

SELF-ASSESSMENT FOR LICENSE RENEWAL

Please complete the following and use the back of the form or another sheet of paper, if needed.

Name _____ Telephone _____
Address _____

1. Summarize any changes in the following areas since the previous license was issued. If none, enter N/A.

- a. Home and physical space

- b. Household members – new arrivals, who left

- c. Health of household members

- d. Financial status of foster parents

- e. Employment of foster parents

2 List the names and ages of the children who have left your home since the last re-licensing. Include dates of removal, name of CPSW/JPPO and the reason for removal

Name	Age	CPSW/JPPO	Date of Removal	Reason for Removal
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. List the names and ages of the children currently placed in your home. Include the date of placement, name of the CPSW/JPPO, and expected length of placement.

Name	Age	CPSW/JPPO	Date of Placement	Expected Length of Placement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. For each child in your home, summarize your observations of the child's development since placement in the following areas: school, interests and recreation, health, behavior, independent living skills

Child's Name: _____
School:

Interests and recreation:

Health:

Behavior:

Independent living skills:

Child's Name _____
School:

Interests and recreation:

Health:

Behavior:

Independent living skills:

5. Based on your experience, please comment on:

a. Children placed or removed since last re-licensing:

b. DCYF or Child Placing Agency contact:

c. Contact with birth families:

d. Any other concerns:

6. Specify new conditions of the license:

Age range: _____ Gender: _____ Number: _____

CALL YOUR LOCAL FIRE DEPARTMENT AND ARRANGE FOR A FIRE INSPECTION.

When all forms you were sent are completed, call for your re-licensing home visit

Signature of Foster Parent

Date

Signature of Foster Parent

Date