



**Department of Human Services
Division of Children and Family Services**

- ICPC PARENT / RELATIVE HOME STUDY CHECK LIST -

EACH PARENT/RELATIVE HOME STUDY MUST CONTAIN THE FOLLOWING ITEMS	
<input type="checkbox"/>	Family Composition (list complete names and birth dates of all household members)
<input type="checkbox"/>	Description of the home (location, number of rooms, space for children)
<input type="checkbox"/>	Income / Expenses / Employment (list who is working, employer, earned income or what type of income is received, list expenses, is the income sufficient for additional children in the home)
<input type="checkbox"/>	Family Social History (information regarding the family's involvement with the child being placed, history of abuse or neglect, problems with other siblings, why child is not with parent(s))
<input type="checkbox"/>	Child Rearing Practices and Disciplinary Practices (include family's experience with raising children and methods of discipline)
<input type="checkbox"/>	Child Care Arrangements (if family members work, describe child care arrangements and who will care for the child)
<input type="checkbox"/>	Health Issues (describe the health of all family members, do they have any special needs or problems that may prevent them from caring for the children)
<input type="checkbox"/>	Central Registry Checks are required for all household members age ten and over. The check may not be older than twelve months from date of ICPC approval.
<input type="checkbox"/>	State Criminal Record Checks are required for all household members age eighteen and over. The check may not be older than twelve months from date of ICPC approval.
<input type="checkbox"/>	Department of Motor Vehicles Record Check
<input type="checkbox"/>	FBI fingerprint check is required if the placement resource or any household member, age eighteen or older, has not resided in Arkansas for the last six consecutive years.
<input type="checkbox"/>	Three References (copies of letters or forms)
<input type="checkbox"/>	Response to any specific request(s) for information from the sending state

NOTE: Always review the **original** request for an ICPC home study from the sending state. Special attention should be paid to specific requests for information from the sending state.

THE FOLLOWING ITEMS ARE OPTIONAL (NOT REQUIRED) IN THE HOME STUDY	
<input type="checkbox"/>	Marriages and Divorces
<input type="checkbox"/>	Education of family members
<input type="checkbox"/>	Daily Schedule
<input type="checkbox"/>	Family Activities
<input type="checkbox"/>	Religious Affiliation
<input type="checkbox"/>	Knowledge of previous contact with the child (does the family know the child and/or about the child's needs; has the child lived with this family before; does the family desire to have this child in their home)
<input type="checkbox"/>	Copies of Marriage or Divorce Certificates
<input type="checkbox"/>	Copies of income or tax information

DISTRIBUTION: Submit the original and two copies of the completed home study to your local liaison, county supervisor or adoption supervisor as appropriate.

WORKER SIGNATURE _____ DATE _____

ICPC LIAISON SIGNATURE _____ DATE _____