



Resource Family Assessment Bridge Family Profile

a. Identifying applicant information

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

1. Motivation to become an OKDHS Bridge family

2. Training.

3. Contact summary.

c. Family network and current family structure

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.**

d. Genogram/family history

1. **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.

B. Health history of resource family members.

i. Physical health

ii. Mental health

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

D. Siblings of resource family father/mother.

E. Significant relationships

i. Current relationship.

Single (never married, divorced, or widowed).

Married

Common-law or live-in relationship

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

Separation

- ii. **Previous relationships**
Past marriages

F. Children (Excluding OKDHS custody children)

- i. **Children in the home under the age of 18 years**

Physical health

Mental health

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

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

iii. **Adult children**

G. Effective discipline

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

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.

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

iii. Criminal background investigation.

f. Impact of loss

g. Social supports and resources and eco-map

1. Eco-map overview

2. Social Supports and resources.

3. Family culture

4. Religion

5. Child Care

A. Alternate caregiver.

B. Permanent custodian.

C. Child care plans

h. Employment and finances:

1. Review completed Form 04AF010E, Resource Family Financial Assessment, with the family and summarize.

2. Insurance

i. Home environment/community

1. Home and neighborhood.

2. House assessment and environment.

A. Smoking.

B. House.

C. Automobile.

D. Fire safety requirements.

E. Emergency and disaster plans.

i.

ii.

F. Safety issues and Written Plan of Compliance

j. Reference summary

k. Child considered for placement

1. Child specific.

2. Non-specific child

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 no felony 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:

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

n. References

o. Alternate caregiver

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

r. Notice of grievance rights

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

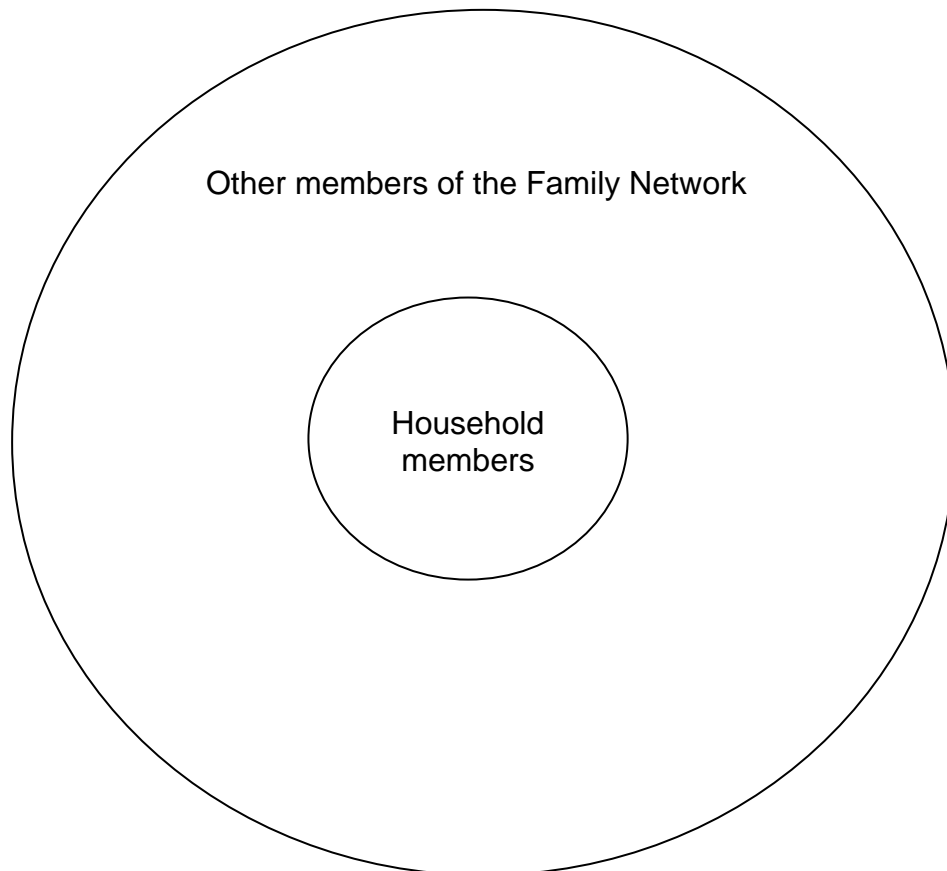
Family name: _____

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.



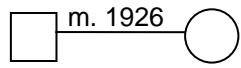
Attachment II. Genogram

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.

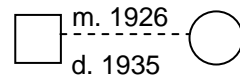
History is obtained through individual and joint interviews with family members including all household members and information received in pre-service training. It is important for the family to understand how their own developmental needs were met in their growing experience. Discuss those who helped 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:

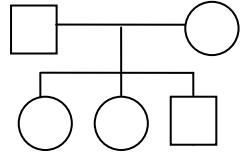
- Marriage, separation, and divorce dates
- Birth and death dates
- Causes of death
- Occupations
- Level of education obtained



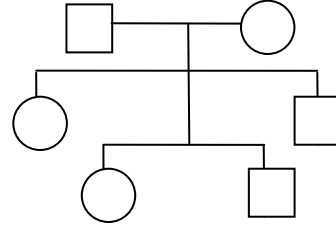
Marriage



Divorce

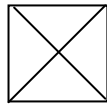


Children of unions



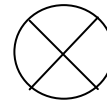
Twins

d. 1970

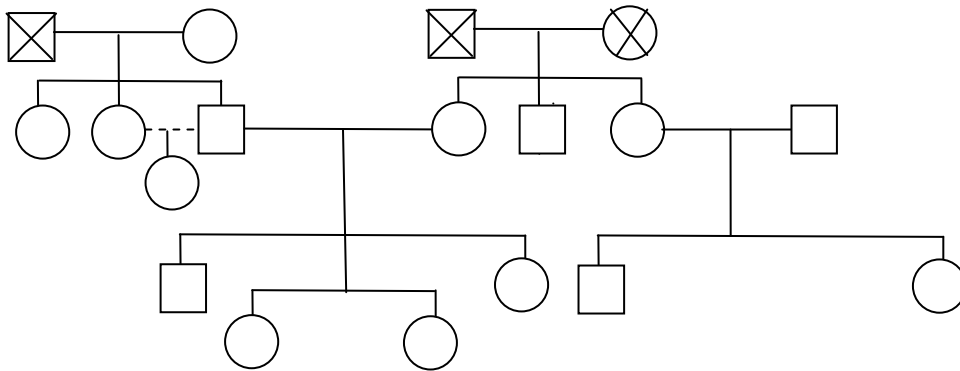


death

d. 1970



Three generations of a family might appear as follows:



Attachment III. Eco-map

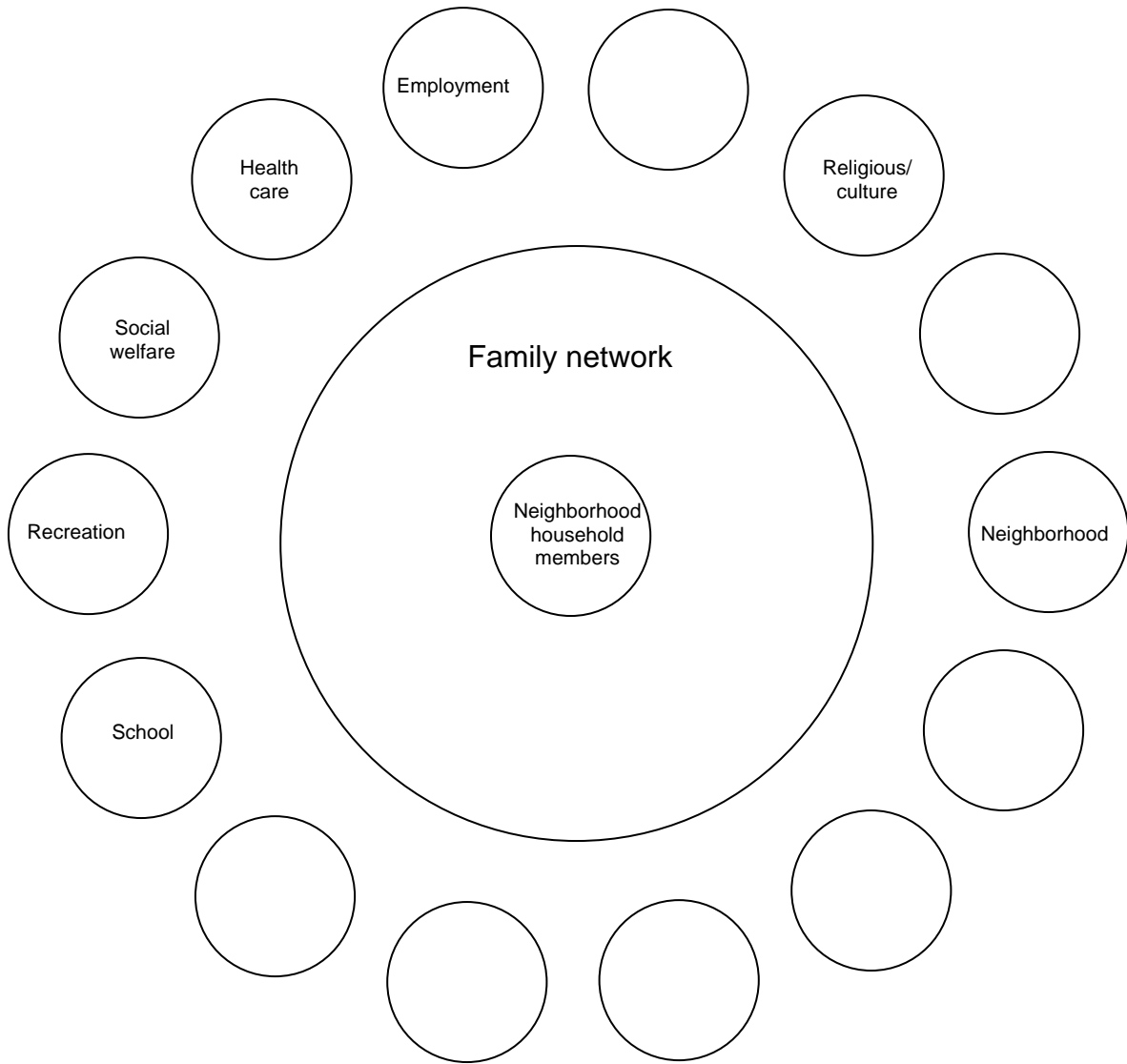
Family name: _____





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.

