Kinship Placement Suitability Assessment

1. Child Information

| Full Name |
|---|
| |
| Date of Birth |
| |
| Current Living Arrangement |
| |
| |
| 2. Proposed Kinship Caregiver(s) |
| Caregiver Name(s) |
| |
| Relationship to Child |
| |
| Contact Information |
| |
| Address |
| |
| |
| 2. Have abald Camp asition |
| 3. Household Composition |
| List all household members (name, age, relationship to caregiver) |
| |
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| 4. Assessment Areas |
| Safety of the Home |
| |
| |

Caregiver's Health (Physical/Mental)

| Caregiver's Understanding of Child's Needs | |
|--|---|
| | |
| Discipline and Supervision Practices | |
| | |
| Financial Stability | |
| | |
| Support System/Community Resources | |
| | |
| Willingness/Ability to Work with Agency | |
| | |
| | |
| 5. Child's Views and Wishes Child's Input on Kinship Placement | |
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| | |
| 6. Summary and Recommendation | |
| Summary of Assessment | |
| | |
| Recommendation | |
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7. Assessor Details

| Assessor Name | | |
|---------------------|--|--|
| | | |
| Date of Assessment | | |
| | | |
| Agency/Organization | | |
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