issues?
- Summarize the information obtained and observed during the home visit when Form 04AF004E, House Assessment, was completed.
- Does the home have a land phone or only cell phones? If there are no land phones, how will emergencies be handled? How would contact be made with someone **in** the home when no one with a cell phone is at home?
- What type of access to phone services will the children have?
- Address any safety issues identified.

**C. Automobile.**

- Does the family have a working automobile with state mandated liability insurance? Document the insurance company, agent, agent's phone number, and policy's expiration date.
- Does the automobile have an adequate and proper automobile passenger restraint system or seat belts for child passengers?
- Does the driver of the automobile have a valid driver's license? Document the license number, state and expiration date.
- Does the automobile have a valid and current tag? Document the tag expiration date and state issued. Is the automobile large enough to transport the family and the children being placed?
- If the applicants don't have a working vehicle, how will the children be transported and by whom? List the name, address and phone number of the provider. This person must provide a copy of their driver's license, liability insurance and verification of a current tag.

**D. Fire safety requirements.**

- The home must have a fire extinguisher installed in the kitchen and at least one working smoke detector in the vicinity of the bedrooms and all other sleeping areas. The home must have at least two means of escape, one of which must be a door leading to an unobstructed path to the outside.
- List the number of smoke detectors in the home. Note their locations and the most recent date the batteries were changed.

**E. Emergency and disaster plans.**

- i. The home must have the following:
  - a list of emergency phone numbers posted in an accessible and conspicuous location. The list needs to include 911, doctor's names and phone numbers, health

professionals or clinic, the fire and police departments, an ambulance service, and the name and phone numbers of the alternate or substitute caregiver.

- an evacuation plan in the event of fire, tornado, flood, ice storm, and other natural or national disasters;
- first aid procedures and supplies readily available;
- planned source of medical care available, such as a hospital emergency room, clinic, or health professional known to the Bridge Resource Family.

ii. In case of emergency, who will know the applicant's whereabouts?

- List the applicant's emergency contact(s)' information: name, relationship to the applicant, the contact's address and telephone number(s):
- A secondary emergency contact is required as a contingency should the first emergency contact be affected as well.
- List the secondary emergency contact(s)' information: name, relationship to the applicant, address and telephone number(s):

**F. Safety issues and Written Plan of Compliance**

- Are there any safety issues present in the home that need to be addressed and corrected?
- Has the family been informed of the areas of concern?
- Has a written plan of compliance been initiated to address the issues? Contractors do not initiate written plans of compliance.

**j. Reference summary**

**Best practice tip:**

Checking for references is a critical step in the assessment process. Is the applicant(s) a person who has demonstrated a history of caring for and really liking children? Do they understand the needs of children? Do they have any knowledge of children's behaviors when they have been harmed? Are they prepared to handle the children's reactions when being removed from their family? How do the references describe the applicant?

Briefly summarize the references' recommendations. If concerns have been identified, they must be addressed in the assessment. The specific concerns expressed by the reference are documented in the Reference Section.

**k. Child considered for placement**

Information is shared with the family about children in OKDHS custody. This assists the family to have realistic expectations about the children needing

placement. The information enables the family in assessing their abilities to parent the various types of children available for placement.

- Describe the family's experience with children who have the behaviors, needs or conditions that are checked yes or negotiable on Form 04AF018E, Child Needs Information List.
  - Review Form 04AF018E, and discuss each area of the form with the family and address any behaviors or conditions the family is not willing to accept. Are there negotiable acceptance factors?
1. **Child specific.** What is the family's relationship to the child(ren) being considered for placement? Is the family aware of the child(ren)'s needs and are they willing to use resources to meet the child's behaviors?
    - If the child has behaviors that the family is uncomfortable with, how do they intend on addressing those needs?
    - Can the family continue to meet the child's needs into adulthood?
    - Is the family willing to maintain the child's relationships to previous contacts? For example, former foster parents.
    - If the child has siblings who are placed with another family, how will they help the child maintain the connections?
    - Does the family plan to pursue other placements?
  2. **Non-specific child**
    - Describe the child the family wants placed in their home.
    - Describe and address any behaviors or conditions the family is not willing to accept. Are there negotiable acceptance factors?
    - If the child has siblings who are placed with another family, how will they help the child maintain important connections?
    - Will the family consider placement of the child's other siblings who are in need of placement?
    - If the sibling(s) had behaviors that the family is not familiar with, would they be willing to seek services?
    - How will they help the child maintain connections to biological parents, and extended family?

**I. Assessment results**

Complete for the prospective Bridge Resource Family

Based on the information you have gathered about the potential Bridge Resource Family, complete the following section. The responses will help you write the summary identifying the family's strengths and needs.

It appears the:	Yes	No
Applicant(s) and other adult household members have <b>no felony</b> convictions that would immediately prevent approval of the home as a resource, for instance, assault and battery, a drug-related offense in last five years, child abuse and or neglect, domestic abuse, a crime of violence or a crime against a child.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) and other adult household member's criminal and driving histories have been discussed, assessed and explained in the assessment and the history does not pose a significant risk to a child.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) and other adult household member's CW history has been discussed, assessed, and explained in the assessment and the history poses no significant risk of harm to a child.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) home has sufficient and appropriate beds and or bedrooms for additional children.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) has addressed and resolved all safety issues that have been identified.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) has the ability to care for a child or the specific child entering their home.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) has no significant physical needs which might affect the safety of the child.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) is physically able to protect the child from harm.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) has no significant mental health needs which might affect the safety of the child.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) has sufficient finances to meet their own needs.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) is willing to obtain or has adequate resources necessary to meet the child's basic needs.	<input type="checkbox"/>	<input type="checkbox"/>
Characteristics of the applicant(s), as described by others who know them, suggest he or she has the ability to manage the stress and challenges associated with having children in their home.	<input type="checkbox"/>	<input type="checkbox"/>

It appears the:	Yes	No
Applicant(s) is willing and understands the importance of a child maintaining connection with his or her family (immediate or extended).	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) has adequate knowledge and skill to fulfill caregiving responsibilities and tasks, including the ability to meet any exceptional needs the child may have.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) is willing to put the child's needs and well-being above that of the adults.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) understands why it is important for children to have visitation with their family.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) is willing to work in partnership with the social worker's efforts to reunify the child with his or her family and or maintain additional important connections.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s)' family (within the home) is supportive and accepting of children coming into the home and becoming part of the family.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) has indicated he or she understands and has agreed to abide by OKDHS policy and rules on discipline.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) has support to help themselves in time of crisis.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) is willing to utilize community resources to help meet a child's needs.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) displays concern for the child and the child's experience and are intent on protecting the child from further harm.	<input type="checkbox"/>	<input type="checkbox"/>
Applicant(s) is clear that the number one priority is the well-being of the child.	<input type="checkbox"/>	<input type="checkbox"/>

**Summary:**

Explain specific strengths the applicant(s) has that are important in caring for children in the Child Welfare system.

Address any concerns that the applicant(s) has that impact his or her ability to care for children in the Child Welfare system.

## Contractors only

### Family decision:

The applicant no longer chooses to participate in the Bridge Resource Family Program.

Check all that apply. I or we desire to become a Bridge Resource Family for OKDHS to provide:

- **Kinship care.**  I or we are interested in providing kinship care for the child(ren) who is related to me or with whom I have an existing relationship, prior to the child(ren) entering OKDHS custody.
- **Foster care.**  I or we are interested in providing care for children who are in the temporary custody of OKDHS.
- **Adoption.**  I or we are interested in providing care for children who are in the permanent custody of OKDHS and want to establish a legal commitment to the child(ren).

The family's placement preferences for children include:

- Age range: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Number of beds: \_\_\_\_\_
- Siblings: \_\_\_\_\_
- Special needs: \_\_\_\_\_
- Other: \_\_\_\_\_

Family training and documentation:

- Family completed pre-service training on: \_\_\_\_\_
- Pre-service training is in progress: \_\_\_\_\_

Pending background information:

- Child abuse registry check from other states
- Fingerprint results
- JOLTS check

Pending information and documents:

List pending information, documents and dates(s) requested.

**Signatures:**

I have read and reviewed the completed assessment, except the verification and reference sections. I agree with the assessment as written and request the assessment be submitted to OKDHS for final approval. I understand that my Bridge Resource Family Assessment is not approved at this time.

Comments:

_____ Resource father applicant signature	_____ Date
_____ Resource mother applicant signature	_____ Date
_____ Contract resource specialist signature	_____ Date
_____ Contract supervisor signature	_____ Date

**m. Verification**

The following verifications must be completed. All findings on any of the verifications must be fully discussed with the applicant(s) and thoroughly documented in the appropriate section of the assessment. The documents in this section are not provided to the applicant(s).

- National criminal background search through fingerprinting for each applicant and all household members 18 years of age and older.
- Form 04AD003E, Background Check; and
- Form 04AF007E that includes OKDHS records check, Child Abuse and Neglect Information System (CANIS) check, JOLTS check for children older than 13 years of age, and Internet searches.

**n. References**

References are obtained by the resource specialist directly from the applicant(s). The reference letters and reference information received are not provided to the applicant(s). This information is confidential. Thoroughly summarize.

- Form 04AF015E, Resource Family Reference Letter for Adult Children, is obtained from each of the applicant(s)' adult children. After the reference information is obtained, the resource specialist may speak with the adult child to clarify facts or issues.
- Form 04AF014E, Resource Family Reference Letter for School Personnel, is obtained from the school principal, counselor, or at least one teacher for each of the applicant(s)' school-age children.
- Form 04AF011E, Resource Family Reference Letter for an Employer, is obtained from the applicant(s)' current or previous employer or direct supervisor or, if self-employed, a customer.
- Form 04AF016E, Resource Family Personal Reference Letter, is obtained for personal references with no more than one being a relative. Additional personal references are contacted only with the applicant(s)' written permission. Other references may be requested if additional information is needed. Additional references are obtained as outlined on Form 04AF001E, Resource Family Assessment Application. For foster applicants, three personal references must be obtained by phone or in person
- If applicable, send Forms 04AF013E, Resource Family Assessment Reference Letter for Mental Health Professionals, and 08HI003E, Authorization to Disclose Medical Records, to all counselors, psychologists, or other medical professionals who have provided counseling or therapy to the applicant(s).
- If applicable, send Forms 04AF012E, Child's Mental Health Reference Letter, and 08HI003E to all all counselors, psychologists, or other medical professionals who have provided counseling or therapy to the applicant(s)' child(ren).
- If applicable, obtain DD Form 214, Certificate of Release of Discharge from Active Military Duty.

- If applicable, send Form 04AF025E, Resource Family Reference Letter for Home Schooling.
- If applicable, send Forms 04AF026E, Alternate Caregiver Reference Letter.

**o. Alternate caregiver**

This section is not included in the assessment because of confidential information about the alternate caregiver. Thoroughly summarize. To approve an alternate caregiver for kinship or foster care, Forms 04AD003E, Request for Background Check, 04AF004E, House Assessment, 04AF007E, Records Check, 04AF026E, Alternate Caregiver Reference Letter, and 04AF021E, Verification of Receipt of OKDHS Rules, are completed.

**p. Attachments**

- Form 04AF001E, Resource Family Assessment Application
- Form 04AF004E, House Assessment
- Form 04AF008E, Medical Examination Report
- Form 04AF010E, Resource Family Financial Assessment
- Trainer's worksheet from OKPRIDE classes
- Family Network Diagram
- Genogram
- Copy of paycheck stub(s)
- Eco-map
- Form 04AF007E, Records Check
- Form 04AF011E, Resource Family Reference Letter for an Employer
- Form 04AF012E, Child's Mental Health Reference Letter
- Form 04AF013E, Resource Family Assessment Reference Letter for Mental Health Professionals
- Form 04AF014E, Resource Family Reference Letter for School Personnel
- Form 04AF015E, Resource Family Reference Letter for Adult Children
- Form 04AF016E, Resource Family Personal Reference Letter
- Form 04AF017E, Family Health History
- Form 04AF018E, Child Needs Information List
- Form 04AF019E, Child's Questionnaire, optional
- Form 04AF020E, Family/Parent Questionnaire, optional
- Form 04AF025E, Resource Family Reference Letter for Home Schooling
- Form 04AF026E, Alternate Caregiver Reference Letter
- Form 04AN009E, Notice to Adoptive Parent Applicant(s)
- Form 04AF023E, Written Plan of Compliance
- Form 04AF021E, Verification of Receipt of OKDHS Rules
- Form 04FC003E, Notice to Foster Parent Applicant(s)
- Form 04TB001E, Letter to Verify Tribal Membership of Resource Family Applicants
- DD Form 214, Certificate of Release of Discharge from Active Military Duty;

- Copy of all divorce decrees
- Copy of marriage licenses
- Statement of health from physician for each child in family
- Immunization record for each child in family
- Copy of all previous home assessments or evaluations
- Certificate of Degree of Indian Blood (CDIB) card
- Tribal membership card
- Automobile insurance verification
- Social Security card for each applicant
- Driver license for each applicant; and
- Pet vaccination record

**q. Policy statements**

Discuss OKDHS policy on reporting suspected abuse, neglect, or both, confidentiality, religion, and discipline. Determine the family's understanding of and willingness to abide by the policy. Each Bridge Resource parent signs Form 04AF021E, Verification of Receipt of OKDHS Rules.

**r. Notice of grievance rights**

When a family is selected to participate in the foster care program, the resource specialist explains their rights to file a grievance, per OAC 340:2-3-50. Each foster parent signs Form 15GR008E, Notice of Grievance Rights – Foster Parents, when approved and a copy of the form is provided to the family.

**s. OKDHS decision**

- The applicant no longer chooses to participate in the Bridge Resource Family Program.
- Based on the review of the information provided, the applicant(s) cannot or will not protect and seek to ensure the well being of the child(ren).
- Based on the review of the information provided, the applicant(s) can and will **protect and seek to ensure the well being of the child(ren)**.

The family has met all the requirements to become a Bridge Resource Family for OKDHS. However; at this time the family is willing to provide the following services. **(Check all that apply)**

- **Kinship care.**  The family provides kinship care for the child(ren) who is related to them or to with whom they have a prior existing relationship before the child(ren) entered OKDHS custody.  
The family has met the requirements to provide kinship care only for the children identified.
- **Foster care.**  The family will provide care for child(ren) who are in the temporary custody of OKDHS.
- **Adoption.**  The family will provide care for child(ren) who are in permanent custody of OKDHS and want to establish a legal commitment to the child(ren).

Children to be considered for placement include:

- Age range: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Preferred number of beds: \_\_\_\_\_
- Maximum number of beds: \_\_\_\_\_
- Siblings: \_\_\_\_\_
- Special needs: \_\_\_\_\_
- Other: \_\_\_\_\_

Family training and documentation:

- Family completed pre-service training on \_\_\_\_\_
- Pre-service training is in progress \_\_\_\_\_

Pending background information:

- Child abuse registry check from other states
- Fingerprint results
- JOLTS check

Pending information and documents.

List pending information, documents and date(s) requested.

I have read and reviewed the completed assessment, except the verification and reference sections. A copy of the completed assessment was provided to me on \_\_\_\_\_. Except the verification and references sections that are not released by OKDHS.

Comments:

_____	_____
Resource father applicant signature	Date
_____	_____
Resource mother applicant signature	Date
_____	_____
OKDHS foster care or adoption specialist signature	Date
_____	_____
OKDHS foster care or adoption supervisor signature	Date

## Attachment I. Family network diagram

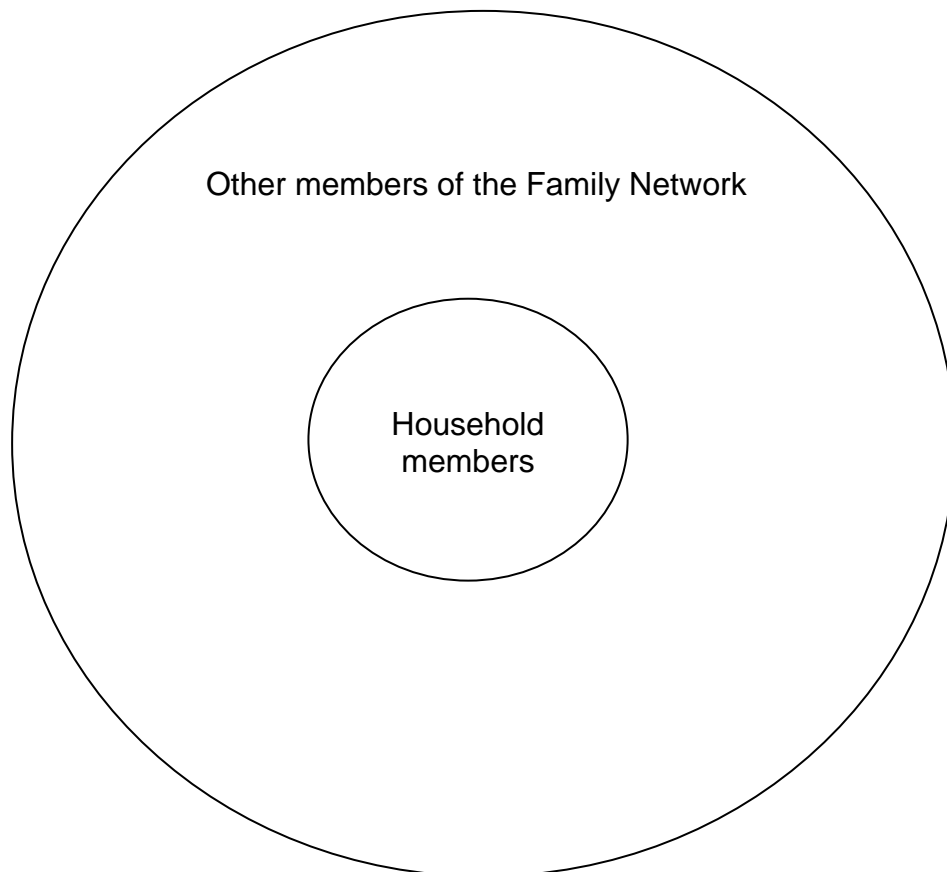
Family name: \_\_\_\_\_

Date prepared: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Family address: \_\_\_\_\_

Symbols for the family network diagram are the same as the basic symbols presented for all family preparation and assessment tools. The inner circle of the family network diagram offers a picture of the household (those individuals who actually live in the home). The outer circle includes the network of extended family, relatives, friends, and others who are intimately involved with the family. The diagram helps to identify those individuals in the foster and adoption process, those who may need to be prepared for the addition of children to the family and those who may serve as resources in the family network after the placement of children.



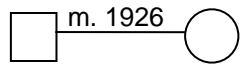
## **Attachment II. Genogram**

Symbols for genograms are the same as those introduced with the family network diagram. They are used to depict the development of a family over time.

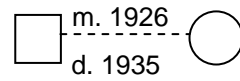
History is obtained through individual and joint interviews with family members including all household members and information received in pre-service training. It is important for the family to understand how their own developmental needs were met in their growing experience. Discuss those who helped the family, how that experience has affected them, and how they met the same developmental needs for any child they have parented.

Provide the name(s) of spouse(s), and name(s) and gender(s) of child(ren) by spouse(s), including all miscarriages, stillbirths, and children adopted and fostered. For all family members include:

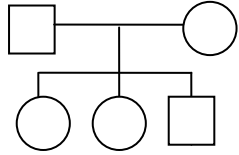
- Marriage, separation, and divorce dates
- Birth and death dates
- Causes of death
- Occupations
- Level of education obtained



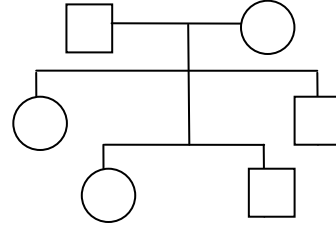
Marriage



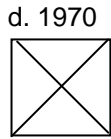
Divorce



Children of unions



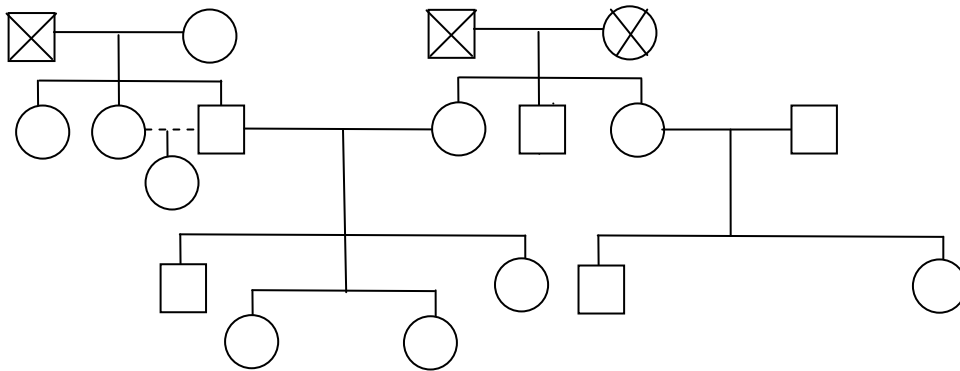
Twins



or death



Three generations of a family might appear as follows:



### Attachment III. Eco-map

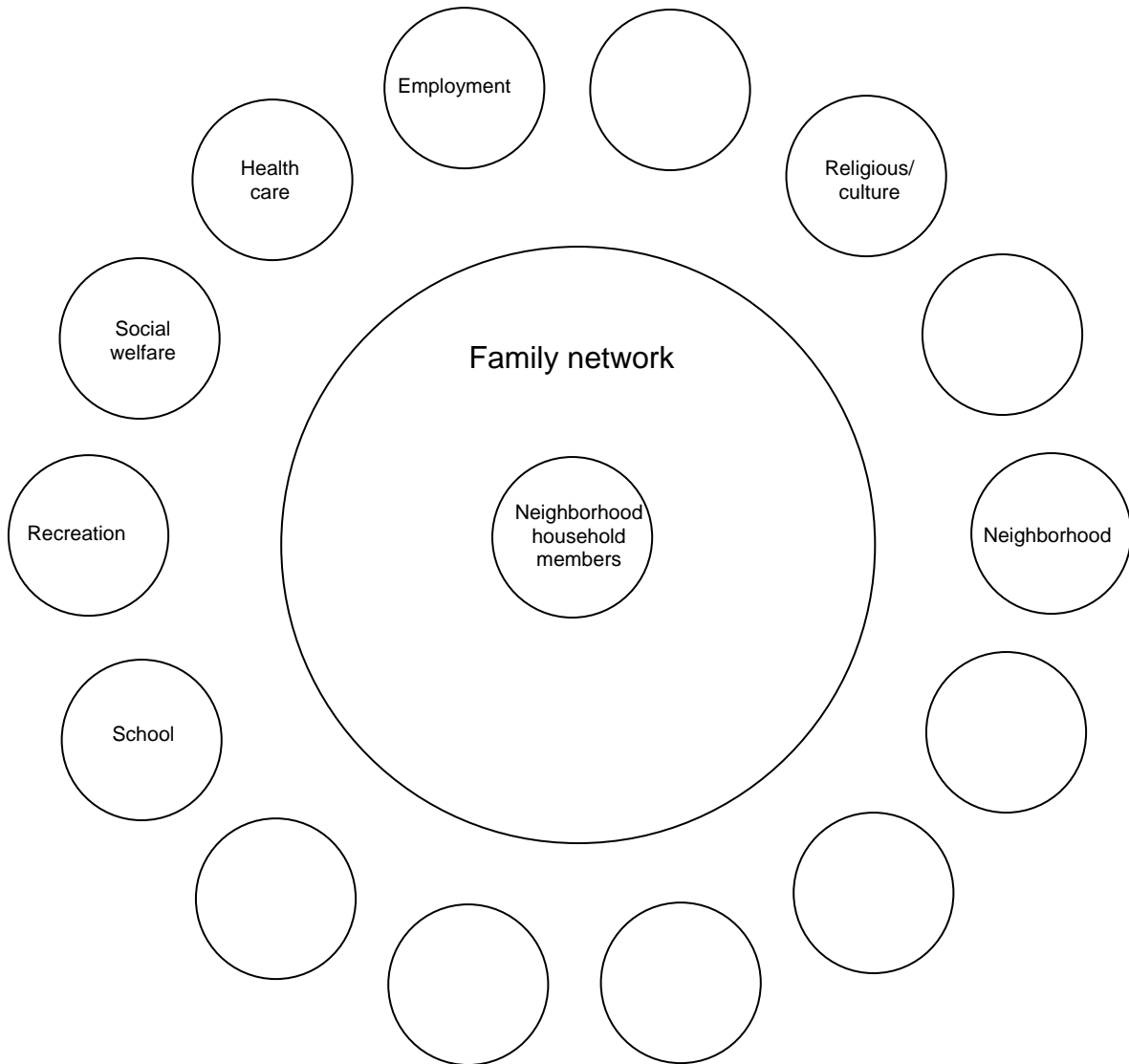
Family name: \_\_\_\_\_

Date prepared \_\_\_\_\_

Filled prepared: \_\_\_\_\_

Family address: \_\_\_\_\_

- The household member(s) and family network are identified in the center circle similar to the family network diagram.
- Important aspects of the family's environment, such as work, welfare, extended family, and recreation, are identified in the circles outside the center.
- Lines connect the family and relevant systems. These lines may connect the family as a whole, if the system involves the total family, or may be connected with specific persons in the family.
- The nature of the connection may be expressed in the type of line drawn. A solid or thin line (\_\_\_\_) indicates an important or strong connection. A broken line (-----) indicates a tenuous connection. A hatch line (-/-/-/-) indicates a stressful or conflicted relationship.
- Indicate the direction of the flow of resources, energy, or interest by drawing arrows along the connecting lines.



Strong connection      \_\_\_\_\_  
Tenuous connection    \_\_\_\_\_  
Stressful connection    ///////////////  
Flow of resources      <----->

### Attachment IV. Family preparation and assessment tools symbols

Symbols to describe basic family membership and structure are used in the **family network diagram**, the **genogram**, and the **eco-map**, are tools emphasized in training.

