



RELATIVE HOME ASSESSMENT

Name _____ Address _____

Phone _____ Relationship to Children _____

Occupation _____

Health Issues _____

Other Household Members _____

Relationship with Parents _____

Prior Contact with Children _____

Concerns About Children _____

Ability to Care for Children _____

Relationship with and Ability to Handle Family Members _____

Financial Needs/Concerns if Children Placed _____

Child Care Needs if Placed _____

Criminal or CPS History of any Member of Household _____

Marital/Relationship History _____

Family Background: _____

Housing _____

Discipline _____

Ability to Work with CPS _____

Plan to Protect Children _____

Able to meet all needs (school, medical, emotional, physical, appointments) _____

Stress Factors _____

Interview by _____ Date _____

Concerns: _____

Issues to Address _____

Recommendation _____