



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



**Resource Family Assessment Reference Letter
for Behavioral Health Professionals**

Date: _____

Name	Date of birth
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Dear _____:

The above-named person has applied to be a resource parent for OKDHS. As part of the approval process, a reference from the behavioral health professional who has provided services to the applicant is required. OKDHS is requesting information from you to assess the applicant's ability to provide services to children in OKDHS custody who may be considered for placement in the applicant's home. Form 08HI003E (HIPAA-3), Authorization to Disclose Medical Records, is attached authorizing you to furnish OKDHS with information.

1. When did the applicant first begin counseling with you? _____
2. What was the reason or basis that the applicant sought counseling? Have other issues requiring treatment arisen?

3. If the counseling has terminated, were the sessions terminated by mutual agreement or was it the applicant's decision? Please explain.

4. List the applicant's diagnosis, treatment plan, and prognosis.

5. How often do you see the applicant for counseling and how long will counseling continue?

6. What is your perception of the applicant's emotional stability?

7. Has the applicant had any inpatient hospitalization for behavioral health needs? If yes, provide the name of facility, length of stay, and why treatment was necessary.

8. How does the applicant cope with the stress of everyday living and, if applicable, parenting children?

9. Do you have any knowledge of the applicant's use or abuse of drugs, alcohol, or both?

10. Has the applicant expressed concerns about violent, neglectful, or abusive behavior, including verbal, physical, emotional, or sexual abuse, in the home? If yes, please explain.

11. If the applicant is married, describe their marital stability. Will the marriage be jeopardized by an additional child(ren) placed in the home?

12. Does the applicant take any medication? If yes, list the medication, type, and dosage and how the medication affects the applicant's ability to function or care for self or care for others?

13. Could you recommend the applicant as a kinship, foster, or adoptive parent for a child(ren) who has emotional or behavioral problems, medical problems requiring special care, or both?

14. Do you have any concerns or reservations regarding the applicant's ability to provide care for a child(ren) on a day-to-day basis? If yes, please explain.

15. What qualities does the applicant have to offer with respect to stability, nurturing, and providing a stable, safe, and suitable home environment for a child(ren) in OKDHS custody?

Signature of person completing form

Date

Agency represented

Thank you for taking the time to provide this information. Please complete and return this letter within **two weeks** of receipt. If you wish to speak to the worker regarding this applicant please contact:

OKDHS or contract representative	Area code	Phone
County or agency represented		