

Completing a Kinship Home Assessment



Knowledge Base Article

Completing a Kinship Home Assessment

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Completing a Kinship Home Assessment

Overview

Placing a child in a “Kinship – Relative” or “Kinship – Non-Relative” home begins with completing an Inquiry. Please refer to the Creating a Provider Record from a Provider Inquiry Knowledge Base Article for how to create this record. All Kinship placements are child-specific and will require an inquiry record for each child the agency seeks to place, either to create a Kinship provider or to place a new child with an existing Kinship Provider. If you are assessing a family for multiple children, list all ‘Specific Children on Interest’ on the same Inquiry record; this will allow users to copy information entered on one child’s assessment to another child(ren)’s pending Kinship Assessment.

Note: It is important to date the inquiry prior to or on the specific date you wish to utilize a Provider record for a child’s placement.

Note: Reference: Ohio Administrative Code Rule 5101:2-42-18 PCSA and PCPA Approval of Placements with Relative and Nonrelative Substitute Caregiver and the Ohio Job and Families Services JFS 1447 form.

Using the Kinship Provider Prior to Kinship Home Assessment Approval

If a child is placed into a Kinship home on an emergency basis prior to the assessment approval, or a Court orders a child to be placed in a home not otherwise approved by the placing agency, a supervisor may select **Pre-Approved Pending Assessment** or **Court Approved** from the **Type Status** drop-down menu, effective as of the placement date. The system will populate the Service Credential needed to place the child immediately, although completion of the pending Kinship Assessment is still required.

The screenshot displays the 'Provider Type Status' interface. At the top, there is a table with columns for 'Status' and 'Status Effective Date'. The table contains one entry: 'Pending' with an effective date of '06/01/2018'. Below the table, there is an 'Add Status' button circled in red. Below that is an 'OK' button. The second part of the screenshot shows a dropdown menu for 'Type Status: *'. The menu options are 'Pre-Approved Pending Assessment', 'Court Approved', and 'Closed'. The first two options are highlighted with a red box. To the right of the dropdown is an 'Effective Date: *' field with a calendar icon. Below the dropdown are 'OK' and 'Cancel' buttons.

Completing a Kinship Home Assessment

From the Ohio SACWIS Home Page:

1. Click, **Provider**.
2. Click, **Provider Search**.

The **Search for Provider Profile** screen appears.

3. Enter appropriate search criteria or the **Provider ID**, if known.
4. Click, **Search**.

Home	Intake	Case	Provider	Financial	Administration			
Workload	Provider Search	Provider Match	Recruitment	Inquiry	Training	Contracts	Agency Certifications	KCCP Pre-Screening Tool

Search For Provider Profile

Provider ID:

OR

Provider Name: Member Last Name: Member First Name: Member Middle Name:

Provider Category:

Agency Type:

Agency:

Provider Type: Include "Closed" Provider Type Status

Provider Status:

[Address, Contact and Provider Reference Criteria](#)

Name Match Precision
Returns results matching entered names including AKA names/nicknames

+ AKA/Nicknames

Fewer Results More Results

The **Search Results** grid appears.

Completing a Kinship Home Assessment

5. Click, **edit**, beside the appropriate Provider name.

Search Results				
Result(s) 1 to 1 of 1 / Page 1 of 1				
	Provider Name / ID	Provider Status	Provider Category	Address
view	Test, Provider / 123456	ACTIVE	HOME	
edit				
View Provider Type Information ▾				

The **Provider Overview** screen for the selected Provider appears.

1. Select, **Kinship Assessment** from the navigation pane.

Provider Overview

- [Activity Log](#)
- [Inquiries](#)
- [KPIP History](#)
- [KCCP Pre-Screening Tool](#)
- [Forms/Notices](#)
- [Skills](#)
- [Training](#)
- [Acceptance Criteria](#)
- [Description of Home](#)
- [Description of Family](#)
- [Foster to Adopt \(1692\) Home Study](#)
- [Home Study](#)
- [Approval/Certification](#)
- [Kinship Assessment](#)
- [Large Family Assessment](#)

PROVIDER NAME / ID: **Test, Provider / 123456** TIER 3 CATEGORY / STATUS: **Home / Active**

PRIMARY ADDRESS: 123 Test Rd, Test, Oh 12345 PRIMARY CONTACT: Cell:

Provider Actions

[Provider Information](#) | [Linked 1692 Providers](#)

Approval/Certification Spans

Provider Type	Level of Care	Approval/Certification Period	Agency	Certifying Entity
Foster Care	Treatment Foster Home	07/01/2023 - 06/30/2025		ODJFS
Adoptive Care		07/01/2023 - 06/30/2025		ODJFS

The **Kinship Assessment** screen appears.

Note: If a Kinship Assessment already exists, you can filter the search by entering a **Kinship Assessment Start Date**: (“From Date and To Date”) in the **Kinship Assessment Filter Criteria** grid, then select the **Child Name** from the drop-down menu and click, **Filter**.

2. Click, **edit** beside the appropriate **In Progress** Kinship Assessment.

- [Inquiries](#)
- [KCCP Pre-Screening Tool](#)
- [Forms/Notices](#)
- [Skills](#)
- [Training](#)
- [Acceptance Criteria](#)
- [Description of Home](#)
- [Description of Family](#)
- [Home Study](#)
- [Foster to Adopt \(1692\) Home Study](#)
- [Approval/Certification](#)
- [Large Family Assessment](#)
- Kinship Assessment**
- [Contacts](#)
- [Service Credentials](#)
- [Placement/Services](#)
- [Intake Reports](#)
- [Compliance/Rule Violations](#)
- [Waiver](#)
- [AP Search History](#)
- [Kinship Assessment](#)

Kinship Assessment Filter Criteria

Kinship Assessment Start Date: - Child Name:

From Date To Date

Include Created in Error

[Filter](#)

Kinship Assessments

Result(s) 1 to 3 of 3 / Page 1 of 1

	Child Name	Assessment Type - Date	Provider Types	Status	Recommendation - Date	Letter Sent	Agency
edit		Initial - 08/01/2018	Kinship Care - Relative	In Progress	Pending		
edit		Initial - 08/01/2018	Kinship Care - Relative	In Progress	Pending		
edit		Initial - 08/01/2018	Kinship Care - Relative	In Progress	Pending		

Completing a Kinship Home Assessment

Note: The in Progress Kinship Home Assessment was automatically created when the Kinship inquiry was linked to the provider record. If no In Progress Kinship Home Assessment exists for the child to be placed, a new inquiry must be created and/or linked to the existing Provider ID.

The **Add Kinship Assessment** screen appears.

Note: **Assessment Type** and **Kinship Assessment Start Date** fields are pre-populated.

3. Select **Worker** from the drop-down menu.
4. Select the **Purpose of Assessment** from the drop-down menu.
5. Select **Caregiver** from the drop-down list (required).
6. Click, **Save**.

The **Maintain Kinship Assessment** screen appears.

Note: In the **Kinship Assessment Topics** grid, you will click each link to complete all listed **Topics/Status**. The Topics can be completed in any order.

1. Click the **Caregiver/Household Information** link.

Kinship Assessment Start Date:	Assessment Type / ID:	Worker:
11/06/2019	Initial /	

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Background Checks	0 of 7 Answer(s) Provided
Safety Checks	0 of 9 Answer(s) Provided
Caregiver / Household Member Assessment	0 of 4 Answer(s) Provided
Caregiver Assurance	Not Complete
Agency Recommendation	Pending

[Validate for Approval](#)

Completing a Kinship Home Assessment

The **Caregiver/Household** Information screen appears.

Completing the Caregiver/Household Information Screen

Note: If you click the Name/Person ID hyperlink, you will be routed to the Person Overview screen.

Note: Relationships defaults to Applicant 1.

2. Click **Update Provider Information**.

Caregiver / Household Information

Caregiver Home Address: County of Residence: Phone Number:

[Test, Adult / 121212](#) Female Age 40, DOB 06/09/1983 Relationship To Caregiver 1:
Provider Member - Applicant 1 Unspecified

[Relationships](#) ▾

Update Provider Information

The **Provider Information** screen appears, defaulted to the **Basic** tab. From this screen, you can access and update the Basic tab, as well as the following additional tabs: **Address, Members, Relationships, Caregivers** and **Capacity**.

3. If you make changes under any of the Provider tabs, click **Save** when you are finished.

Note: When you edit information under any of the Provider Information tabs, and then click, Save, you are returned to the Caregiver/Household Information screen, except when you are in the Relationships tab. Once you click, Save, after you finish editing the Relationships tab, you will be returned to the Provider Overview screen.

Important: If there are unresolved relationships on the Provider Info tab, they must be resolved in order to get back to the Caregiver/Household Info screen.

Completing a Kinship Home Assessment

Basic | Address | Members | Relationships | Caregivers | Capacity

Provider Name Information

Provider Name	Effective Date	End Date
Test, Provider	05/01/2018	

Provider Type Information

Closed Type Status: Exclude Include Foster to Adopt (1692): Exclude Include

Provider Type/Child Name	Agency	Type Effective Date	Type End Date	Type Status
edit Kinship Care - Relative view		05/01/2018		Pending
edit Kinship Care - view		05/01/2018		Pending

Provider Status Information [Apply](#) [Save](#) [Cancel](#)

The **Caregiver/Household Information** screen appears.

4. Click, **Close**.

Provider / Workload / Kinship Assessment / Topics

✔ Your data has been saved. [x](#)

Caregiver / Household Information

[Update Provider Information](#)

[Close](#)

The **Maintain Kinship Assessment** appears.

Completing a Kinship Home Assessment

Completing the Background Checks Screen

1. Click, **Background Checks**.

Kinship Assessment Information

Kinship Assessment Start Date: 11/06/2019 Assessment Type / ID: Initial / Worker:

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
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Caregiver Assurance	Not Complete
Agency Recommendation	Pending
Validate for Approval	

The **Background Checks** screen appears.

Note: Background Checks are to be completed only at initial Evaluation or for any new adults in the residence.

2. Select **edit** for each **Background Check Item**.

Note: By placing a checkmark beside the name of the appropriate child(ren) in the **Available Child(ren)** list, Ohio SACWIS will populate the background check items to the other child(ren) pending Kinship Assessment record(s).

Note: When you click the edit link, you have the option to click, **Next**, to proceed in consecutive order for each statement, rather than saving and returning to the Background Checks screen each time.

Background Checks

PROVIDER NAME / ID: Test, Provider / 123456 CATEGORY: None

CHILD NAME: Sacwit, Suzie PROVIDER TYPE: Kinship Care - Relative

Background Check Topics

Background Checks are to be completed only at Initial Home Evaluation or for any new adults in the residence.

	Background Check Item	Response	Comments
<input checked="" type="checkbox"/>	Date SACWIS alleged perpetrator search and other state central registry searches conducted, if applicable.		
<input type="checkbox"/>	Date BCI criminal records requested / Date BCI criminal records received.		

Completing a Kinship Home Assessment

Note: Checking the Apply Topic to Other Children check box will populate the entered data into the other child(ren)'s pending Kinship Assessment record(s).

Apply Topics to Other Child(ren)

	Available Child(ren)
<input type="checkbox"/>	Test, Child
<input type="checkbox"/>	Test, Child 2

Apply to Selected Child(ren)

Apply Save Cancel

Once you have selected the edit link beside a Background Check Item, the **Background Checks Details** screen appears. Navigate using, "Next" through each Background Checks Details screen. When you are on the last screen.

3. Click, **Save**.

Item Detail

Date SACWS alleged perpetrator search and other state central registry searches conducted, if applicable.

Requested Date: [] Received Date: []

Comments: (expand full screen)

ABC 4000

Previous Next Apply Save Cancel

The Background Checks screen will appear, indicating your data has been saved.

Your data has been saved

Background Checks

Provider Name	Agency	Provider Type
Test, Child	Ohio Child Welfare Agency	Kinship Care - Relative

Apply Save Cancel

Completing a Kinship Home Assessment

The **Maintain Kinship Assessment** screen appears.

4. Click, **Safety Checks**.

Kinship Assessment Information

Kinship Assessment Start Date: 11/06/2019 Assessment Type / ID: Initial / Worker:

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Background Checks	0 of 7 Answer(s) Provided
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Caregiver Assurance	Not Complete
Agency Recommendation	Pending

[Validate for Approval](#)

The **Safety Check Items** screen appears.

Completing the Safety Check Items Screen

1. Select **edit** beside each statement.

Safety Check Items

	Safety Item	Response	Comments
edit view	Cleanliness of home The home is maintained in a clean, safe, and sanitary condition.	No Value Selected	
edit view	Absence of hazardous conditions inside and outside All structures associated with the home are maintained in a safe condition and in a reasonable state of repair.	No Value Selected	
edit view	Storing of poisonous and otherwise dangerous or combustible materials Bleach, cleaning materials, other poisonous or corrosive household chemicals, and flammable and combustible materials are stored in a safe manner.	No Value Selected	

Note: Depending on the edit row selected, the appropriate **Safety Checks Details** screen appears.

Note: Once you have completed a Safety Checks Details screen, you can click, **Next**, to navigate through the list of Safety Check Items.

Completing a Kinship Home Assessment

Safety Checks Details

PROVIDER NAME / ID	CATEGORY: Home	
CHILD NAME	AGENCY	PROVIDER TYPE: Kinship Care - Relative

Item Detail

Cleanliness of home
The home is maintained in a clean, safe, and sanitary condition.

Response:
No Value Selected

Comments: [\(expand full screen\)](#)

✓ ABC

Previous **Next** Apply Save Cancel

2. Once you have finished the edits, click, **Save**.

Safety Checks Details

PROVIDER NAME / ID	CATEGORY: Home	
CHILD NAME	AGENCY	PROVIDER TYPE: Kinship Care - Relative

Item Detail

Availability of a working telephone
There is reasonable access to a working telephone for emergency situations.

Response:
No Value Selected

Comments: [\(expand full screen\)](#)

✓ ABC

Previous Next Apply **Save** Cancel

You will be returned to the **Safety Checks** screen.

3. Click, **Close**.

Safety Checks

PROVIDER NAME / ID: Test, Provider / 123456	CATEGORY: Home
---	----------------

Close

The **Maintain Kinship Assessment** screen appears.

4. Select, **Caregiver/Household Member Assessment**.

Completing a Kinship Home Assessment

Kinship Assessment Information

Kinship Assessment Start Date:
11/06/2019

Assessment Type / ID:
Initial /

Worker:

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Background Checks	0 of 7 Answer(s) Provided
Safety Checks	0 of 9 Answer(s) Provided
Caregiver / Household Member Assessment	0 of 4 Answer(s) Provided
Caregiver Assurance	Not Complete
Agency Recommendation	Pending
Validate for Approval	

The **Caregiver/Household Member Assessment** screen appears.

Completing the Caregiver/Household Member Assessment Screen

1. Click, **edit**, to complete each **Assessment Topic**.

Caregiver/Household Member Assessment

PROVIDER NAME / ID CATEGORY: Home

CHILD NAME: AGENCY: PROVIDER TYPE: Kinship Care - Relative

Assessment Items

Assessment Topic	Comments
<input type="checkbox"/> Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren).	
<input type="checkbox"/> Assess the impact of past PCSA or children services agency (CSA) involvement of household members in relation to the safety and well-being of the child(ren) to be placed.	
<input type="checkbox"/> Assess the impact of household members aged twelve to seventeen years old who have been convicted of or plead guilty to any offenses described in section 5103.0219 of the Revised Code, or who have been adjudicated to be a delinquent child for committing an act that if committed by adult would have constituted such a violation.	
<input type="checkbox"/> Additional comments not addressed elsewhere in the assessment.	

Close

The **Assessment Topic Details** screen appears.

2. Follow previous instruction for navigating and saving edits.
3. Place a checkmark in the check box beside the relevant name(s) in the **Apply to Other Child(ren)** grid.

Completing a Kinship Home Assessment

Note: The **Apply Topic to Other Children** check box will populate the Caregiver Assurance Statements to the other child(ren)'s pending Kinship Assessment record(s).

Assessment Topic Details

PROVIDER NAME / ID: Test, Provider / 123456 CATEGORY: Home

CHILD NAME: AGENCY: PROVIDER TYPE: Kinship Care - Relative

Topic and Comment Detail

Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren).

Comments: (expand full screen)

Apply to Other Child(ren)

Available Child(ren)

Test, Child

4. Click, **Close** when you have completed each Assessment Topic.

Caregiver/Household Member Assessment

PROVIDER NAME / ID: Test, Provider / 123456 CATEGORY: Home

CHILD NAME: Sacwis, Susie AGENCY: PROVIDER TYPE: Kinship Care - Relative

Assessment Items

Assessment Topic	Comments
<small>COL</small> Assess the prospective caregiver's ability and willingness to provide care and supervision of the child(ren) and to provide a safe and appropriate placement for the child(ren). <small>NOTE</small>	

The **Maintain Kinship Assessment** screen appears.

5. Click, **Caregiver Assurance**.

Completing a Kinship Home Assessment

Kinship Assessment Information

Kinship Assessment Start Date:
11/06/2019

Assessment Type / ID:
Initial /

Worker:

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Background Checks	0 of 7 Answer(s) Provided
Safety Checks	0 of 9 Answer(s) Provided
Caregiver / Household Member Assessment	0 of 4 Answer(s) Provided
Caregiver Assurance	Not Complete
Agency Recommendation	Pending

[Validate for Approval](#)

The **Caregiver Assurance** screen appears.

1. Place a checkmark in the check box beside the **Caregiver Acknowledgement** statement.
2. Enter a date or select the calendar.
3. for the **“Date of Caregiver #1 Signature.”**
4. Click, **Save**.

Caregiver Assurance

PROVIDER NAME / ID Test, Provider / 123456

CATEGORY: Home

Caregiver Assurance

Caregiver Assurance Statements

I am willing and able to provide care and supervision of the child and provide a safe and appropriate placement for the child(ren).

I agree to inform the PCSA of any new adults residing in the household.

I have disclosed all prior PCSA or CSA involvement if applicable.

I have informed and agree to inform the agency of any known violent delinquency adjudications by any youth between 12 and 17 years of age residing in the household.

I affirm that no adult in the home as a felony conviction of spousal abuse, rape, sexual assault, or homicide.

I affirm that no adult in the home has been convicted of or plead guilty to any disqualifying offense listed in 5101:2-42-18 (H)(1) through (H)(7); or if an adult residing in the home has a disqualifying conviction, the adult meets the requirements set forth in paragraph (G) of this rule.

Caregiver Acknowledgement: *

Caregiver reviewed and agreed the information provided above is full and accurate to the best of his/her/their knowledge.

Date of Caregiver #1 Signature:

Completing a Kinship Home Assessment

Apply to Other Child(ren)

Available Child(ren)

Test, Child

Apply to Selected Children

Apply Save Cancel

Note: The **Apply Topic to Other Children** check box will populate the Caregiver Assurance Statements to the other child(ren)'s pending Kinship Assessment record(s).

All information will be applied to the selected child's / children's Kinship Assessment record. Any previously entered data will be replaced.

Click 'Apply Changes' to save your information or click 'Cancel' to return to the page

Apply Changes Cancel

The **Maintain Kinship Assessment** screen appears.

5. Click, **Agency Recommendation**.

Kinship Assessment Information

Kinship Assessment Start Date: 11/06/2019 Assessment Type / ID: Initial / Worker:

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

Topic	Status
Caregiver / Household Information	
Background Checks	0 of 7 Answer(s) Provided
Safety Checks	0 of 9 Answer(s) Provided
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Caregiver Assurance	Not Complete
Agency Recommendation	Pending
Validate for Approval	

The **Agency Recommendation** screen appears.

Completing a Kinship Home Assessment

1. Make a selection from the **Response** drop-down menu beside each statement.
2. Make a selection from the **Agency Worker Recommendation** drop-down menu.
Note: Important: If the status, **Close**, is selected for **Agency Worker Recommendation**, you must make a selection from the **Closure Reasons** drop-down menu.
3. Enter a date or select calendar for, **Agency Worker Signature Date**:
4. Click, **Save**.

The screenshot shows the 'Agency Recommendation' form. At the top, a blue bar contains the title 'Agency Recommendation'. Below this is a table with the following structure:

Agency Recommendation Statements	Response
Worker has assessed the physical environment, the capability of the relative/nonrelative to care for the child(ren), and the best interest, safety, well-being, and permanency needs of the child (ren).	▼
Worker has provided caregiver with information on applying for OWF child-only and Medicaid.	▼
Worker has provided caregiver with known information regarding education, medical, child care, and special needs of the child(ren), including information on how to access support services to meet the needs of the child (if child is in agency custody).	▼
Worker has provided caregiver with the following information: <ul style="list-style-type: none">• the requirements for foster caregiver certification and adoption approval and how those requirements differ from the requirements for approval as a relative or nonrelative substitute caregiver;• how to apply for certification as a foster caregiver;• the difference in payments between an OWF-child only payment and the foster care per diem; and• the difference (if any) in the eligibility for supportive services (if child is in agency custody).	▼
Worker will provide caregiver with a copy of the individual child care agreement per rule 5101:2-42-90 (if child is in agency custody)	▼

Below the table, there are several input fields:

- Agency Worker Recommendation:** A dropdown menu with 'Close' selected.
- Closure Reasons:** An empty dropdown menu.
- Agency Worker Signature Date:** A date input field with a calendar icon.
- Date Letter Sent:** A date input field with a calendar icon.

At the bottom of the form, there are three buttons: 'Apply', 'Save' (circled in red), and 'Cancel'. Below the buttons is a text area for 'Comments on Agency Recommendation' with a character count of 1000.

The **Maintain Kinship Assessment** screen appears.

5. Click, **Validate for Approval**.

Note: If the status of the Kinship Assessment is Close, Validate for Approval will not appear in the Topic menu.

Completing a Kinship Home Assessment

Kinship Assessment Information

Kinship Assessment Start Date:
11/06/2019

Assessment Type / ID:
Initial /

Worker:

Kinship Assessment Topics

In accordance with rule 5101:2-42-18 (M), a home assessment shall be completed on an annual basis. Background check shall be required on any new adults in the home and the Safety Check shall be conducted when the caregivers moves to a new residence.

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Agency Recommendation	Pending

[Validate for Approval](#)

The **Validate Kinship Assessment Tasks** screen appears.

Processing the Kinship Assessment for Approval

This screen will display any issues in the **Unresolved Tasks** grid. You will need to resolve the issues prior to processing for approval.

Unresolved Tasks

Topic	Message
Background Checks	Conditions met response is missing.
Background Checks	BCI Criminal Record date(s) is missing.
Background Checks	FBI Criminal Record date(s) is missing.
Background Checks	SACWIS Search date(s) is missing.
Background Checks	Convicted or plead guilty response is missing.
Background Checks	Felony conviction response is missing.
Background Checks	Date of review of the National Sex Offender Registry is missing.
Safety Check Topics	Safety Check Item response(s) is missing.
Caregiver/Household Member Assessment	Comment(s) is missing.
Caregiver Assurance	Caregiver Signature date(s) is missing.
Agency Recommendation	Agency Recommendation response(s) is missing.

[Close](#)

Once all unresolved tasks are completed, the **Process Approval** screen appears.

Completing a Kinship Home Assessment

1. Make the appropriate selection from the **Action** drop-down list.
2. **Agency** will default to your own agency.
3. Make a selection from the **Reviewer/Approver** drop-down menu.
4. Click, **Save**.

Home Intake Case Provider Financial Administration

Alerts Action Items Approvals Assignments

Process Approval

Work Item

ID: Type: PROVIDER Reference:
Task ID: Task Type: Kinship Assessment Task Reference:
Task Status: Pending Approval

Routing/Approval Action

Action: * Please Select An Action

Comments:

Spell Check Clear 2000

Agency: Test County Children Services

Reviewers/ Approvers: Please Select A Reviewer/Approver

Routing/Approval History

1 Result(s)

Date	Action	Status	Employee ID	Name
10/16/2023 08:18 AM	Route	Pending Approval		

Save Cancel

Once the individual with the appropriate access rights has given the Kinship Assessment an **Approved-Final** status:

1. Return to the **Kinship Assessments** page.
2. Click the **date** link in the **Letter Sent** column.
3. Click the Report icon to Generate a **JFS1447** report.
4. Copy the existing approved Kinship Assessment to create an Amendment or complete an Annual Assessment.

Note: The system will automatically populate an ODJFS Kinship Care – Relative Home or Kinship Care – Non-Relative Home Service Type under the Provider’s Service Credentials so that placement can be made in this home.

Important: If a child’s placement is terminated, but returns to this same kinship home later, a new Inquiry and a new Kinship Assessment will need to be completed to re-place the child.

Completing a Kinship Home Assessment

Note: When an amendment to the Kinship Assessment is needed (for example, if the caregiver relocates or a new household member is present), or an annual assessment is required, the copy function can be used to create the needed record. The copy function is denoted with the following icon:

The report function can be used to generate the JFS 1447. The report function is denoted with the following icon:

Kinship Assessments							
Child Name	Assessment Type - Date	Provider Types	Status	Recommendation - Date	Letter Sent	Agency	
edit Sacwis, Susie	Initial - 09/15/2023	Kinship Care - Relative	Approval	Approve - 10/16/2023		Test County Children Services	

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at sacwis_help_desk@childrenandyouth.ohio.gov.