

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
EXPEDITED HOME STUDY EVALUATION

Instructions:

Caseworker: Complete, sign and date.

PROSPECTIVE EMERGENCY FOSTER PARENT'S INFORMATION		
PROSPECTIVE EMERGENCY FOSTER PARENT #1		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL
EMAIL ADDRESS:		PHONE NUMBER(S): HOME: () - CELL: () -
CURRENT ADDRESS:		
CITY:	STATE:	ZIP CODE:
PROSPECTIVE EMERGENCY FOSTER PARENT #2		
LAST NAME, FIRST NAME, MIDDLE INITIAL:		
EMAIL ADDRESS:		PHONE NUMBER(S): HOME: () - CELL: () -
CURRENT ADDRESS:		
CITY:	STATE:	ZIP CODE:
EVALUATION		
1. Describe the relationship of the prospective emergency foster parent(s) and family with the child(ren)'s parent(s) or stepparent(s).		
2. If applicable, describe the care that the prospective emergency foster parent(s) provide to other children already in the home.		
3. What knowledge do the prospective emergency foster parent(s) have of the circumstances and conditions that led to the child(ren)'s need for a foster care placement?		
4. Are the prospective emergency foster parent(s) able to protect the child(ren) placed in their home and do they understand the need to protect the child from abuse and maltreatment?		
OUTCOME OF EXPEDITED HOME STUDY		
<input type="checkbox"/> Granted Emergency Approval		
Date: / /		

Denied Emergency Approval

Date: / /

Please explain the reason(s) for denying the emergency foster home approval:

		/ /
CASEWORKER'S NAME	LDSS/VA	DATE
		/ /
SUPERVISOR'S NAME	LDSS/VA	DATE