

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DETENTION SERVICES
FAMILY BOARDING CARE FACILITY HOME STUDY

DATES OF INTERVIEW _____ **Location:** _____
_____ **Location:** _____
_____ **Location:** _____

1. Operator _____ - -
Name Social Security Number

2. Operator _____ - -
Name Social Security Number

Address: _____

Home Telephone: () - _____ **Business Telephone (1)** () - _____ **(2)** () - _____
(Area Code) Phone Number (Area Code) Phone Number (Area Code) Phone Number

Source of Referral: _____

Directions to Home: _____

Home is: Owned Rented **Dwelling Type:** Single Multiple

Description: _____

Dimensions of Rooms	L.R.	Kitchen	Bathroom	Detention Bedroom	Detention Bedroom
	Use _____	Dimensions _____	Use _____	Dimensions _____	Use _____
Additional Rooms					
Use _____	Dimensions _____	Use _____	Dimensions _____	Use _____	Dimensions _____

Describe Bedroom(s) for Detention Children _____

Condition of Dwelling **Exterior** _____
Interior _____

Condition of Furnishings _____

Housekeeping Standards _____

Water Supply Public Well If Well, attach water test certificate. **Heating System:** _____ / /
Type Date of Last Service

Sewage Disposal Public Septic Tank. Cesspool Other _____
(Specify)

Animals in Home or On Property _____

FAMILY BOARDING CARE FACILITY HOME STUDY

Annual Income (All Sources) \$ _____

Annual Expenses \$ _____

BACKGROUND OF OPERATOR 1.

_____ Date of Birth _____ Place _____ Brothers _____ Number _____ Sisters _____ Number _____

Names of Parents _____

HIGH SCHOOL Last Grade Completed _____ Graduate? Yes No College Years Completed: _____ Graduate? Yes No Major _____

EMPLOYMENT HISTORY _____

Military Service Yes No If Yes, Branch: _____ Rank: _____

Dates of Service: _____ To _____ Discharge Date: _____ Type Honorable Other Specify _____

Community Activities: _____

Hobbies and Interests: _____

BACKGROUND OF OPERATOR 2.

_____ Date of Birth _____ Place _____ Brothers _____ Number _____ Sisters _____ Number _____

Names of Parents _____

HIGH SCHOOL Last Grade Completed _____ Graduate? Yes No College Years Completed: _____ Graduate? Yes No Major _____

EMPLOYMENT HISTORY _____

Military Service Yes No If Yes, Branch: _____ Rank: _____

Dates of Service: _____ To _____ Discharge Date: _____ Type Honorable Other Specify _____

Community Activities: _____

Hobbies and Interests: _____

FAMILY BOARDING CARE FACILITY HOME STUDY

Composition of Home (including number and ages of adults and children residing in home): _____

Parenting Skills and Experience: _____

Agency Orientation and Training:	Policy and Procedures	Child Abuse Prevention	HIV Prevention/Education	Date
_____	_____	_____	_____	_____

Area Classification: Urban Sub-Urban Village Rural

Neighborhood Environment: (Check all that apply) Residential Business Industrial

Description of Community (including available recreation facilities) : _____

School District: _____; Name, Distance and Means of Transportation To

Elementary School: _____

Middle/Intermediate or Jr. High School: _____

High School _____

Name and Distance to Nearest Hospital: _____

Physician Who Will Treat Detention Child _____

Dentist Who Will Treat Detention Child: _____

ADDITIONAL COMMENTS AND OBSERVATIONS: _____

