



ANNUAL REPORT REGARDING RESOURCE FAMILY HOME

State Form 53213 (R / 1-11)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This report is to be completed by the licensing worker during the annual licensing visit with the foster family. The completed form must be signed by the licensing worker and supervisor then placed in the foster family's licensing file.

Licensing county or agency		Resource identification number
Name of foster parent(s)		
Address (number and street, city, state, and ZIP code)		
Home telephone number ()	Cellular telephone number ()	E-mail address
<input type="checkbox"/> Change <i>Check this box if any of the above information has changed since the last annual review.</i>		
Date of annual licensing visit (month, day, year)		Date annual review is due (month, day, year)

HOUSEHOLD MEMBERS

Change *Check this box if any of the household members are new since the last annual review. Background checks are required for new household members.*

NAME	RACE	RELATIONSHIP	DATE OF BIRTH (month, day, year)

1. Changes: Indicate any changes in the foster family situation since the last license.

Employment <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation ----- -----
Health <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation ----- -----
Financial status <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation ----- -----
Other	Explanation ----- -----

2. Describe how the foster parent(s) has(have) worked well with the agency.

3. Describe how the foster parent(s) has(have) provided safety, stability, well-being, and permanency to the child.

4. Describe how the foster parent(s) has(have) worked with the birth parent(s).

5. Describe how the foster parent(s) use(s) age appropriate discipline.

6. Summarize the strengths of the foster family.

7. Summarize areas in which the foster family might require support services and/or training topics identified by the foster family and licensing worker.

8. Do(es) the foster parent(s) feel that he/she/they are (an) effective team member(s)? What can be done to enhance this?

9. Has (Have) the foster parent(s) had any concerns about placements within the last year that were not addressed by the family case manager or the licensing worker?

10. Do(es) the foster parent(s) have any questions about recent Department of Child Services policy or practice changes?

11. Additional foster parent comments:

12. Recommendations on continued licensure and age range, sex, and child behaviors / challenges recommended for this home:

REPORT PREPARED BY:

Signature of licensing worker

Date (month, day, year)

Signature of supervisor

Date (month, day, year)