

APPENDIX XXIII: SAMPLE UTILIZATION STUDY

Thank you for helping to collect information on the status of foster and adoptive homes. This review helps ensure the accuracy of information about families for use, identifies foster/adoptive families who can no longer be used, identifies placement resources that have been unused but that could be available, and identifies possible placements for children being “stepped down” from institutional care.

1. Complete the empty cells for each family. Please note that under “Recommended Capacity,” indicate the *actual maximum number* of children that you recommend could be cared for by the family (if there are specifics to the recommendation regarding age, race, etc., please note). This number may be different from the number for which the home is approved.
2. Refer to “Possible Reasons for “Not Used” Foster Homes, to assist with “Current Family Status” (see examples below). The list does not give every reason; please use your own additional reasons as needed.
3. Under “What is needed for usage?” please make a note of the development plan to work with the family, *assign and timeline this task*, and estimate when they will be available.
4. Return to your Resource Family Specialist. Thanks for your help!

FAMILY NAME	APPROVAL DATE	FOSTER CARE? ADOPTION? DUAL?	APPROVED CAPACITY OF HOME?	RECOMMENDED CAPACITY (specify any sex/race recommendations)	AGE RANGE ACCEPTED	SPECIAL NEEDS? (that family can manage in children)	REFUSED PLACEMENTS? (if known, list # times refused in past year)	CURRENT FAMILY STATUS? (see below for specifics)	WHY HOME IS NOT BEING USED?	WHAT IS NEEDED FOR USAGE? (family development plan)
ABC	3/12/04	Dual	3	1 (F/Cau)	0-1 yrs	None	Yes-3	Open	No reason	Counsel family to expand usage, provide training on older age groups to possibly expand capacity
DEF	2/14/03	Dual	5	3 (M-F/Any)	6-12 yrs	Mild, MR/DD, some health issues	No	Family hold	Illness of foster parent	Check with family in 1 month
GHI	7/14/02	Foster Only	2	2 (female/any)	12-18 yrs	Moderate, behavioral, school issues, sexual abuse	No	Agency hold	Rule violation for supervision	Complete Corrective Action Plan
JKL	8/16/01	Dual	2	1 (M-F/AA)	5-12yrs	Mild, ADHD, bedwetting,	No	Adoptive Placement	Data error-adoption subsidy only	N/A—close in system

Possible Reasons for “Not Used” Foster Homes

<p>Family Development and Usage Family in need of further training and education Family available for respite only Family available for short-term, emergency placements only Family only wants to adopt-does not want to foster at all Family has adopted from another source-no longer interested Family should never have been certified-we will not use them Unable to contact/locate family Family’s certification has expired-want to continue Family’s certification has expired- want to discontinue</p>	<p>Case Closure Family desires to close-change in circumstances Family desires to close-lost interest Family desires to close-will use another agency</p>
	<p>Family “On Hold” Status: Closing = family is in process of selecting out <i>or</i> agency is closing the home (please note which) Not in use = agency does not use this family Not viable = family is not a viable resource for the children who typically come into agency care Family Hold = family circumstances have changed (e.g., a family member is ill), home is at maximum capacity, family has requested a hold for personal reasons (working through financial issues, for example) Agency Hold = <i>Options may include:</i> Abuse/neglect allegation-investigation pending Abuse/neglect allegation-investigation completed-corrective action plan needs to be completed</p>

AGENCY NAME: _____

PERSON COMPLETING INFORMATION: _____

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(add pages as needed)

DATE DUE and/or FOLLOW-UP WITH FRS: _____

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